



**South Australian
Government Submission
to the Royal Commission
into Domestic, Family
and Sexual Violence**

October 2024



**Government of
South Australia**

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Acknowledgement of Country

The South Australian Government acknowledges and respects Aboriginal peoples as the State's first peoples and nations and recognises Aboriginal peoples as the traditional custodians of the lands and waters of South Australia.

The South Australian Government respects the continuing connection to land, waters and community. We acknowledge and honour the work of Aboriginal and Torres Strait Islander people to end domestic, family and sexual violence, and are committed to partnering with Aboriginal people in this work across South Australia.

Acknowledgment of victim-survivors

The South Australian Government acknowledges the individual and collective expertise of people with experience of domestic, family and sexual violence. The South Australian Government recognises the vital contribution at all levels and values the courage of those who share this unique perspective for the purpose of learning and growing together to achieve better outcomes for all. The South Australian Government also acknowledges the South Australian lives lost due to domestic, family and sexual violence.

A note on language

This submission respectfully uses the term Aboriginal and Torres Strait Islander people to refer to people who identify as Aboriginal, Torres Strait Islander, or both. It recognises Aboriginal people and Torres Strait Islander peoples as two distinct groups. At times this submission will also use the term 'Aboriginal'. This submission recognises there are people with Torres Strait Islander heritage living in South Australia. It acknowledges the complexity and diversity of the Aboriginal communities of South Australia, recognising each has its own beliefs and practices.

A note on self-care

This submission contains information and case studies that may be triggering to or cause distress for some readers. Please bring awareness of your wellbeing as this submission is reviewed and seek support as required.

If you or anyone you know is experiencing or has experienced domestic, family or sexual violence, please contact the national 24-hour counselling service 1800RESPECT (1800 737 732) or the South Australian Domestic Violence Crisis Line on 1800 800 098. In an emergency, please phone 000.

About this submission

The South Australian Government has initiated a Royal Commission into Domestic, Family and Sexual Violence (the Royal Commission) which commenced on 1 July 2024. The Royal Commission has been asked to inquire into five areas, aligned with the *National Plan to End Violence Against Women and Children 2022-2023*: prevention, early intervention, response, recovery and healing, and coordination.

This is the first South Australian Government submission to the Royal Commission. It reflects input from a wide range of departments and agencies that all play a role in preventing and responding to domestic, family and sexual violence in our state. We extend our gratitude to all contributors for their insights, evidence, and summaries of ongoing efforts.

The South Australian Government has made significant efforts to combat domestic, family and sexual violence, including in partnership with the Commonwealth, the sector and community. However, the continued prevalence of this horrific scourge requires us to critically reassess our approach and identify where new investments or strategies are needed to enhance the effectiveness of our collective actions.

The South Australian Government looks forward to the Royal Commission's findings and recommendations. We are committed to exploring all available measures to combat domestic, family and sexual violence in our community.

Executive Summary

South Australia envisions a future where everyone, particularly women and children, can thrive in a safe and inclusive community. At the heart of this vision lies an ambitious shared commitment: to eradicate gender-based violence within a single generation. This vision is shared with The National Plan to End Violence against Women and Children 2022-2032. The South Australian Government is deeply committed to this cause and to working in genuine partnership with those who hold the wisdom of service practice and lived experience.

Despite the dedicated efforts of service providers and government agencies, we face several key challenges in our fight against domestic, family, and sexual violence. The current system is hampered by fragmentation and lack of coordination. Data collection, measurement, and evidence-gathering are inconsistent, making it difficult to track progress, measure outcomes, and identify emerging trends effectively.

Investment is lacking across the four domains of prevention, early intervention, response, and recovery and healing, with an overemphasis on crisis-driven responses. We acknowledge that the current system is focused on women leaving their homes and is predominantly a homelessness risk response. This imbalance leaves significant gaps in long-term prevention and healing strategies. Moreover, access to services is limited by narrow eligibility criteria as well as cultural and geographic barriers.

The system also grapples with insufficient focus on men and boys, both as potential perpetrators and in prevention efforts. Support for children as victim-survivors in their own right is severely limited, failing to fully recognise and address their unique needs. The response to sexual violence, particularly outside of intimate partner relationships, requires strengthening and better integration into the broader domestic, family and sexual violence framework.

Cultural safety and responsiveness remain critical issues, especially for Aboriginal and Torres Strait Islander communities. The lack of tailored, culturally appropriate services with an intersectional lens leaves many vulnerable groups underserved. Additionally, there is limited focus on addressing contributing factors such as mental health issues, substance misuse, and financial hardship. Housing insecurity severely undermines the effectiveness of interventions across all domains. The lack of safe, accessible housing options for victim-survivors and perpetrators alike limits the scope and impact of support programs.

Recognising these challenges, this submission outlines the case for a 'whole of systems' approach, repositioning the South Australian Government as a system steward. The issues that require particular attention for this approach to be successful are outlined in the following chapters of the submission. The principles encompass:

- fostering a whole-of-community response
- creating a connected service system
- improving data and evidence gathering
- investing across all domains and the workforce
- enhancing service accessibility and responsiveness
- focusing on men and boys

- recognising children as victim-survivors in their own right
- rethinking our approach to sexual violence
- ensuring culturally safe and responsive services for Aboriginal communities, women and children
- adopting an intersectional lens for inclusive services
- addressing contributing factors
- tackling housing insecurity.

Looking ahead, the government is focused on expanding beyond crisis responses to develop a more comprehensive approach. Pilot programs developed with Commonwealth funding are already exploring these areas, with evaluations set to inform future program development, although restrictions on the application of these funds and the prevalence of year-to-year funding models limit their effectiveness and hinder sector growth and sophistication.

We acknowledge that primary prevention of domestic, family, and sexual violence must be a significant focus, building on successful existing work and expanding the knowledge base on effective strategies for lasting community change. South Australia does not currently have a statewide prevention strategy with underlying funding that could be used to lead a consistent approach to primary prevention. The government continues to look for ways to work with the sector to deliver innovation and explore expanded responses.

The insights of the Royal Commission will be crucial in shaping the path forward and implementing best practice responses to domestic, family, and sexual violence in South Australia. This submission does not pre-empt any findings or recommendations but outlines the identified gaps and opportunities for reform. While the challenges are significant, South Australia's commitment to ending domestic, family, and sexual violence is unwavering.

Chapter 1: Domestic, Family and Sexual Violence in South Australia

Our vision for South Australia

Our ambition is for South Australia to be a safe and inclusive community for all people, and one where women and children thrive. Our shared vision is to end gender-based violence in one generation, as reflected in the National Plan to which South Australia is a signatory.

The reduction – and ultimate elimination – of gender-based violence in South Australia will allow individuals, particularly women and children, to be safe, supported to meet their potential, and participate in all parts of our society.

Catalyst for a Royal Commission

The South Australian Government is proud of the stringent focus on domestic, family and sexual violence to date and of the innovative work done so far in prevention, intervention, response, recovery and healing. However, it is recognised that more needs to be done. This need was highlighted in 2023 when the South Australian community was shaken by the violent deaths of four women within the span of a single week.

These tragic incidents underscored the prevalence of domestic, family and sexual violence in Australia, where one woman is killed by an intimate partner every 11 days on average. In 2023, South Australia saw the highest number of intervention order breaches since records began in 2015, with breaches rising from 1,733 (out of 8,862 orders) to 2,440 (out of 7,167 orders). These figures highlight the urgent need for stronger, more coordinated action to combat domestic, family and sexual violence and protect those at risk.

Tireless advocacy from the domestic, family and sexual violence sector and direct experience advocates has brought about progressive change in many areas. We have increased awareness of domestic, family and sexual violence in our community, introduced stronger legislation and tougher penalties for perpetrators, developed a range of responses to support women and children leaving unsafe situations, and increased our focus on prevention and early intervention measures to drive behaviour change across the community. The South Australian Government has been strident in our focus on this issue and in the work we have done so far in prevention, early intervention, response, and recovery and healing. But we also acknowledge that much more needs to be done.

The South Australian Government clearly heard the community's demands for further action and closely listened to the advice of experts in the sector in proposing a historic inquiry into this emergency. In late 2023, the South Australian Premier and Minister for Women and the Prevention of Domestic, Family and Sexual Violence announced the establishment of a Royal Commission into Domestic, Family and Sexual Violence (Royal Commission), later appointing Natasha Stott Despoja AO to the role of Royal Commissioner. The Royal Commission is examining how we can build a system that better meets the needs of those who interact with it, which is coordinated, and is capable of delivering the generational

change required to help prevent and bring an end to domestic, family and sexual violence. In doing so, it is generating important conversations in families, workplaces, across government and communities around South Australia.

South Australian service landscape

The South Australian Government funds a range of organisations across the domestic, family and sexual violence service landscape which comprises a network of organisations providing specialist domestic, family and sexual violence services. These organisations deliver direct services to victim-survivors of violence, dedicated child-focused services, specialised sexual violence services, and interventions for people who use violence, with highly skilled multi-disciplinary teams undertaking this challenging work.

Some of these organisations work exclusively in the domestic, family and sexual violence space; others are larger non-government organisations (NGOs) that provide domestic, family and sexual violence services alongside other human services and supports such as housing, child and family support, and community development activities. As South Australia's domestic, family and sexual violence sector is smaller than in some other jurisdictions, the same NGOs are often funded to provide multiple services on behalf of the State Government.

Embolden, the South Australian peak body for domestic, family and sexual violence organisations, funded by the South Australian Government, provides an important conduit to these organisations and provides strong advocacy to government on the issues they face in delivering services.

Role of government agencies

Policy setting and commissioning responsibilities for domestic, family and sexual violence sit primarily with the Department of Human Services (DHS) and are administered by the Office for Women (OFW), with a focus on strengthening the domestic, family and sexual violence sector through the National Partnership. The South Australian Government, through DHS in partnership with other agencies, funds a small number of NGOs for workers for specific programs such as the Domestic Violence Disclosure Scheme (DVDS), non-government representation in the Multi-Agency Protection Service (MAPS), and for the Women's Safety Contact Program (WSCP). Responses to sexual violence in South Australia have traditionally sat within SA Health.

Other government departments and agencies deliver services or run programs across the domestic, family and sexual violence four domains (refer to **Appendices 1, 2, 3 and 4** for details of current programs and services across the four domains), however, access to them is generally only available to people already engaged with their primary service offer. Outside of the directly funded domestic, family and sexual violence programs, the South Australian Government's primary responses to domestic, family and sexual violence are largely related to policing, the justice system, the public health system and correctional services.

Service demand in South Australia

The service demand in South Australia is significant. Responses to the need in the community are challenged by the current levels of resourcing, despite the increased investment in recent years. For example, the Domestic Violence Crisis Line (DVCL) commenced data reporting across a 24-hour timeframe in 2018. In the first 14 months, DVCL averaged almost 1,200 calls per month, with an answer rate of around 57 per cent. By 2022, the average calls per month for DVCL reached almost 1,900, with an average call answer rate of 71 per cent. In 2023, DVCL averaged over 2,600 calls per month, with 79 per cent of calls answered on average.

Benefits and challenges of scale

The South Australian Government acknowledges the effects – both positive and negative – of the smaller size of our jurisdiction and the capacity constraints of the sector.

A benefit of the smaller size of our jurisdiction is the ability and willingness for government to work closely with the domestic, family and sexual violence sector to identify market and system gaps, design and deliver innovative service models, and work collaboratively towards implementing reforms that support the needs of diverse people and communities, as well as partner to undertake evaluation of initiatives.

Operating in a smaller jurisdiction affords benefits of scale, with smaller or pilot programs being able to be effectively trialled and tested in order to consider scaling up. The South Australian Government works with NGOs to partner in the development of programs to avoid gaps and duplication in funding, while also facilitating NGOs to provide input into how funding will be provided to create the best outcomes for South Australians experiencing or at risk of domestic, family and sexual violence. This is especially important for Aboriginal and multicultural support services and also benefits the design and delivery of place-based responses.

The South Australian Government acknowledges that, due to the smaller size of the sector, organisations are often required to be involved in activities outside of their core services (for example, response services delivering prevention or early intervention work), compounding sector capacity pressures. It is important to ensure that specialist domestic, family and sexual violence services are able to focus on their areas of expertise in service delivery, and that there is adequate resourcing and delivery of other responses across the domestic, family and sexual violence four domains, particularly in relation to prevention, to alleviate this pressure.

As a jurisdiction with a smaller population and a concentration of that population in the capital city, the South Australian Government also recognises that too often people living in regional, remote and very remote parts of the state face significant barriers to accessing any supports when experiencing or at risk of domestic, family and sexual violence. This can then be compounded by language barriers, transport complexities, cultural safety concerns, and ability to pay for services.

The South Australian Government is taking steps to mitigate these barriers by introducing regional safety hubs in each government region, increasing workers in regional areas through the Commonwealth's 500 Workers initiative, and providing statewide services such

as the DVDS, which can be accessed online, and the Family Safety Framework (FSF) which functions in 17 police regions (**see Appendix 9**) across South Australia.

Universal challenges in the South Australian context

Domestic, family and sexual violence is an issue facing communities around Australia and across the world. South Australia is not immune to the emerging trends, entrenched barriers or overlapping complexities that vex all societies aiming to combat this scourge. Some of the key factors present in South Australia include:

- **Multiple and compounding drivers:** The underlying drivers comprise a combination of factors, including gender inequality, power imbalances, and societal norms. In addition, there are compounding issues that aggravate or exacerbate the underlying drivers of violence. These include economic and housing stress, mental health issues, addictions (gambling or pornography), and substance misuse.
- **Varied forms of abuse:** Abuse can be physical, emotional, psychological, sexual, financial, social, and spiritual/cultural. Each form of abuse can have different impacts on the victim, making it challenging to address in a universal way.
- **Varied victim-survivor impacts:** The effects of violence are profound and long-lasting, affecting victim-survivor's physical health, mental wellbeing, social relationships, and capacity to participate in society and the economy.
- **Evolving nature of types of abuse:** The tactics used by abusers are evolving over time, especially with respect to technology. For example, technology-facilitated abuse involves using digital tools to monitor, control, and intimidate **victim-survivors**.
- **Intersectionality:** Certain groups are disproportionately affected **by violence** due to intersecting forms of discrimination and disadvantage, such as racism, ableism or geographic isolation.

Listening to voices of lived experience

It is critical that diverse South Australians with lived experience of domestic, family and sexual violence are at the centre of all domestic, family and sexual violence informed system responses and reforms. This should include ensuring there is best practice lived experience engagement in policy development, service planning and delivery, and practice.

Governments and organisations delivering services need to hear from the people using the service to achieve best practice, recognise and address barriers to access, and improve cultural safety.

The South Australian Government is committed to ensuring the voice and perspective of lived experience informs the planning, delivery and measurement of actions and responses to domestic, family and sexual violence, including in policy and legislative reform. For example, the South Australian Government delivered a series of roundtables and public forums to assist in informing the development of the draft legislation to criminalise coercive control. Central to the roundtables was ensuring the voice of lived experience and priority cohorts was heard, in particular Aboriginal and Torres Strait Islander women and

communities, CALD community leaders, young people, people living with disability, and the LGBTIQ+ community.

Other examples of lived experience engagement and input across the South Australian Government include:

- A Direct Experience Group, established in September 2023 by DCP, which gives a voice to families of children in care or who are or have been formally engaged with the child protection and family support system.
- The State Public Health System Health and Trauma Recovery Safety Service's Consumer Engagement Committee consisting of 18 lived experience advocates from diverse backgrounds, and including advocates from regional areas, meeting monthly to support the work of the service.
- The Child and Family Support System (CFSS) Lived Experience Network (LEN) which has been critical in the development of a trauma responsive and healing system for the CFSS.

Chapter 2: Commonwealth and State Engagement

The South Australian Government has a joint commitment to end gender-based violence together with the Commonwealth Government and the other states and territories. Ending the scourge of domestic, family and sexual violence has been prioritised across all jurisdictions and demonstrates governments' shared resolve and response to community expectations and needs.

Frameworks and governance

The National Plan is the overarching national policy framework that will guide actions towards ending violence against women and children over the next 10 years.

The Women and Women's Safety Ministerial Council, which is co-chaired by Senator the Hon Katy Gallagher and the Hon Amanda Rishworth MP and includes South Australian Minister for Women and the Prevention of Domestic, Family and Sexual Violence Hon Katrine Hilyard MP as a Council Member, represents the main collaboration at Ministerial level from all states and territories, complementing the leadership of First Ministers through the National Cabinet.

Recently, the National Cabinet met in Canberra to agree on practical next steps to accelerate action to end gender-based violence and deliver on the National Plan. South Australia welcomes and will actively engage in the various outcomes that have been generated through the National Cabinet process including prioritisation of *Unlocking the Prevention Potential: accelerating action to end domestic, family and sexual violence*.

Importantly, alongside the National Plan, is the development of a standalone First Nations National Plan (FNNP). This is currently overseen by the FNNP Steering Committee which has South Australian state government and non-government representation. This is critical to addressing the disproportionately high rates of violence against Aboriginal and Torres Strait Islander women and children.

The South Australian Government, through DHS, is working towards Target 13 of Closing the Gap: By 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children is reduced at least by 50%, as progress towards zero. The South Australian Government is deeply committed to achieving Target 13 of Closing the Gap, which is highlighted through the partnership with SAACCON to implement findings from the Royal Commission regarding Aboriginal communities in South Australia.

The South Australian Government also recognises the leadership of Commonwealth Domestic, Family and Sexual Violence Commissioner, Micaela Cronin, convening national roundtables and continuing regular engagement with South Australian officials to work through collective responses and actions.

Funding

Current funding gaps limit our long-term ability to reduce and prevent domestic, family and sexual violence and ensure that victim-survivors can return to or achieve positive outcomes after escaping violence. Similarly, there is limited investment into early intervention perpetrator behaviour change programs to shift attitudes and behaviour towards violence before reaching crisis point or engagement with the justice system.

National Agreement on Social Housing and Homelessness (NASHH)

One of the most significant sources of funding for domestic, family and sexual violence responses comes through the National Agreement on Social Housing and Homelessness (NASHH). Through the NASHH, the Commonwealth funds all states and territories to undertake homelessness support, including homelessness that is caused by domestic, family and sexual violence. In South Australia, the NASHH funds the Domestic and Family Violence Safety Alliance (DFVSA), which commenced 1 July 2021. DFVSA comprises eight service providers working collaboratively to provide statewide homelessness support for people experiencing domestic, family and sexual violence. The DFVSA has been developed using a 'place-based' approach to cover statewide, with service providers working with people in local communities to ensure a tailored approach, while maintaining a collective central governance structure led by an Alliance Senior Manager (ASM).

National Partnership on Family, Domestic and Sexual Violence Responses

The vast majority of direct domestic, family and sexual violence funding comes through the National Partnership on Family, Domestic and Sexual Violence Responses 2021-2027 (the National Partnership). Specifically, National Partnership funding has been used to build the capacity of services that support victim-survivors, respond to perpetrators and address service gaps. To date National Partnership funding has been used towards:

- Implementation of the 500 Workers initiative, to build the capacity of services and systems supporting victim-survivors and strengthen specialised responses to priority cohorts;
- Operation of ten Regional Safety Hubs delivered in partnership with the Women's Information Service at the Office for Women and with local community organisations across South Australia. Safety hubs are client-centred and provide increased local access to support, information, referrals, appropriate responses, and facilitated pathways for women and their children experiencing domestic, family and sexual violence;
- Implementation and expansion of a number of services focused on children and young people, both who have experienced domestic, family and sexual violence and may be using violence. Some of these programs include the KIND (Kinship, Improving relationships, No violence, Developing skills) Program, Young Men Young Fathers, Community Circles for Multicultural Young Women, and SAWK (Safe and Well Kids); and

- The Safe and Secure Housing Program (SSHP) to provide client-centred and intensive case management support for women and their children in crisis accommodation due to domestic, family and sexual violence to transition to longer-term safe and secure housing.

The National Partnership funding has also enabled South Australia to invest in some new and innovative initiatives that focus beyond the crisis response into early intervention and recovery and healing:

- Kumangka (ACCOs together) which comprises a culturally safe whole of family focus service (delivered in partnership by two key South Australian ACCOs);
- The Earlier Access to Support and Engagement (EASE) pilot which has a specific focus on allowing victim-survivors to remain in a home of their choosing – even if that means staying in a relationship with the alleged perpetrator;
- Connection, Strength and Recovery (CSR) which provides planning, case management and referral to structured services that offer to support victim-survivors who have experienced or escaped domestic, family or sexual violence, to rebuild their lives and reconnect with their family and broader community; and
- The Collaborative Intervention Program that is also a partnership between providers working with men who use violence both within community and custodial settings.

These pilot programs were co-designed with the specialist domestic, family and sexual violence sector and are currently being evaluated by Australia's National Research Organisation for Women's Safety (ANROWS).

It is notable that system coordination complexity can arise where there are services delivered outside of the National Partnership framework, such as the Commonwealth-led initiatives, for example the Leaving Home Safely program.

Currently these pilots are small scale but critical for engaging men who use violence, working with women who may be housed but are still facing violence, and supporting Aboriginal and Torres Strait Islander families who may be living together.

Other agreements and frameworks

There are a number of other Commonwealth-State partnerships that guide and fund broad strategies and programs that intersect with domestic, family and sexual violence, including in legal support and child protection, which, along with the national commitments to Closing the Gap, could be revisited as opportunities to better align with and support the domestic, family and sexual violence National Plan's objectives.

Refer to **Appendix 21** for details of the National Plan, the National Partnership, other related Commonwealth-State partnerships, and the work of the National Cabinet in relation to domestic, family and sexual violence.

Learning from other jurisdictions

Other jurisdictions have conducted their own reviews and inquiries into domestic, family and sexual violence and there are insights to be gained from these as we develop a path forward in South Australia. Other states such as Victoria, New South Wales and Queensland have made significant investments implementing reforms and recommendations in relation to domestic, family and sexual violence. Whilst each jurisdiction has its own nuances, it is critical that reforms in South Australia are cognisant of lessons already learnt.

Refer to **Appendix 20** for further details.

Chapter 3: Service limitations – an overview

The South Australian Government recognises the current limitations of domestic, family and sexual violence services in our state. Wide consultation with a range of agencies across government highlighted a number of limitations and areas for improvement across all four domains of prevention, early intervention, response, and healing and recovery. Here we outline 11 key themes, which are explored in more detail in later chapters of this submission.

- Fragmented and siloed services

In South Australia, work to prevent domestic, family and sexual violence, support victim-survivors, and address perpetrator behaviours is segmented between different State Government departments, including the Department of Human Services, the Department for Child Protection, the Attorney-General's Department, SA Health, SA Police, Department for Education (DfE), and the SA Housing Trust. State Government agencies fund and provide a range of services that support women as victim-survivors of domestic, family and sexual violence that are both specialist and targeted, as well through secondary service responses. Coordination across all government and secondary services is insufficient and South Australia does not have a single point of entry for women to receive assessment and referral to services or supports that are available across this spectrum.

- Inconsistent data, measurement and evidence

A lack of data coordination across agencies makes it difficult to track progress, identify trends relating to demand and prevalence, and measure outcomes and impact. South Australia to date has not adequately invested in the infrastructure and resources that enable accurate and timely reporting, either of unmet demand and gaps in the service system or more broadly in building on a state government evidence base to guide public policy decisions.

- Lack of investment into services across the domestic, family and sexual violence four domains

Domestic, family and sexual violence specialist services have highlighted a significant increase in demand over recent years. In South Australia, investment predominantly lies in crisis responses, with significant service delivery gaps in the domains of prevention, early intervention, and recovery and healing. Without adequate and sustainable investment in services and community resources, the limitations and challenges outlined above will remain.

- Emphasis on crisis driven responses

Across all service users, there are no specialist domestic, family and sexual violence crisis services funded to support victim-survivors who wish to remain in stable accommodation and/or choose to remain in their relationship. Specialist domestic, family and sexual violence crisis services for the most part are currently only able to support victim-survivors who are at risk of, or are experiencing, homelessness.

- Lack of service access and eligibility

The issue of service fragmentation is compounded by varying eligibility criteria and referral pathways into services, as well as service coverage across the state. This includes both geographical access barriers in regional and remote South Australia, and also limitations due

to strict eligibility criteria for program or service participation, for example, victim-survivors needing to be homeless or at risk of homelessness to access some service responses, or prevention and early intervention programs only being available to people already engaged with the criminal justice system.

- Missing a focus on men

There is a limited policy focus and investment in services relating to men and boys, as the predominant group who engage in gendered violence, in prevention and education, early intervention measures, and sustained behaviour change assistance interventions for men in the community and custodial settings.

- Limited supports for children as victim-survivors in their own right

There is only one dedicated domestic, family and sexual violence service for children as victim-survivors in their own right - Safe and Well Kids (SAWK) - and most services that address issues of domestic, family and sexual violence are secondary in nature, meaning that a child or young person needs to be engaged in another part of the system (for example, youth justice or child protection) to be able to access appropriate supports that address their experience as victim-survivors.

Another aspect of this limitation is failing to recognise the ongoing role a perpetrator will likely have in a child's life after separation, and the need for this to be considered and acknowledged in planning and actions to prevent further traumatisation to the child. Related to this, is the need for perpetrators to receive appropriate services so that they can be safe parents if they are having contact with a child. Further, the maintenance, and at time rebuilding, of the connection and relationship between the children(ren) and the victim-survivor adult (most usually the mother) is a critical element of safety planning and service provision.

- Limited recognition of and response to sexual violence

Responses to sexual violence in South Australia sits within SA Health. This is due to the degree of medical specialisation required to provide care and the need for a universal response due to the impact of sexual violence across all cohorts. As SA Health is a large portfolio with numerous specialisations and competing priorities, it is challenging for sexual violence to be given the significant attention it needs. Additionally, and as pointed out by the Domestic, Family and Sexual Violence Commissioner in August 2024, there is limited recognition of sexual violence as a gendered issue despite women being overrepresented as victim-survivors.

Currently, services for victim-survivors of child sexual abuse in South Australia are limited. Relationships Australia SA offers some counselling services, focusing primarily on supporting children, young people, and expectant parents. Yarrow Place will see adult survivors of child sexual abuse only if the assault occurred after the age of 16. Similarly, Cedar Health Service can accommodate victim-survivors of child sexual abuse, but not as the primary reason for engagement.

There are significant opportunities to expand services to include essential therapy and group work for victim-survivors of child sexual abuse, and the development of youth-targeted

services should also be considered in this context. Furthermore, we recognize the long-term health impacts of trauma resulting from child sexual abuse, highlighting the necessity of accessible healthcare services that address these effects.

- Cultural and cross-cutting factors

Members of some communities face unique experiences such as a lack of culturally safe and responsive services, limited coverage of services, and an absence of tailored services with an intersectional lens. This is particularly the case for Aboriginal and Torres Strait Islander communities, and we recognise Aboriginal domestic, family and sexual violence is a consequence of colonisation, of government policies of assimilation, the forced removal of children from families, and institutionalisation. South Australia lacks specific culturally safe and Aboriginal-led prevention, early intervention, responses, and recovery and healing measures for Aboriginal communities.

- Limited focus on addressing contributing factors

While the contributing factors of domestic, specialist and family violence are well evidenced, there is a lack of a coordinated focus on addressing them. These factors include but are not limited to mental health, harmful gambling, alcohol and other drug (AOD) misuse, poverty and financial hardship, and homelessness. These issues can feature in the experience of victim-survivors in seeking services when compounding factors are at play, as well as the ways in which drivers of domestic, family and sexual violence are addressed.

- Housing insecurity

The lack of access to safe, accessible housing options is a fundamental system limitation that must be urgently addressed. The absence of this severely limits the scope and effectiveness of programs and interventions for both victim-survivors and perpetrators across all four pillars.

Chapter 4: Opportunity for a ‘whole of systems’ approach

Due to the interconnected and multi-causal nature of domestic, family and sexual violence, the South Australian Government recognises that no one government agency can effectively address or solve this problem on their own. It requires a whole of systems approach, mobilising collective efforts across the service sector, governments at all levels, institutions and workplaces, and the community. It requires this whole system to work across the continuum of prevention, early intervention, response, and recovery and healing, based on a shared set of foundational principles.

South Australian Government as system steward

System stewardship is a holistic approach to addressing complex problems. It acknowledges the complex and adaptive nature of designing, developing and delivering human services in the context of the overarching system. At its core, it involves a steward or collection of stewards, collectively steering the system towards a new vision for the service system, one that provides high quality, long-term outcomes for the users of the service system.

System stewardship requires a clear and unified vision for a responsive, accessible and integrated system that effectively prevents domestic, family and sexual violence, intervenes early when violence occurs to prevent reoccurrence, protects victim-survivors, holds perpetrators accountable, and promotes healing and justice.

The South Australian Government recognises that it must play a clear role as the domestic, family and sexual violence system steward. This means that it needs to be stronger at coordinating and supporting the service system and take on clear responsibilities around public policy development, service design, commissioning and partnerships.

South Australian Government seeks to operate as a system steward based on the following proposed foundational principles, which ‘flip the script’ on current system limitations:

1. A whole-of-community response: The South Australian community recognises, responds to and actively works to prevent domestic, family and sexual violence, and the attitudes and behaviours that enable violence.
2. A connected service system: South Australia has a robust, connected and responsive family, domestic and sexual violence service system, with coordinated and collaborative actions that are effectively and sustainably resourced across the domestic, family and sexual violence four domains.
3. Improved data and evidence: The system is underpinned by effective and consistent data sharing and an outcomes measurement framework to understand performance and success.
4. Moving beyond crisis response to investment in all domains – and a workforce to achieve outcomes: Responses are resourced and delivered across the continuum of prevention, early intervention, response, and recovery and healing. Governments, businesses, institutions and education providers make the necessary investments in

the system and the specialist workforce is developed and supported.

5. **Accessible and responsive services:** South Australia has a place-based, visible “no wrong door” domestic, family and sexual violence services system, that provides tailored support to victim-survivors and perpetrators, wherever they may be. There are safe and viable options for people who do not wish to leave their home or relationship, or who are not at risk of or experiencing homelessness.
6. **Focus on men and boys:** Positive views on gender equality are fostered and people who use violence are held accountable and connected to support to change their behaviour. Communities, institutions and workplaces are responsible for keeping people using violence within view and preventing further harm.
7. **Responding to the needs of children:** The specific experience of children as victim-survivors in their own right is understood and effective interventions and supports are in place to respond to their needs.
8. **Recognising and responding to sexual violence:** Sexual violence in all its forms is appropriately recognised, responded to, and prevented.
9. **Inclusion and recognition of priority groups/intersectionality:** The service system in South Australia has an intersectional lens, is inclusive, trauma informed and culturally safe, and learns from lived experience.
10. **Addressing contributing factors:** Domestic, family and sexual violence is prevented through active and evidence-based interventions in areas such as mental health, harmful gambling, alcohol and other drug (AOD) misuse, poverty and financial hardship.
 - **Addressing housing insecurity:** People have access to housing that is safe, accessible, secure and stable, which provides a necessary foundation for addressing domestic, family and sexual violence and affording choice to victim-survivors.

The following chapters explore each of these principles in more depth.

The South Australian Government is keen to understand the views and recommendations of the Royal Commission towards building this system and ensuring that it features strong partnerships, collaboration and community engagement, and a clear articulation of roles and responsibilities.

Chapter 5: A whole of community response

To achieve an end to domestic, family and sexual violence, we need to shift the dial on gender inequality, power imbalance, and the social norms that have tolerated or minimised violence.

This requires:

- accountability by individuals for their behaviour
- responsibility of communities, institutions and workplaces for shifting attitudes, growing awareness, preventing domestic, family and sexual violence, and
- engaging enduring collective effort to foster positive and inclusive community values and attitudes.

A continuing theme recognised in departmental input to this submission was the need for frontline workers in *non-specialist* services to be able to recognise domestic, family and sexual violence at the earliest engagement and to build the skill of universal services in responding to victim-survivors, children, and perpetrators.

Early detection and supported referrals

Early detection is an important factor in early intervention. For early intervention to work, universal service providers must be able to identify situations where domestic, family and sexual violence is potentially occurring and have the service pathways ready to safely intervene. For example, early childhood education and care (ECEC) workers are in a unique position where they spend regular, extended hours with children, enabling them to recognise patterns of activity and behaviour that could identify children as at risk of harm. This is also true for other school settings, regarding teachers and support staff witnessing changes in children. For example, a pattern of non-attendance, increased bed wetting, withdrawal or behavioural changes could indicate cause for concern. Further, in circumstances where a perpetrator of domestic, family and sexual violence is controlling their partner's movements and monitoring their whereabouts, dropping a child at school, preschool or day care may be one of the only interactions available to women with young children. ECEC and school workers need the skills and supports to better understand domestic, family and sexual violence risk factors, know how to contribute to safety plans, and have appropriate referral mechanisms. It is also critical that ECEC and school staff have the skills to support children through trauma informed practice.

Chapter 6: A connected service system

As a state government, we acknowledge the need to continuously improve and build on arrangements to increase capacity for collaboration and partnerships across all levels of government and with the sector to respond to domestic, family and sexual violence in South Australia.

Data sharing

South Australia's Information Sharing Guidelines (ISG) and data-sharing legislation (*the Public Sector (Data Sharing) Act 2016 (SA)*) enables collaboration between government agencies and the domestic, family and sexual violence sector. The South Australian Government has also implemented models and frameworks to scaffold collaboration at a systems-level.

Multi-agency responses and collaborations

Multi-agency responses in South Australia, as listed in **Appendix 6**, are largely delivered within the budgets of the agencies who take part and are limited to high-risk cases.

'Front door' access

There is a need to develop a new multi-agency visible place-based 'front door' for more comprehensive service access. Bringing together child protection, mental health, domestic, family and sexual violence, health, legal and AOD response services in one location to support interagency collaborating, improved communication and streamline referral pathways would assist those seeking support generally. At present, some victim-survivors report feeling exhausted, overwhelmed, and confused while being constantly re-traumatised when contacting numerous services seeking help. More needs to be done to ensure systems are safe, accessible and easy to navigate.

Best practice for victim-survivors includes holistic case management: one accessible place-based service with an appointed case manager that is able to arrange for appropriate warm referrals to legal, social support, financial counselling and specialist health services with an included safe childcare service available. At present this has been implemented to a degree via the establishment of prevention and recovery hubs in the south and north of Adelaide (Northern Hub/Yellow Gate). However, these services ought to be expanded to include more services and extended to regional areas.

South Australia provides best-practice care to victim-survivors of sexual violence through Yarrow Place, which offers all necessary sexual assault response services in one location. This approach spares victim-survivors from having to navigate multiple services, repeatedly retell their story, etc. This also allows for easy referral, as the broader system actors, such as SAPOL, Hospitals and GPs, know exactly where to refer.

Centralised oversight

Currently there is no single agency or cross-department working group in the South Australian Government with oversight of all multi-agency responses that may be working with clients experiencing domestic, family and sexual violence. Both the Multi Agency Protection Service (MAPS) and the Family Safety Framework (FSF), as the two multi-agency responses with a dedicated focus on domestic, family and sexual violence, are managed through the Multi-Agency Response Governance Group, co-chaired by SAPOL and OFW. Members include those agencies taking part in the responses. There is a need for dedicated agency oversight of multi-agency responses to ensure the responses are having a positive impact and are not duplicating efforts unnecessarily.

Expanding MAPS

As the current remit of MAPS is domestic, family and sexual violence assessed as high-risk, it is limited in its capacity to contribute to early intervention. In the initialisation period of MAPS, it was envisioned that all domestic, family and sexual violence incidences recorded by SAPOL, excluding sexual assault as a standalone offence, would be seen by the MAPS team regardless of risk scores, however, this has not been possible with the current size of the MAPS team. Due to the voluntary nature of the program, participating departments are not funded separately to take part in MAPS. Only the non-government specialist domestic, family and sexual violence service, WSSSA, is funded to take part. Increasing the staffing capacity of MAPS would significantly increase the number of incidents able to be mapped and information shared, and for this to be done in a more timely way, helping to ensure incidents that are initially assessed as lower risk can be screened for circumstances that could indicate a high-risk situation by the MAPS team, avoiding escalation and allowing for earlier intervention prior to a crisis. To ensure a more comprehensive approach, it would be beneficial to also incorporate referrals from other agencies. Expanding the capacity to enable information sharing at earlier points of intervention could reduce risk escalating as well. Enhancing the power of MAPS partner agencies to compel their own agency to action is also important.

The specialist knowledge of MAPS workers could be expanded through specialist frontline clinical workers based in local health networks, acting as a direct support and point of consultation to expand capacity for healthcare workers to respond to violence. An example of this includes the role of Independent Domestic Violence Advocates (IDVAs) in the UK. Transition to a hub and spoke model would support improvements in addressing and understanding nuances for regional and remote communities.

See **Appendix 16** and **Appendix 17** for case studies highlighting gaps and areas for improvement within MAPS.

Chapter 7: Improved data and evidence

The South Australian Government is aware that there are gaps in our understanding of how South Australians experience domestic, family and sexual violence. We are working to build our capacity to capture accurate information that supports development of intervention, prevention, and response activities. Of importance is recognising that all initiatives should be data-informed, evidence-based and should consider diverse and marginalised groups that may require a more nuanced response than relying solely on data. See **Appendix 5** for South Australian data processes.

Consistent data collection is recognised as essential to drawing the picture of the experience of domestic, family and sexual violence in South Australia and informing responses. Data and evidence sharing needs to focus on outcomes measurement, supported by a framework that facilitates the sharing of information about what works and to better understand performance and success. Ethical, fit-for-purpose data to ensure accurate measurement of the incidence of domestic, family and sexual violence for Aboriginal people was also mentioned by multiple agencies. The collection and sharing of domestic, family and sexual violence data across the service system is recognised as a key enabler of improving safety for victim-survivors and keeping perpetrators in view and accountable.

Any data and information that is collected should be shared across the broader service system, in order for all service providers and governments to have a comprehensive understanding of risk for all affected family members. This should include family services, child protection and perpetrator information. The sharing of information about convicted perpetrators of family violence without consent means that they are visible across the system and can be held accountable.

At the core of the data collection issue is that while collection is occurring, often the data cannot paint an accurate across South Australia picture. Often the collection of data has not been coordinated across initiatives or departments, so it is not able to be easily compared. Individual agencies often capture process and activity, but less is captured to understand outcomes, and this gap is amplified by disparate data systems that do not have an integration method to understand families' experience holistically. The lack of comprehensive and disaggregated data on domestic, family and sexual violence also means that cases may go unreported and unaddressed. The South Australian Government is working towards better integration and data sharing through multiple projects which are assisting in identifying further opportunities for improvement.

There is a need for dedicated resources to enable data collection in relation to domestic, family and sexual violence. For example, collecting data on children and young people who present as victim-survivors of domestic or intimate partner violence, and young people who witnessed domestic violence as children would be beneficial in seeking resources for recovery model programs for children and young people.

Data supports the development of evidence-based policies and training programs that can enhance police responses to domestic abuse incidents. By analysing data on victim-survivor demographics, response times, case outcomes, and the effectiveness of protective measures, police can continuously refine their strategies and ensure a more proactive and

informed approach to combating domestic, family and sexual violence. The ability to analyse the data efficiently and share in real-time with collaborative partners is greatly hindered by the incompatibility of different government systems and different stages of legacy system updates.

The Public Sector (Data Sharing) Act 2016 (SA) provides an opportunity to link up deidentified information relating to the prevalence, types and responses to domestic, family and sexual violence collected by a broad range of services for use at a population level to inform statewide and targeted responses. This would require a central agency to coordinate and lead this work.

Housing data

Currently the largest source of data in the South Australian Government regarding experience of domestic, family and sexual violence, outside of police data, is the Homeless2Home system (H2H). H2H is the database all specialist homelessness agencies are required to use as a client and case management system. As funding for the South Australian Domestic and Family Violence Alliance (SA DFV Alliance) is through the homelessness system, H2H is also used as the Government's primary data collection, client and case management system for domestic, family and sexual violence clients. For appropriate use by specialist services that form the SA DFV Alliance, H2H needs to be expanded for non-homelessness responses moving forward and consideration should be given to how this database interfaces with client information held by other agencies or services working with the same person or family.

Child data

A universal child data system to share information, both at the individual child level where appropriate, and at the population level, would better target services and supports. Establishing systemic data sharing supported by effective information sharing legislation is a long term, high-cost initiative that requires scoping and design, with potential significant benefits across policy making, investment decisions, service planning and service delivery.

Health data

The health system collects data on presenting medical conditions that are included in the Independent Health and Aged Care Pricing Authority's classification system and related definitions. The inclusion of other factors, including the causes of the clinical presentation such as domestic violence or secondary presenting factors such as drug and alcohol use, are not currently required to be recorded.

SA Health's data system (Sunrise Electronic Medical Record system) has been upgraded to enable the collection of these other issues/factors however the health system does not currently collect this data in a systematic way. The Department for Health and Wellbeing (DHW) are aware of the importance of Health's role in ensuring people experiencing, or at risk of experiencing, domestic, family and sexual violence are identified and then supported. To this end DHW are developing a plan to improve the collection of data relevant to both

child protection and domestic, family and sexual violence. It would also assist if there were an increase in the capability to gather detailed information about perpetrators and the context of violence and enhancing the Sunrise system to support a public health approach for individuals at risk of experiencing or perpetrating domestic, family and sexual violence.

Service evaluation

The South Australian Government has prioritised developing robust evaluation mechanisms for services. Specifically, innovative partnerships funded through the National Partnership are currently being externally evaluated through ANROWS. Through this evaluation, eight key specialist domestic, family and sexual violence services across South Australia are participating in the development of consistent data collection and reporting practices, that will assist in building the sectors capacity to provide client-level and qualitative data. Through ongoing application of robust, external evaluation, South Australia will continue to build the capacity of organisations to collect and provide quality data that will assist in future evaluations.

Chapter 8: Moving beyond crisis response to investment across all domains and workforce

As outlined earlier, the significant portion of domestic, family and sexual violence funding comes through national partnership agreements between the Commonwealth and all states and territories and is primarily geared towards homelessness responses. Investment and action predominantly lies in crisis responses, with noticeable service delivery gaps in the domains of prevention, early intervention, and recovery and healing. These gaps limit South Australia's long-term ability to end domestic, family and sexual violence and ensure that victim-survivors can return to or achieve positive outcomes after escaping violence. Across all cohorts, there are no specialist domestic, family and sexual violence crisis services funded to support victim-survivors who wish to remain in stable accommodation and/or in their relationship. Accordingly, South Australia only has limited programs available for women who may not want to leave their home or partner. The current system is focused on women leaving their homes and is predominantly a homelessness risk response.

Creating a co-ordinated system with an entry point for victim-survivors outside of homelessness responses is essential for the sector moving forward. A victim-survivor should be able to make a disclosure to any universal service provider who can then assist them to access the coordinated domestic, family and sexual violence service response.

Support for individuals, families, and communities to address multi-generational and inter-family violence, and in turn the effects of domestic, family and sexual violence, are critical to ensuring community safety and wellbeing and breaking the cycle by preventing further domestic, family and sexual violence. This is especially important in responses regarding children experiencing or being harmed by domestic, family and sexual violence in their families.

Responding to the needs of victim-survivors, including public housing tenants, who may not be facing homelessness but are not safe, is critical. Expanding and extending pilot programs currently funded by the Commonwealth to build service capacity for victim-survivors requiring early intervention and recovery supports, as well as for Aboriginal and CALD families who may be living together, merits consideration as a useful way to build service capacity for this group of victim-survivors.

Generally, there is a need for building better integration across prevention, early intervention, response and recovery within service systems, acknowledging that these are not always discrete service responses. Timely responses are crucial in preventing further harm to victim-survivors of domestic, family and sexual violence. Delays in intervention due to overloaded systems or processes can leave victim-survivors vulnerable to continued abuse. In emergencies, victim-survivors need immediate support and intervention. Delayed responses can lead to escalated violence, decreased trust in support systems and a return to a perpetrator.

Prevention

Primary prevention of domestic, family and sexual violence is essential to changing the societal beliefs and norms that lead to domestic, family and sexual violence. The South Australian Government is aware that this is a challenging space to work in due to the need to find ways to influence the whole of our community through primary prevention programs. Individualised approaches are important that ensure actions and education are meaningful to all members of our community.

South Australia does not currently have a statewide prevention strategy with underlying funding that could be used to lead a consistent approach to primary prevention. Research with universities and other organisations into primary prevention interventions that are effective in stopping perpetrators' use of violence and community acceptance of outdated gender roles could be developed to underpin a state strategy.

Currently primary prevention efforts are limited with no coordination of efforts. Individual programs, as listed in **Appendix 1**, are finding success but cannot provide the coverage of the community needed to make a real long-term cultural shift away from the use of violence.

Most prevention efforts focus on addressing gender inequality to change attitudes about the traditional roles of women and the assumed dominance of men in relationships. Gender inequality is an important underlying causal factor in domestic, family and sexual violence that must be addressed. However, primary prevention programs need to address all causal factors if we are to achieve a societal change that brings an end to ongoing cycles of violence. Addressing all forms of discrimination (including racism, transphobia, homophobia, ableism, classism, ageism and xenophobia) and other contributing factors (such as the effects of alcohol and other drug (AOD) misuse, and harmful gambling) is critical. Notably there are few programs that are equipped to deal with prevention of domestic, family and sexual violence in non-heterosexual intimate relationships.

While educational activities effectively raise awareness, particularly across service providers and those members of the community who engage with government services through activities such as community events and forums, it can be challenging to reach some members of the community, including those who are isolated, live in regional/rural areas, and Aboriginal and CALD communities. Prevention strategies and community education messaging targeting particular communities, such as targeted multicultural responses in local languages, with meaningful opportunities to engage, should be explored. It is imperative that prevention and education activities reflect a trauma-informed lens for victim-survivors and perpetrators.

There are differing understandings across the community regarding what constitutes domestic, family and sexual violence. It is important established or new prevention initiatives, programs or activities consistently make clear the breadth of what constitutes domestic, family and sexual violence and the circumstances in which it may occur. This includes abuse occurring in family relationships (such as abuse carried out by adult children against their parents) and extended family.

Early Intervention

Intervening as early as possible in situations where domestic, family and sexual violence is occurring or where people are at risk of experiencing or using violence is essential to prevent escalation to a high-risk or criminal justice system (CJS) matter. There are limited early intervention activities occurring in South Australia, as the majority of funding is toward addressing the risk of homelessness, rather than assisting individuals and families before a crisis occurs, and responses are not centrally coordinated. This fragmentation means organisations are providing quality services with limited funding to those who are eligible but are restricted in how many people they can reach.

Engaging in and developing wide ranging and evidence-based early intervention programs that focus on behaviour change provides relief to response services by stopping the violence before a crisis occurs and the specialist domestic, family and sexual violence services and the CJS are involved. Early intervention policies and programs must be accessible and appropriate for all members of the community and should provide targeted interventions wherever possible to reach widely into our community.

Response

The South Australian Government is committed to responding to domestic, family and sexual violence with supportive and culturally safe services and programs. There is also a commitment to innovation and to listening to the voices of those with lived experience, and from communities requiring unique responses.

The South Australian Government provides police responses and the 24-hour DVCL for emergency responses and surrounds this with services and programs to assist victim-survivors who may not be able to make contact through an emergency line or are not involved with the police. The focus is always on the safety of victim-survivors and ensuring risk mitigation occurs as soon as possible. This service, however, is limited by the requirements of Commonwealth funding to a homelessness response.

The most significant funding source for the domestic, family and sexual violence sector is through the Commonwealth-State partnership on social housing and homelessness and therefore the current system is skewed towards crisis responses for victim-survivors who are needing to leave their homes or are experiencing homelessness as a result of domestic, family and sexual violence. More comprehensive information on response services is detailed in **Appendix 3**.

Recovery and Healing

The South Australian Government is committed to building holistic service responses to support recovery and healing for families and individuals. However, there is limited access to services supporting response, recovery and healing from multi-type maltreatment in South Australia. There is limited access to AOD services and mental health services for both children and adults, especially when experiencing active domestic, family and sexual violence.

Therapeutic responses for children and victim-survivors are often linked to clinical diagnoses and there is limited, if any, therapeutic trauma recovery responses to work with children towards healing from their experiences of domestic, family and sexual violence.

Where there are healing and recovery responses, they are likely to be for a limited time with very little ongoing or long-term support provided through mainstream services. Eligibility for these services can also be limited due to the limited number of services available which means only those people with high needs are likely to receive the service. Leaving people who are seen as less vulnerable to provide for their own ongoing healing which is a significant barrier for those people who do not have the financial capacity to pay.

Within the child protection system, there is a focus on trauma-informed programs for children and young people who have witnessed domestic, family and sexual violence to assist them to heal from their experiences and prevent intergenerational experiences as victim-survivors or perpetrators. Yarrow Place in SA Health also works to assist clients through processing childhood experiences of trauma and contribute to breaking the cycle of abuse and intergenerational welfare protection, and exposure to or use of violence in future relationships. Having the opportunity to offer appropriate referrals outside of these services for children and young people who have witnessed domestic, family and sexual violence, or having in-house workers at the Kurlana Tapa youth justice centre (Kurlana Tapa) who are trained in this area to undertake victim-survivor work, would be beneficial in breaking the cycle of victimisation.

Sector Workforce Development

Ensuring that South Australia's domestic, family and sexual violence sector is strong, sustainable, and resourced as an attractive workplace for specialist social workers, is a priority of the South Australian Government. We recognise the vital role of frontline workers in responding to the needs of victim-survivors as well as supporting prevention and recovery activities. The work they do is emotionally challenging, relentless and carries the risk of vicarious trauma for those who work in this field, whether for government or for non-government service providers. This and other factors such as short-term contracts, appropriate specialisations and burnout, creates significant challenges in supporting the wellbeing of workers and for attracting and retaining them in the sector.

Similarly, there is a continued need to invest in training and development for other frontline workers in the broader human services sector, including those within government service delivery agencies, to ensure that they are equipped to respond to the needs of victim-survivors, to work collaboratively with other service providers including the specialist domestic, family and sexual violence sector, and to inform operational and strategic policy development so their own work results in best practice and effective interventions to prevent, intervene early or respond to domestic, family and sexual violence.

In forming a workforce development strategy, particular attention needs to be given to the specialist skill set required of clinicians and practitioners in the area of sexual violence and the training that is required to attain this level of specialisation.

It is recognised that to support the shared ambition of addressing domestic, family and sexual violence more effectively in South Australia we will need to build and strengthen both the specialised and generalised domestic, family and sexual violence workforce. We have an ambition to strengthen our relationship with universities and other tertiary education institutions to plan for and facilitate the pipeline of future workers in the sector, including opportunities to partner with education providers to develop tailored qualifications that meet the needs of, and are informed by, the sector and allied professions.

A workforce to achieve outcomes

As previously observed, the South Australian domestic, family and sexual violence specialist service sector is small relative to other jurisdictions and comprises both government and non-government providers. The sector is expanding to deliver a wider variety of services and programs, including interventions aimed at supporting priority communities, and programs aimed at intervening earlier with people experiencing violence and supporting their recovery and healing, through a multi-disciplinary and diverse workforce.

In South Australia, services are funded through a combination of State and Commonwealth funding. Non-government providers are primarily reliant on government funding to support service delivery and operations. These providers deliver a range of supports within a context of increased demand.

The National Plan, in its First Action Plan, sets out an action to “increase and strengthen the capability of mainstream and specialist workforces to deliver quality services, activities and programs across the domestic, family and sexual violence four domains, including those that are tailored to the unique experiences of all victim-survivors.”

It is acknowledged that there are significant challenges with recruitment and retention of staff in the specialist domestic, family and sexual violence sector. The South Australian Government is contributing to and supporting the national conversations about how to address this, as well as working with local service providers to respond to funding, capacity and workforce needs. In particular, the South Australian Government recognises the advocacy of sector peak Embolden and its counterparts, and the work undertaken through ANROWS’ Strengthening Australia’s Domestic, Family and Sexual Violence Workforce Project, in pointing to the need for a workforce strategy for the specialist domestic, family and sexual violence sector, as well as the insights into workforce needs offered through the Embolden Workforce Survey Report.

The specific challenges faced by the domestic, family and sexual violence sector are also shared by other community and care workforces, which all compete with each other for staff, requiring solutions that need to be broader than just a domestic, family and sexual violence focus and that need to be resolved nationally.

The South Australian Government is working with the specialist domestic, family and sexual violence sector to address the workforce issues, as well as to determine the most appropriate and effective funding allocations to meet increasing demand for services, expand the capacity of the domestic, family and sexual violence sector and increase the sustainability of specialist services and interventions, including through the Regional Safety

Hubs which continue to expand the capacity and reach of the sector. See **Appendix 8** for an overview of the current domestic, family and sexual violence sector workforce.

We recognise the importance of working with the sector to identify any critical gaps in our current responses and enable us to take further action tailored to our context and informed by the expertise of local workers and victim-survivors.

A coordinated workforce development and training strategy to upskill universal services and NDIS providers will strengthen a necessary multi-system response to domestic, family and sexual violence that responds to children, victim-survivors and perpetrators.

Chapter 9: Accessible and responsive domestic, family and sexual violence and universal services

Narrow eligibility criteria for services can lead to some people experiencing domestic, family and sexual violence at a lower risk threshold, or coming from interstate, or for those on a visa, not able to access any specialist supports whether early intervention or response. Additionally, if a woman is sexually assaulted in her home and feels unsafe, unless there is a domestic, family and sexual violence context, she is unable to access emergency housing supports.

It is acknowledged that the existing specialist domestic, family and sexual violence service responses prioritise women and their children leaving relationships and are not funded to provide a response in the home when the perpetrator is still an active member of the household. In responding to the different needs of our community, the South Australian Government is working on domestic, family and sexual violence responses that aim to end the violence and provide the victim-survivor with wider options about how and where the response is provided. The requirement to work within a homelessness response funding system creates issues with the ability of services to be flexible enough to provide a wider array of services.

A connected service system responds to the needs of people in contemplative and recovery phases from domestic, family and sexual violence as there are many victim-survivors who do not access the established crisis response in the state and are seeking support whilst continuing the relationship or seeking to explore alternative options. Risk from domestic, family and sexual violence is dynamic and whilst it may be at a lower threshold at one point in time, there are numerous risk factors that must be accurately assessed regularly and at points of change in behaviour/situation for the person using violence and the victim-survivor.

Legal Services Commission (LSC) reports that it is not uncommon for members of the community, including those from Aboriginal or CALD communities, to indicate that often a barrier to engaging in help-seeking behaviours is a desire for the abuse to stop, but not the relationship. Whilst such a position may not always be sustainable in the long term, the experience or perception that seeking help will lead to a further loss of autonomy by not allowing for this distinction to be made, can lead to mistrust and an unwillingness to seek help.

Services should be flexible, focusing on individual needs rather than rigid, activity-based funding, making resources more accessible. Support services should be easy to navigate and centred around the consumer's needs. The services should be, whenever realistic, available to the person near their home.

Prevention efforts, including education campaigns and community-based interventions, are key to addressing root causes like trauma, societal expectations, and gender stereotypes. Accessible primary, secondary, and tertiary health services should be equitably funded and distributed statewide, ensuring availability regardless of location.

Where appropriate and when needed, peer advisory to government through a structured domestic, family and sexual violence lived experience group would be beneficial in empowering government to respond to domestic, family and sexual violence appropriately and for victim-survivor efforts towards healing and recovery.

Access for young people

A gap also exists between the ability of CPS to respond to adolescents and the limitation of specialist domestic, family and sexual violence service to work with people over 18. The child protection system is not equipped to provide ongoing support to all young people following their exit from care, or to provide services to adolescents outside of a foster or kinship care arrangement which leaves them at risk of exploitation and violence if they have moved out of home or are homeless. A specialist service for young people outside of a child protection response and for young parents should be considered. Children's specialist workers working with the police would also provide visibility for young people when they come into contact with the CJS or when they are involved in domestic, family and sexual violence incidents such as in a co-responder policing model.

SAPOL social worker trial

SAPOL has implemented a trial of employing social workers to perform the victim contact role ordinarily performed by investigating officers. Diverting this responsibility to a trained social worker allows police to focus on ensuring enquiries relating to the perpetrator are conducted quickly and the brief of evidence prepared. Whilst innovative, this trial does not involve professional support being provided beyond police involvement and does not negate the broader need for trained professional support for victim-survivors.

Updating the common risk assessment tool

The current risk assessment tool, used by police and frontline workers, uses a structured approach used to calculate an overall risk score. The current tool can provide a clear and quantifiable measure of risk but may lead to challenges capturing the nuances of each case. A review of the current risk assessment tool would be timely to ensure it remains contemporary and effectively incorporates the context of relationships to identify coercive control. This review should ensure the tool is comprehensive and aligned with the latest research and best practices. Supporting documents that govern the use of the tool should also be updated to enhance user's understanding and application of the tool.

States and Territories across Australia are also working to update their common risk assessment tools, consistent with commitments made under the National Plan to End Violence against Women and Children 2022-2032.

Responding to financial abuse

The impact of financial abuse in domestic, family and sexual violence and subsequent family law matters can be devastating. While online applications have greatly improved the convenience of modern banking, evidence suggests that they have also facilitated continuing

abuse by lessening the rigor with which an application for financial services is assessed. Financial institutions need to increase their awareness of the prevalence of this form of domestic abuse.

Access to legal services

Improving access to legal services for victim-survivors experiencing domestic, family and sexual violence is needed, including support to seek advice in relation to migration, housing, social security, victims of crime compensation, child support and family law matters, along with appropriate orders in the Family Court (in relation to parenting and property entitlements on separation), the Magistrates Court (in relation to IOs and debt recovery) and in the South Australian Civil and Administrative Tribunal (SACAT) (in relation to tenancy matters). Initiatives that create greater coverage of effective integrated and co-located service provision (including system development and training to support appropriate information sharing while protecting solicitor-client confidentiality) would assist in the legal rights of victim-survivors being identified early and resolved swiftly.

Moving away from court-based responses

Best practice in the justice system should provide alternatives to criminalisation of domestic and family violence. Currently, offences relating to domestic and family violence require the victim-survivor and perpetrator to participate in an adversarial system where giving evidence in court can be retraumatising. In some family, community and cultural contexts, victim-survivors are pressured not to pursue prosecution of the offender or are afraid of the wider consequences of doing so. Other victim-survivors do not necessarily wish to completely sever their link with the perpetrator. In such situations, the abuse is likely to continue. Consideration could be given to formalising, in legislation and by regulation, rehabilitative courses as an alternative to prosecution, where it is appropriate and safe to do so.

Specialist domestic, family and sexual violence courts

Where a court-based response is required, consideration should be given to specialist domestic abuse courts bringing together specially trained judges, prosecutors and support staff who understand the complexities of domestic, family and sexual violence, including dynamics of power and control, needs of victim-survivors and patterns of offending. Specialist courts could reduce risk of retraumatising victim-survivors and promote better outcomes for victim-survivors and perpetrators.

Restorative Justice

Restorative justice for domestic, family and sexual violence represents a shift towards a more holistic and inclusive approach to justice. While it holds promise for healing and accountability, it requires careful implementation and consideration of the unique needs and risks associated with domestic, family and sexual violence. When done effectively, it can offer a path to meaningful resolution and transformation for both victim-survivors and perpetrators.

Restorative justice is an approach aimed at addressing the harm caused by domestic, family and sexual violence through a process that involves the victim-survivor, the perpetrator and

sometimes the wider community. Unlike traditional criminal justice processes, which focus primarily on punishment and retribution, restorative justice seeks to repair the harm, foster understanding, and facilitate healing for all parties involved. Restorative justice may include victim-survivor and perpetrator mediation or restorative conferences which include the victim-survivor, perpetrator and any other family members or persons affected by the offending and focus of discussing the offence, its impact and developing a plan for the perpetrator to make amends.

Bail accommodation arrangements

With greater restrictions on access to bail, there is an increased need for more alternative bail accommodation options for people who have had allegations made against them. Such bail accommodation requires inbuilt mental health and culturally appropriate support services, including safe, non-judgemental programs focused on education and rehabilitation to address the underlying stressors that contribute to domestic, family and sexual violence and encourage the development of insight into healthy relationship behaviours. This is needed to prevent incarceration rates that continue to be at high levels (particularly for Aboriginal people). There is also a need to establish a dedicated bail accommodation service for women.

Removing the perpetrator from the home

More needs to be done to ensure that it is the perpetrator of violence that leaves the family home, rather than the victim-survivor(s) whenever it is safe to do so. The current Domestic and Family Violence Crisis Perpetrator Response Pilot program allows for nine beds in South Australia, with few options available in regional areas. Any increase in the beds available must be accompanied by expansion of therapeutic services available to perpetrators to ensure part of the removal from the home is assistance with behaviour change.

Expanding non-specialist domestic, family and sexual violence workers presence in other services

The ability for agencies to deliver internal professional supports to victim-survivors of domestic, family and sexual violence is constrained. For example, SAHT has just 14 Allied Health Practitioner roles within its workforce, all of which are situated in metropolitan Adelaide, and service a broad range of social work functions across the SAHT's approximately 33,000 tenancies, not just the provision of supports to people experiencing domestic, family and sexual violence. This means that the vast majority of responses in metropolitan Adelaide SAHT services, and all in country areas, are made through a manual external referral to an appropriate support agency.

Specialist health services

To support timely and effective trauma and specialist responses for victim-survivors across the state, increasing the reach of the consumer facing Cedar health team would be beneficial. For example, locating Cedar domestic, family and sexual violence healthcare providers in Emergency Departments across the state, including in regional areas, would ensure consistent and safe responses for victim-survivors from a healthcare approach (clinical and social work therapeutic response).

Chapter 10: Focus on men and boys

Working with perpetrators to support behaviour change and intervening before violence begins was a consistent theme across the departmental submissions. It was well recognised that behaviour change intervention and other therapeutic support programs for perpetrators of domestic, family and sexual violence are currently limited within South Australia outside of the justice system.

The South Australian Government currently funds programs, as listed in **Appendix 2**, including a counselling and advice phoneline for men at risk of using domestic, family and sexual violence. However, the working hours are severely limited and it is not available 24/7. Extending programs such as these to assist men to stop abusive behaviours prior to coming into contact with the CJS and providing an opportunity for those families that want to stay together to end the violence without household breakdown are of great importance. Expansion to provision of the service through ACCOs and organisations working with people from CALD backgrounds would assist with early intervention in more communities.

Criminal Justice System responses

While significant effort has been made to introduce new or amend existing legislation to strengthen protections and increase penalties for offenders, there are a number of areas where further improvements could be made, to better reflect community expectations and to create legal mechanisms to intervene in and respond to domestic, family and sexual violence and other gender-based crime.

In South Australia, treatment intervention courts offer alternatives to a sentence of imprisonment for persons affected by drug and gambling addiction. These long-term programs offer ongoing support and monitoring for the defendant and have been well accepted by defendants in many instances as they deal with the defendant's behaviour in psychological, social, and medical terms. Investigating a domestic violence diversion court based on the same principles as the substance abuse and gambling diversion courts already in operation could be appropriate. These options should be explored in addition to considering alternatives to the criminal justice process, to provide mechanisms for couples and families to self-refer for assistance where a victim-survivor wants to remain in the relationship and doesn't want to engage with the criminal justice system, but wants the violence to end.

The South Australian Government has worked actively with the Commonwealth and the South Australian domestic, family and sexual violence sector to strengthen systems and services that hold perpetrators to account, and to provide support to people who use violence, through the application of Innovative Perpetrator Response funding under the National Partnership. South Australia is currently undertaking projects including:

- Trialling a mentor to work with participants in the existing Youth Justice KIND Program, which provides therapeutic intervention for adolescents who use violence in their relationships; (**Appendix 3**, page 100);

- Scoping to define opportunities for software development for online or digital platforms to enable men across South Australia to check their behaviours and quickly access interventions; and (**Appendix 3**, page 102);
- Scoping to improve the evidence base on effective interventions for Aboriginal men (**Appendix 3**, page 101); and
- Implementing a program to support young people in their parenting and strengthen their interpersonal relationships. (**Appendix 2**, page 88).

Police early intervention systems

In the Northern Territory and Australian Capital Territory, SupportLink has been implemented as a case referral and diversion system for police and other frontline services to participate in early intervention. The SupportLink framework enables police to refer via a single referral service embedded within their systems and gives local, state and nationally based support agencies the ability to proactively reach out to vulnerable clients. It would be worthwhile considering the merits of the SupportLink approach, and whether it would add value as part of the response to domestic, family and sexual violence in SA (whether as part of an expansion of the Family Safety Framework, or otherwise).

SAPOL are currently involved in a perpetrator-focused initiative being conducted in conjunction with external agencies including Offenders Aid and Rehabilitation Services (OARS), Aboriginal Health and Uniting Communities, all of which provide services aimed at male domestic abuse perpetrators. The initiative aims to proactively address prevention and early intervention through targeting those involved in a domestic abuse incident, where no offence is identified and where both parties wish to remain in the relationship. The initiative aims to engage with perpetrators and link them with services available to address their abusive behaviour at the earliest opportunity. It is designed to intervene in behaviour early to prevent further incidents of abuse, thereby reducing the involved family's risk of harm. This initiative does not cater to those incidents where an offence has occurred and there is currently no option for diversion into similar programs as an alternative to the traditional judicial process.

First responders training

The actions of first responders in recognising violence and correctly identifying the primary aggressor, is critical in setting the trajectory for a victim-survivor to seek help. First responders should be assisted to understand how cumulative trauma can present in adult and child victim-survivors and be trained in non-collusive engagement. The power of an authoritative figure such as the police calling out behaviours at the point of incident cannot be under-estimated. Further, first responders should be trained to recognise children as victim-survivors and take action to protect their safety and wellbeing.

Rehabilitation

Incarceration of the perpetrator, whether in adult or youth justice systems, while in some cases providing immediate safety for the victim, needs to be balanced with effective rehabilitation programs within and beyond the prison system. Custody-based rehabilitation courses need to be properly funded so that they are genuinely available to prisoners. Too often the lack of course availability creates ineligibility for parole.

Perpetrators must be held accountable for their actions not only within a criminal justice framework, but also through the exploration of other mechanisms within the legal system such as those being explored by the Australian Law Reform Commission's current inquiry into Justice Responses to Sexual Violence, alongside legal consequences and interventions like counselling and rehabilitation. A multi-system approach is essential for rehabilitation, involving SA Health agencies such as Drug and Alcohol Services SA, mental health services, and disability support. Perpetrators should have access to trauma-informed programs that address the contributing factors of their behaviour, with increased education on the impact of violence on their relationships and families. Ongoing support and monitoring are crucial to ensure they follow through with treatment.

From a child protection perspective rehabilitation of the perpetrator is essential as once the relationship has ended, the children may still be seeing their parent, and their safety must be considered as well as their future with a healthy relationship with their parent.

Perpetrator interventions

Universal services need to be better equipped to engage and intervene with perpetrators of domestic, family and sexual violence through practical advice, service pathways, policies and procedures. Culturally responsive perpetrator programs are critical. Domestic, family and sexual violence adjacent work, whilst not to be used in isolation, is another key developing area of practice for engaging perpetrators and intervening in the violence affecting the family. This includes working systemically with the family, and between service systems, to avoid perpetrators 'splitting' different practitioners and avoiding active support and response services.

Individuals who are at risk of perpetrating should be afforded the opportunity to undertake safe, non-judgemental programs focused on education and rehabilitation to address the underlying stressors that contribute to domestic violence and encourage the development of insight into healthy relationship behaviours. This approach would assist in identifying, understanding, and developing strategies to cope with stressors in a healthy manner before escalation.

Diversionary programs could address domestic abuse in a way that focuses on early intervention and rehabilitation. These programs aim to reduce recidivism, address underlying issues such as substance abuse or mental health problems and promote safety of the victim-survivor and accountability of the perpetrator. They can include counselling and therapy, education programs, substance abuse treatment, support services for the perpetrator as well as monitoring and compliance to ensure the perpetrator adheres to any programs requirements and is making progress in their rehabilitation efforts. Engagement with these diversionary programs can be the outcome of restorative justice.

Diversionary programs for domestic, family and sexual violence must be developed with a strong foundation of risk assessment and evidence-based research to ensure ultimate safety, needs and wishes of victim-survivor are the top priority. Victim-survivor consent and support should be central, as should monitoring and accountability measures for perpetrators.

Programs must focus on rehabilitation and counselling but with safeguards to prevent further harm. Clear consequences for offending or failing to complete the program are essential to balance intervention and rehabilitation with protection of victim-survivors and public safety.

KIND Program

The KIND program aims to provide a tailored intervention to young people and their families or other support networks, to reduce their use of relationship violence and increase connectedness and strength within their relationships. The KIND program is funded through the National Partnership on a short-term basis and is currently offered only to young people in youth justice settings. The KIND team receives multiple referrals and enquiries for young people outside of Youth Justice who could benefit from the program, especially from DfE and DCP. An expansion of the KIND program would allow children and young people to receive KIND intervention prior to engagement with Youth Justice. This would benefit the youth justice and child protection systems, enhance collaboration across departments, and allow for early intervention to occur for children and young people using violence and their families.

Counselling Support programs

The Young Men and Fathers Counselling Support Program and the Supporting Parents and Children's Emotions (SPACE) program are key initiatives offered through the Metropolitan Youth Health service. Both programs focus on early intervention and assist young men who use or are at risk of using violence or coercive control (they are also able to support young women who use or are at risk of using violence or coercive control).

Supporting dads

Implementation of fatherhood programs that support men in all aspects of parenting and include education on the impact of domestic, family and sexual violence on children and young people, including unborn infants. It is critical that interventions for fathers that use violence recognise that fathers are likely to continue to play a role in their child(ren)'s lives, so the violence must be addressed to promote healing and safety for their child(ren), and to avoid re-traumatisation of the child(ren).

The evaluation and implementation of evidence-based programs aimed at young men at risk of experiencing or using domestic, family and sexual violence should be expanded, such as the Young Men and Fathers Counselling Support program.

Chapter 11: Children and young people

The South Australian Government needs to do more to recognise children and young people as victim-survivors of domestic, family and sexual violence in their own right. Children can be victim-survivors of domestic, family and sexual violence in different ways – as a direct victim-survivor of violence, or through witnessing violence against their protective parent, in most cases their mother. For children, the experience of domestic, family and sexual violence affects every part of their life and has long term impacts, whether the violence is directly or indirectly experienced. Given the significant impact of domestic, family and sexual violence on the physical and mental health and wellbeing of victim-survivors, the South Australian Government considers that children and young people are harmed by domestic, family and sexual violence whether or not they are present at the time or witness to domestic, family and sexual violence.

Research demonstrates children and young people exposed to domestic, family and sexual violence are found to experience negative impacts to their functioning and wellbeing including poorer educational outcomes, internalising and externalising behavioural difficulties, poor mental health including anxiety and self-harming, and cognitive impairment.¹ Domestic, family and sexual violence also impacts unborn infants as pregnancy can be a time where women are at increased risk of domestic, family and sexual violence with impacts such as increased rate of miscarriage, premature birth, and low birth weight.

Further, domestic, family and sexual violence is the leading cause of homelessness for children in Australia.² Australian Institute of Health and Welfare data shows that, in South Australia, the number of women and children sleeping rough or in a car has more than tripled in the ten years from 2012-13 to 2022-23 and increased by 63% in the two years from 2020-21 to 2022-23³.

Children need to be seen as victim-survivors of domestic, family and sexual violence in their own right and receive trauma informed services specifically for them. Trauma responsive counselling services are limited and often only available to children through the engagement of their mother, or primary care giver, supported through specialist adult domestic, family and sexual violence services which often require the victim-survivor to have left the perpetrator to obtain a service. Universal services and NDIS providers are not skilled in identification of and responding to child(ren) and family experience of domestic, family and sexual violence which limits or prevents appropriate responses and support.

Evidence

The Australian Child Maltreatment Study (ACMS), the first nationally representative prevalence study of child abuse and neglect ever conducted in Australia, shows that child maltreatment is endemic in Australia with nearly 2 in 3 Australians experiencing at least one form of child maltreatment.⁴ The ACMS found 39.6% have been exposed to domestic

¹ Australian Institute of Health and Welfare 2020. Australia's children. Cat. no. CWS 69. Canberra: AIHW

² Department of Social Services (DSS), *National Plan to End Violence Against Women and Children 2022-2032*, DSS, Australian Government, 2022

³ Homelessness Australia, Homelessness and domestic and family violence, State of Response Report 2024

⁴ Australian Childhood Maltreatment Study (2023) <https://www.acms.au/>

violence (and of those who experienced domestic violence, 89% experienced it more than once).

Impacts on children who live with domestic, family and sexual violence may be acute and chronic, immediate and cumulative, direct and indirect, seen and unseen. It is important to view and acknowledge children and young people as victim-survivors with unique experiences, vulnerabilities and needs, acknowledging that the risks, impact and their needs can be different to those of their parent or carer, and that the risks, impacts and needs can be different for each child within the family. Further, the maintenance, and at time rebuilding, of the connection/relationship between the child(ren) and the victim-survivor adult (most usually the mother) is a critical element of safety planning and service provision.

There is a need for children to be ‘seen and heard’ as their protective parent navigates the system, and currently this is not always the case. Women with children can experience barriers accessing refuges, women with children struggle with care options while attending court, and first responders often attend incidents without directly engaging with children who are present.

Pregnancy and infants

The needs of unborn children must also be recognised, as pregnancy is a high-risk period for domestic, family and sexual violence. Evidence indicates that trauma and high-stress levels during this time can significantly impact foetal development. Therefore, screening pregnant women for domestic, family and sexual violence—currently conducted in SA Health hospitals—and facilitating referrals to specialist domestic, family and sexual violence services that are equipped to address the health implications for both mother and baby is essential. (**Appendix 2**, page 83).

Adolescents

Adolescents also face unique problems in accessing support as victim-survivors of domestic, family and sexual violence. There are limited domestic, family and sexual violence programs for adolescents experiencing or perpetrating domestic, family and sexual violence within their own intimate partner relationships and/or within family or sexual violence prevention, response, recovery and healing programs for young women who are at higher risk due to family breakdown, homelessness and impacts as a result of child maltreatment. Currently, most domestic, family and sexual violence specialist services are not funded to respond to victim-survivors under 18 years of age.

Health response

Women’s and Children’s Health Network’s (WCHN) Child Protection Services (CPS) has specialist therapeutic services for infants, children, and young people under 18 years of age, who have experienced abuse, neglect and trauma. This includes crisis psychosocial therapeutic services to children and young people who have experienced physical or sexual abuse, including those in acute situations who have witnessed domestic, family and sexual violence and significant trauma, as well as therapy for victim-survivors of sexual abuse or assault, other violence or maltreatment and harmful sexualised behaviour.

An option to improve outcomes for children and young people would be to expand CPS to provide therapy services to rural and remote locations, intensive outreach services, therapeutic groups for young people, to expand the age from 12 to 18 for therapy to young people with harmful sexualised behaviour and capacity for consultation and training to professionals and staff for capacity building in a very specialised area.

The Intensive Therapeutic Care Program (ITCP) and the My Place program are two additional programs which work with children and young people, aged 12 to 25 in metropolitan Adelaide, who are under the Guardianship of the CE and have experiences of complex trauma, including physical and sexual violence.

We recognise the importance of expanding evidence-based models (such as the My Place Program that has undergone external evaluation) to provide flexible, intensive, outreach support to young people. Both of these programs sit within Yarrow Place. See **Appendix 7** for additional information about these programs.

Child protection system transformation

The South Australian Government, through the Department for Child Protection (DCP) and in partnership with stakeholders across government and the non-government sector, is on a journey to transform the child protection system. Crucial to this transformation is the planned introduction of the Children and Young People (Safety and Support) Bill 2024 (SA). The Bill proposes to explicitly recognise exposure to domestic, family and sexual violence as a cause of harm to children, and establish a new framework to recast the sector towards a public health approach. This approach is aimed at expanding focus towards a system through which the needs of a broader range of families in the community are addressed, including through cross-government approaches to responding to domestic, family and sexual violence and ensuring the safety of victim-survivors, children and young people.

Vision for children and young people

A similar system of supports to those offered for women experiencing domestic, family and sexual violence would be beneficial for children and young people who may be escaping violence at home. A bespoke response for young people, whether that be shelter-based accommodation or wrap around services to support them with gaining financial independence would go towards addressing youth homelessness. There is a reported lack of support for young people around 16 or 17 years of age who are experiencing domestic, family and sexual violence in their home, as both victim-survivors and perpetrators, including emergency or crisis accommodation. The SAWK program provides support to children as victim-survivors of domestic, family and sexual violence, however, eligibility for the program requires that the mother is a client of a specialist domestic, family and sexual violence service.

A similar model to MAPS for children and young people could bring together relevant child and youth services such as DHS Youth Justice, Exceptional Needs Unit (ENU) and Remote Visitor Outreach Team (RVOT), DCP, SAHT, Child and Adolescent Mental Health Services

(CAMHS), SAPOL etc., to share information and coordinate wrap around supports for both victim-survivors and perpetrators.

Wider adoption of early intervention programs for young people at risk of experiencing or using domestic, family and sexual violence, similar to the KIND program delivered by Youth Justice, outlined in **Appendix 2**, would support young people and the family and community around the young person to respond to domestic, family and sexual violence.

Resourcing to enable programs such as “Power to Kids” Out of Home Care Program to be rolled out to all Youth Justice staff would increase their ability to support children and young people in the youth justice system and intervene in the cycles of harmful sexual behaviour, child sexual exploitation and dating violence for both those who are victim-survivors of violence and those who have perpetrated it.

Female children who experience child sexual abuse have an increased vulnerability to adult experience of domestic, family and sexual violence. Therapeutic adult services, such as Yarrow Place and Cedar Health Service should be enabled to provide trauma-based therapy for child sexual abuse.

There is not a specialist service for youth who have experienced ‘youth sexual assault’. For example, a 14-year-old from a healthy family, raped by a school friend at a party. Yarrow Place and Metropolitan Youth Health provide some therapeutic programs for victim-survivors however the criteria to access a service is limited to young people with complex trauma and in care or post care. SA Health did have a service for youth, called Youth Sexual Assault and Abuse Counselling Service (YSAACS), however, in 2009 it was repurposed to be an intensive program for youth (12 – 25) based in Yarrow Place with a much more restricted access criteria.

Chapter 12: Sexual violence

According to data from the 2021 Personal Safety Survey, an estimated 2.8 million people in Australia have experienced sexual violence since the age of 15 (14% of Australia's population). An estimated 22% of women and 6.1% of men in Australia have experienced sexual violence since the age of 15, equating to 1 in 5 women and 1 in 16 men.⁵ Nationally, it is estimated that only around 13% of sexual offences are reported to police.⁶ Approximately 60% of sexual assaults occur outside of a domestic and family violence context.⁷

Sexual violence is present across all communities and age groups in Australia and has significant long-term impacts for victim-survivors – including people impacted by child sexual abuse, sexual harassment, and sexual assault.

Health response

Responses to sexual violence in South Australia have traditionally sat within SA Health. This is due to the degree of medical specialisation required to provide care and, due to the impact of sexual violence across all cohorts, the need for a universal response. As Health is a large portfolio with numerous specialisations and competing priorities, it is challenging for sexual violence to be given the significant attention it needs. Additionally, there is limited recognition of sexual violence as a gendered issue, in its perpetration (over 95% of sexual assaults are perpetrated by men) and despite women being overrepresented as victim-survivors. See **Appendix 7** for an overview of sexual violence responses in South Australia.

Limitations

The location of sexual violence responses predominantly within government also currently limits advocacy to raise awareness of this issue, and to prompt improved responses. However, it is important to note that while Yarrow Place operates within government, it has the capacity to advocate directly for enhanced responses and awareness.

In most other jurisdictions, sexual violence services are delivered through the not-for-profit sector and have their own distinct peak bodies. Due to the small size of South Australia's current sexual violence response sector, sexual violence services are represented by Embolden, the peak body for domestic, family and sexual violence services. This may limit recognition of sexual violence that occurs outside of an intimate relationship.

Need for coordination

The sector has highlighted the need for a strong government agency to coordinate policies to address sexual violence outside of a health response, to mitigate the challenges of a purely health and criminal justice response and further raise the profile of sexual violence as an issue. The introduction of a coordinated response would require an across government multi-agency response to include a health response, targeted community responses, and legal

⁵ [Personal Safety, Australia, 2021-22 financial year | Australian Bureau of Statistics \(abs.gov.au\)](#)

⁶ [Sexual Violence - Victimization | Australian Bureau of Statistics \(abs.gov.au\)](#)

⁷ [Sexual violence, 2021-22 financial year | Australian Bureau of Statistics \(abs.gov.au\)](#)

response. A statewide responding to sexual assault policy directive to create consistency and pathways for consumers across the State to receive a trauma informed health care response is required.

Regional impacts

The South Australian Government is also aware that forensic responses are no longer available on site in Mount Gambier, as well as having limited options in Port Lincoln. It means that those living in these regional and remote areas must travel at a time when they have already experienced significant trauma. The expansion of these services should be considered in any policy response to sexual violence.

In South Australia, forensic and medical services for victim-survivors of sexual violence are provided by Yarrow Place Rape and Sexual Assault service. Yarrow Place is part of the Health Recovery and Trauma Safety Services (HaRTSS) within WCHN, a service that provides direct services as well as training and education to staff from a diverse range of services who want to support consumers who have been subjected to domestic, family and sexual violence.

Consent

Consent to sexual practices is a difficult issue in identifying sexual assault. Violence has become normalised in many sexual practices such as the use of strangulation, however, these practices are not always consented to in a fully informed manner, and, in the case of strangulation, are extremely dangerous, never safe and detrimental to physical health. The socialising of sexual assault, the impact of violent pornography, and sexual coercive practices proliferated by social media influencers in the guise of men's relationship advice, contribute to the challenges that people have to name these practices as sexual assault due to having these behaviours normalised.⁸

Inconsistency amongst definitions of sexual violence and consent across Australian jurisdictions has also been raised as a significant contributor to barriers experienced by victim-survivors seeking support and redress, and there have been calls for consistent definitions across Australian jurisdictions, whilst also ensuring the greatest protection for victim-survivors in South Australia

The South Australian Government undertook public consultation on a review of sexual consent laws discussion paper, from December 2023 to February 2024. The discussion paper sought feedback on a range of topics, including consideration of evidentiary requirements, jury directions, protections for victim-survivors in sexual offence trials and affirmative consent models. The South Australian Government is currently considering the feedback received from this consultation.

Australia needs to foster a consent culture through sustained efforts at all levels. A key approach is implementing comprehensive consent education in schools, starting with general

⁸ Coumarelos, C., Roberts, N., Weeks, N., & Rasmussen, V. (2023). Attitudes matter: The 2021 National Community Attitudes towards Violence against Women Survey (NCAS), Findings for young Australians (Research report, 08/2023). ANROWS

concepts at an early age and gradually progressing to more specific education on consent in intimate relationships in later years. It is important that consent education within schools is delivered by appropriately trained professionals.

Specialist sexual violence response

Yarrow Place is the only specialist sexual violence service for people aged 16 and over in the state. This differs significantly to other states and territories, where some of the sexual violence support services are provided by NGOs.

However, NGOs across Australia do not provide forensic medical examinations or health checks. All states and territories have established a health response to sexual assault that operates within the government framework. In many instances, victim-survivors must visit one service for forensic examinations and another for counselling. South Australia provides the highest standard of care, with Yarrow Place offering all necessary services in one location.

For a recent sexual assault, victim-survivors can access a forensic response through Yarrow Place up to ten days following the incident. This service is provided at Yarrow Place's North Adelaide site during business hours (Monday to Friday) or is available after hours at the Royal Adelaide Hospital. Forensic examinations are currently provided by an all-female specialist team, who are trained in providing trauma-informed care.

There have been male practitioners in the past; however, there are currently no male-identifying doctors available. The organization would like to offer this option to victim-survivors, but recruiting male doctors has proven challenging, as this field seems to attract predominantly a female workforce.

It is important to be able to access health care close to home. This is inclusive of domestic violence injury documentation/assessment as well as forensic and health care responses post sexual assault. Best practice would include partnering with Aboriginal Community Controlled Organisations (ACCOs) to train workers to provide this response in some communities. It is recognised that currently when people are having to travel to Adelaide, sexual assault is not included as a transport reason in the Patient Assistance Transport Scheme (PATS) provided by SA Health. As a result, there is a significant impact on police when required to bring a victim-survivor to Adelaide for a forensic examination because they are unable to access that service in their local area. There is further impost on the victim-survivor with accommodation and other related costs being paid out of pocket.

While Yarrow Place provides a dedicated and sensitive health response, it is still common for victim-survivors to be re-traumatised by responses to their assault. This is especially true of experiences of the criminal justice process which requires victim-survivors to relive their experience and face questions about their honesty and recall. As noted above, very few sexual violence cases are reported and become court matters.⁹ There is a need for a holistic response to sexual violence in Australia that incorporates consideration of the criminal justice

⁹ [Sexual assault reported to police - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/reports/sexual-assault/sexual-assault-reported-to-police)

system's response to sexual offending but also community-level attitudinal and behavioural changes.

Recognising and responding to sexual violence

Improving our response to sexual violence requires increasing community awareness of sexual violence in all its forms, and ensuring there is tailored information and support available for survivors of sexual violence. It also means making it safer for people to talk about what has happened to them and to pursue justice if they wish to do so. Providing culturally appropriate and accessible services is essential.

Due to many sexual assaults occurring outside of a domestic and family violence context, there is also a need to provide safe housing for victim-survivors who have experienced violence in their home and do not feel safe or are living with the perpetrator outside of an intimate relationship. At this time, there are no emergency housing options for victim-survivors in this situation.

The current triage and counselling service provided by Yarrow Place is not funded as a 24/7 service to support victim-survivors to access health care and forensic options at any time. Victim-survivors can only access an emergency service 24/7 for recent sexual assaults and forensic services. Outside of emergency responses, Yarrow Place is a 9-5 Monday to Friday service.

Expansion and enhancement of Yarrow Place services would assist through increased regional and remote services and group therapy, particularly sensory and somatic-focussed groups that complement talk-based therapy, to further support healing, and strengthen lived experience engagement.

Anonymous reporting

Both New South Wales and Queensland Police allow for anonymous reporting of sexual assault by victim-survivors. This allows police to receive information that can help investigations and may assist in reducing repeat offending, however, the victim-survivor does not have to go through the CJS for the information to be shared. In South Australia, Crime Stoppers provides the function to report anonymously. Pathways for anonymous reporting are essential to make it easier for victim-survivors to report without fear of retaliation or stigma. Ongoing investment in research to understand reporting barriers is also needed to design supportive solutions.

Trauma informed training for the criminal justice system (CJS)

Providing specialist trauma-informed training for all court personnel, including defence counsel, measures to better inform victim-survivors about their case, and improve communication, including through the appointment of victim-survivor advocates could assist in lowering the chance of re-traumatisation by the criminal justice process. More widely adopting pre-recording of evidence from victim-survivors would also be a positive step.

Work is currently underway on a national inquiry into justice responses to sexual violence, conducted by the Australian Law Reform Commission (ALRC)¹⁰.

In August 2023, the Government hosted a National Roundtable on Justice Responses to Sexual Violence, bringing together victim-survivors, representatives from service and advocacy sectors, experts, and ministers from the Commonwealth, state, and territory levels. These discussions informed the Terms of Reference for the Inquiry.

The ALRC will consider how to harmonise laws about sexual violence across Australia and to promote just outcomes for people who have experienced sexual violence. The issues paper explored four key areas: the nature and extent of sexual violence; safe reporting mechanisms for victim-survivors; criminal justice responses, including police and prosecution responses, trials and sentencing; and civil proceedings and other justice responses such as restorative justice, workplace laws and compensation schemes.

One significant issue raised by the issues paper is the challenge victim-survivors face in reporting their experiences of sexual violence. It highlights the need for the justice system to establish mechanisms that enhance safe and accessible reporting opportunities for victim-survivors. One of the solutions points out enabling victim-survivors to report anonymously, so that the 'pattern of offending' by the person responsible for sexual violence becomes apparent over time.

This Inquiry is part of the Government's commitment to strengthening and harmonising sexual assault and consent laws, aiming to enhance outcomes and experiences for victim-survivors within the justice system. The ALRC is expected to deliver its final report in January 2025.

¹⁰ <https://www.alrc.gov.au/inquiry/justice-responses-to-sexual-violence/>

Chapter 13: Meeting the needs of priority groups with an intersectional lens

Universal or community-wide domestic, family and sexual violence services are sometimes not appropriate for all members of our community. Developing and implementing community-led and delivered responses and programs is a focus for the South Australian Government and the South Australian domestic, family and sexual violence sector. Working together with the organisations, delivering services and listening to the needs of the community is essential to ensure all South Australians receive the support they need to escape domestic, family and sexual violence and to change the behaviours and beliefs that lead to domestic, family and sexual violence.

Using a lens of intersectionality, we are able to take into account people's needs and risks, inclusive of experiences of domestic, family and sexual violence, and the systemic challenges that lead to people being unsupported through universal services. We also recognise the ongoing, pervasive and idiosyncratic longer-term impacts of violence on people's lives. Continued effort to coordinate client services across mainstream and other specialist sectors is imperative if we are to reduce domestic, family and sexual violence and achieve the goal of the service system in South Australia having an intersectional lens, learning from lived experience and being inclusive, trauma informed and culturally safe.

Aboriginal and Torres Strait Islander communities

It is widely recognised that Aboriginal and Torres Strait Islander women and children are disproportionately the victim-survivors of domestic, family and sexual violence compared to the non-Aboriginal population. The unacceptable statistics, behind which are the real, endangered and diminished lives of Aboriginal women and children, cannot be ignored and require urgent responses. The Royal Commission's focus on the experience of Aboriginal people and communities is welcomed as a necessary and timely way to ensure the work being done is achieving the desired and appropriate outcomes.

Australia, like other nations, has international obligations under:

- the United Nations Declaration on the Rights of Indigenous Peoples (2007), Article 22(2), requiring governments to take measures to guarantee that Aboriginal women and children are protected against all forms of violence and discrimination; and
- the United Nations Committee on the Elimination of Discrimination Against Women (2022), General Recommendation N.º 39, obliging Australia to prevent and protect Aboriginal women and girls from gender-based violence and guarantee the right to substantive participation in political and public life.

In its input for this submission, the South Australian Government's Aboriginal Affairs and Reconciliation (AAR) Division has highlighted the following national statistics:

- Aboriginal and Torres Strait Islander women are 33 times more likely to be hospitalised for domestic, family and sexual violence injuries and six times more likely to die from domestic, family and sexual violence injuries, than non-Aboriginal women.

- Three in five Aboriginal women have experienced domestic, family and sexual violence perpetrated by a male intimate partner.¹¹
- 57% of Aboriginal women victim-survivors of domestic, family and sexual violence were physically injured.¹²

Further, AAR notes that domestic, family and sexual violence is a significant factor for Aboriginal children coming into contact with the child protection system, as recently reported by the South Australian Commissioner for Aboriginal Children and Young People in her inquiry into the removal and placement of Aboriginal Children in South Australia (Holding on to Our Future, 13 June 2024). This inquiry's findings and recommendations are highly valuable in considering improvements to the way in which we protect and support Aboriginal children and families.

The underlying drivers of violence against Aboriginal women and children are complex and deep-seated, so there is no straightforward single solution to this multi-layered issue. The range of preventative approaches could include:

- eliminating impoverishment and marginalisation of Aboriginal peoples and communities;
- addressing inequitable access to employment, education, housing and healthcare;
- using holistic, culturally safe and appropriate family and community approaches when working with families, including perpetrators, impacted by domestic, family and sexual violence;
- developing consistent, ethical and fit-for-purpose reporting measures;
- identifying and supporting Aboriginal leaders to challenge the normalisation of domestic, family and sexual violence within Aboriginal families and communities; and
- empowerment and self-determination of Aboriginal people and communities with opportunities to strengthen culture.

There is a critical need for specific culturally safe and Aboriginal-led prevention, early intervention, responses, and recovery and healing measures for Aboriginal communities, recognising Aboriginal domestic, family and sexual violence is a consequence of colonisation, of government policies of assimilation, the forced removal of children from families, and institutionalisation.¹³ The evidence for this has been captured in at least a dozen reports since the 1991 Royal Commission into Aboriginal Deaths in Custody, to the most recent August 2024 Senate Standing Committee on Legal and Constitutional Affairs Inquiry Report into Missing and Murdered Aboriginal Women and Children.

Early intervention strategies such as community information and education, cultural and family strengthening, raising community awareness, responding to grief and trauma, and building self-esteem and resilience, are essential and the greatest success with such initiatives is when they are led by Aboriginal organisations, people and communities.

¹¹ Australian Institute of Health and Welfare, *Family, domestic and sexual violence data in Australia*, Australian Government (2022)

¹² Australian Bureau of Statistics *Aboriginal and Torres Strait Islander women's experiences of family and domestic violence*, Australian Government (2023)

¹³ Aboriginal and Torres Strait Islander Action Plan 2023-2025, Under the National Plan to End Violence against Women and Children 2023-2032, Commonwealth of Australia (Department of Social Services) 2023.

The South Australian Government notes the Monitoring Victoria's Family Violence Reforms: Aboriginal-Led Prevention and Early Intervention report from the Victorian Government, which provides further evidence of the need for culturally safe and supported education programs, opportunities for community-based activities to strengthen community and family relationships, and culturally appropriate respectful relationships discussions.

Supporting and investing in Aboriginal-led initiatives is crucial to positively engaging with Aboriginal people and communities and creating culturally safe learning environments conducive to behavioural change.

Systemic and cultural barriers

There are many systemic and cultural barriers to the reporting of domestic, family and sexual violence by Aboriginal and Torres Strait Islander people and overcoming them is essential to ensure best practice responses. For example, in relation to the South Australian Government's commitment to Closing the Gap, Target 13. This target is unable to be reported against as there has been no new data since the baseline year of 2018-2019. This is due to concerns with data collection causing harm to Aboriginal participants, and so there is a need for ethical, fit-for-purpose data to ensure accurate measurement of the incidence of domestic, family and sexual violence.

Regarding cultural barriers within the criminal justice system (CJS), Aboriginal women may be reluctant to report domestic, family and sexual violence for many reasons, founded in historical and contemporary experiences of racism and injustice within the system. For example, women may not call police for protection from domestic, family and sexual violence due to inter-generational and historical mistrust of police, the risk of having their children removed, the risk of being misidentified as a perpetrator of violence when fighting back in self-defence, the fear that if perpetrators go to jail they could die in custody, the lengthy prosecution process including having to re-tell and re-live their trauma, and an overall lack of belief that the CJS will respect and protect them.

Fear of misidentification as a perpetrator, and the criminalised consequences of this, is recognised as a barrier for victim-survivors in reporting abuse. It stems from incidents where a victim-survivor has called for assistance only to be identified as the perpetrator by first responders. This can occur due to a range of factors including manipulation of the victim-survivor and first responders by the perpetrator. There is extensive commentary about the impact of misidentification on Aboriginal and Torres Strait Islander women.¹⁴

Addressing cultural bias

Further, it is important to address cultural bias within response systems at all points of contact between Aboriginal people and service providers. Establishing robust and consistent training programs across agencies, and additional concentration on using culturally safe systems such as Nunga Court, are essential in ensuring cultural bias is not part of the system.

¹⁴ Missing and murdered First Nations women and children report of the Legal and Constitutional Affairs Reference Committee, Commonwealth of Australia, 2024

Other positive responses could include:

- integration of government services, providing a whole-of-system service response within South Australia and across all states and territories;
- culturally appropriate crisis and transitional accommodation and long-term affordable housing;
- provision of intensive family support in the home, preferably delivered by Aboriginal staff; and
- service responses that incorporate dedicated cultural advisors, interpreters and translators, and staff with experience in remote communities to overcome the impacts of domestic, family and sexual violence and prevent further occurrence.

Culturally safe and community led responses that support families, individuals and communities to heal are essential to breaking the cycle of domestic, family and sexual violence. The following approaches for recovery and healing are critical to supporting healing for Aboriginal victim-survivors and their families:

- trauma-informed service delivery is fundamental to guarding against re-traumatising victim-survivors;
- embedding Aboriginal culture at the heart of all approaches, respecting that cultural identity contributes to resilience and healing;
- requiring government agencies to be more culturally competent and responsive with a better understanding of the impacts of trauma;
- building capacity and Aboriginal empowerment, so they are equipped as Aboriginal Community Controlled front-line agencies to deliver programs and improve the social and emotional wellbeing of Aboriginal clients and communities;
- co-designing responses to domestic, family and sexual violence with Aboriginal organisations, families and communities;
- investing in programs that promote healing and resilience and strengthen family and kinship relationships; and
- supporting truth-telling to promote healing and counter racism to prevent further trauma.

Prevention campaigns for and by Aboriginal people

Community education campaigns developed in partnership with Aboriginal communities to ensure cultural relevance, safety and effectiveness would be beneficial in addressing domestic, family and sexual violence. Elders and community leaders should be engaged and supported in these initiatives to leverage their influence and promote positive behaviours.

Responses for Aboriginal and Torres Strait Islander people and communities

AAR, within the Attorney-General's Department, recognises that consideration should be given to developing a standalone Aboriginal domestic, family and sexual violence Strategy for South Australia, co-developed with key Aboriginal women and stakeholders such as ACCOs supporting Aboriginal victim-survivors and those with lived experience of domestic, family and sexual violence.

An increase in domestic, family and sexual violence services that are culturally responsive (inclusive of first language speakers, interpreters, and translators) and accessible to people in remote and regional areas, as well as for people from those regions who are in metropolitan Adelaide, would address an observed need on the APY Lands and regional centres. Interpreters and cultural advocates are critical in engagement of Aboriginal domestic, family and sexual violence victim-survivors, including for children.

Alongside an increase in domestic, family and sexual violence services, the development and implementation of culturally responsive healing services for women, children and young people impacted by domestic, family and sexual violence is warranted to keep women and children safe and end the cycle of violence.

There is a clear need for increased access to culturally safe women's shelters and/or emergency accommodation, confidential services and places to engage with social workers, as well as access to transport and communication to support women and children wishing to leave violent situations. Service responses for men/perpetrators are also infrequent in remote areas.

People from culturally and linguistically diverse (CALD) backgrounds

People from CALD communities can face increased vulnerability to domestic, family and sexual violence due to factors such as visa status, understanding of the Australian legal situation, insecure work, and language barriers when trying to access support. Cultural norms or religious beliefs may also discourage victim-survivors from seeking outside help. Concerns about losing custody of children, fear of deportation or impact on immigration status may also be barriers. Some communities may also have a mistrust of government and mainstream services being able to respond appropriately due to experiencing racism within systems or services not being able to understand the nuance of culture and faith in culturally diverse communities.

It is acknowledged that addressing barriers to reporting requires a multifaceted approach involving legal reforms, community education, improved access to support services, and cultural sensitivity in service provision. Victim-survivors may fear retaliation or escalation from the perpetrator, some may distrust government and authorities due to past negative experiences - particularly those from different cultures - or through fear of not being believed. Concerns about privacy and confidentiality, societal stigma and financial dependency can also make it difficult for victim-survivors to leave or report the violence.

To assist in overcoming some language barriers, the South Australian Government has developed four Domestic and Family Violence fact sheets for communities that have been translated into 25 community languages which are available on the OFW website. The fact sheets were developed with Women's Safety Services SA (WSSSA) and the Multicultural Communities Council of SA and outline the Australian legal landscape in terms of domestic, family and sexual violence services available to the multicultural community, and how to help people experiencing domestic, family and sexual violence

People living in regional and remote communities

In the more remote parts of the state, it is observed that there are insufficient culturally safe domestic, family and sexual violence services, in particular, those which are available in-person in community and for extended hours. Community has expressed a need for increased access to culturally safe women's shelters and emergency accommodation, confidential services and places to engage with social workers, as well as access to transport and communication to support women and children wishing to leave violent situations. Service responses for perpetrators are also infrequent or inconsistent in regional and remote communities.

In regional areas and smaller communities, people, and in particular young people, experiencing domestic, family and sexual violence at home, lack safe places to stay. Family and community dynamics may also impact on a young person's willingness to engage with supports.

Investment is also needed to expand available services for perpetrators of domestic, family and sexual violence in regional and remote areas.

People living with disability

The Disability Royal Commission (DRC)

The recent Disability Royal Commission (DRC) highlighted the disproportionate rates of domestic, family and sexual violence against women and girls with disability. The DRC handed down its final report in September 2023. It examined the issue of the high levels of domestic, family and sexual violence against women and girls with disability.

The Commissioners found:

- People with disability, especially women with disability, experience more domestic, family and sexual violence compared to people without disability.
- 40% of women with disability have experienced physical violence and are also twice as likely to experience sexual violence as women without disabilities.
- Aboriginal women are 34 times more likely than non-Indigenous women to be hospitalised due to family, domestic and sexual violence
- The National Plan and other policies and laws do not adequately address violence against women with disability.
- Each state and territory take a different approach to defining domestic, family and sexual violence. Some definitions ignore or exclude the experiences of people with disability, meaning they have fewer legal protections and less access to support.

The DRC identified gaps in existing laws meaning that definitions of domestic, family and sexual violence are not disability inclusive. For example, definitions do not cover all domestic relationships and settings people with disability may have, such as relationships with support workers, co-residents, guardians and administrators. They do not include violence in group homes, respite services or boarding houses. People with disability also experience particular kinds of abuse such as withholding personal supports and interfering with assistive devices, and the absence of a nationally consistent definition of domestic, family and sexual violence

limits the legal protections and supports available to women and girls with disability when they experience domestic, family and sexual violence.

The SA Government has formally [responded to all recommendations](#) of the DRC⁹ and implementation planning of recommendations is commencing. Recommendations relevant to domestic, family and sexual violence include:

- The Australian Government and state and territory governments and police services should collaborate with people with disability in the co-design, implementation and evaluation of strategies to improve police responses to people with disability (Accept in principle).
- The Commonwealth Government and state and territory governments should develop a five-year Action Plan for Women and Children with Disability to accompany The National Plan (Accept in principle).
- Under The National Plan, states and territories should amend their legislative definitions of family and domestic violence to include:
 - all relationships in which people with disability experience family and domestic violence, including, but not limited, to carer and support worker relationships.
 - disability-based violence and abuse.
- all domestic settings, including, but not limited, to supported accommodation such as group homes, respite centres and boarding houses. (Subject to further consideration).

Autistic people

Evidence indicates that Autistic people continue to be overrepresented in the criminal and youth justice system, especially as victim-survivors of crime, and have higher incidences of experiencing intimate partner violence, sexual assault and domestic, family and sexual violence.¹⁵ However, there is a need for more research in this space, particularly to capture the qualitative experiences of Autistic people and domestic, family and sexual violence support services, and interactions with the CJS.

Access to supports and services for Autistic people providing evidence within court settings and to law enforcement needs to be improved to ensure they can engage fairly with the justice process and have confidence they can do so safely. This would extend to those who are victim-survivors of domestic, family and sexual violence.

Policy development that better understands the antecedents and contributing factors linking autism to use of violence, such as social-communication, emotional regulation, susceptibility to coercion, etc., will strengthen service responses and support early intervention regarding use of violence.

Families

The high prevalence of children and young people experiencing a combination of maltreatment has been highlighted in the findings of the ACMS.¹⁶ Multi-type maltreatment

¹⁵ Gibbs, V., Gallagher, E., Hudson, J. *et al.* Prevalence and Risk Factors Associated with Interpersonal Violence Reported by Autistic Adults: A Systematic Review. *Rev J Autism Dev Disord* (2024)

¹⁶ Australian Childhood Maltreatment Study (2023) <https://www.acms.au/>

includes any combination of the five types of maltreatment: physical abuse, sexual abuse, emotional abuse, neglect and exposure to domestic, family and sexual violence.

The ACMS found that at a national level:

- multi-type maltreatment was reported by 39.6% of respondents compared to 22.8% who experienced one type;
- exposure to domestic violence was the most common maltreatment type present in multi-type combinations; and
- family related adversity factors are a significant risk factor for multi-type maltreatment. Parental separation, family mental illness, family substance use problems and family economic hardship doubled the risk of multi-type maltreatment.

This data highlights that there is a crucial need to strengthen and coordinate our efforts to provide a unified system of support for families to meet their wide-ranging needs –from domestic, family and sexual violence to housing and health, to education and employment. This includes opportunities to strengthen a necessary multi-system response to domestic, family and sexual violence, including with NDIS providers, and the development of shared workforce capabilities.

For many victim-survivors, their desired outcome is to be able to remain safely in their relationship, family, home, community and culture, and this needs to be recognised in our responses.

Young people, especially those who become parents, face additional challenges due to system documentation of their trauma histories, possibly leading to further interventions and service involvement. Young pregnant mothers and adolescents at risk of domestic, family and sexual violence can face additional pressure if they are unable to provide secure and safe housing for their baby. These risks perpetuate intergenerational cycles of welfare intervention that often started due to domestic, family and sexual violence. Trauma-responsive intervention must prioritise safety, care, and relationships over punitive responses, while managing the complexities of protection and participation, and ensuring the safety of infants, children and young people.

Older people

The South Australian Government, through the Office for Ageing Well (OFAW), delivers a commitment to support all South Australians to age well and to remain active and engaged in the community with a rights-based approach to safeguarding the rights of older people and promoting abuse prevention, recognition, and response.

OFAW also includes the Adult Safeguarding Unit (ASU), which is a dedicated South Australia-wide service established under the *Ageing and Adult Safeguarding Act 1995 (SA)*, that can respond to concerns about adults who may be vulnerable and experiencing abuse or mistreatment, including domestic, family and sexual violence.

Data from ASU indicates some clear patterns in relation to the experience of domestic, family and sexual violence for older people and adults with a disability. Approximately 60% of

contacts from the community relate to the abuse or mistreatment of an older adult 65 and over. Approximately, 30% of contacts relate to adults with a disability. In half of all cases relating to older people, an adult child is identified as the person responsible for the alleged abuse (60% sons and 40% daughters). For people with a disability, mothers are most often identified as the person responsible for the alleged abuse. Year on year, these figures remain consistent.

This data could be used to develop targeted initiatives focusing on specific groups of potential perpetrators. For example, a prevention campaign focused specifically on how adult children treat their parents, or a program targeted toward mothers of adults with a disability that deals with the issue of care versus control.

LGBTIQA+ people

Members of the LGBTIQA+ community may face discrimination and lack of understanding from service providers, making them hesitant to report violence or seek help. Specific unique circumstances are prevalent for LGBTIQA+ people, including fear of outing, or threats of outing, and lack of tailored services can also be significant barriers.

The discrimination already faced by LGBTIQA+ people in many areas of our community are exacerbated in experiencing domestic, family and sexual violence. Vulnerabilities caused by lack of family support for relationships, or gender-identity can mean experience of domestic, family and sexual violence is not as easily divulged to friends and family.

The 2021 PSS collected by the ABS found that women who identified as gay, lesbian, bisexual, or who used a different term such as asexual, pansexual or queer, were more likely to have experienced sexual violence (13%) than women who identified as heterosexual (2.4%). For both groups, 98% of those who experienced sexual violence in the last two years experienced it by a male perpetrator.¹⁷

Without a dedicated LGBTIQA+ domestic, family and sexual violence service, using mainstream services that are not equipped to work with LGBTIQA+ people can create traumatic experiences rather than supportive ones. Placement of men, non-binary, and trans people in emergency housing needs to be considered as well. SA Health's Cedar Health has recently begun providing domestic, family and sexual violence health responses to all South Australians and provides an example of a mainstream service striving to provide appropriate responses across genders.

The South Australian Government recognises this gap in specialist domestic, family and sexual violence responses and is working with service providers by funding education programs for frontline workers and supporting the Commonwealth Government's 500 workers initiative by funding a domestic, family and sexual violence case worker in SHINE SA. This funding is, however, limited as only 0.9 of an FTE of funding has been allocated to South Australia for LGBTIQA+ workers.

¹⁷ [Personal Safety, Australia, 2021-22 financial year | Australian Bureau of Statistics \(abs.gov.au\)](https://www.abs.gov.au/australians-and-their-communities/2021-22/2021-22-pss)

Perpetrator responses must also be considered in terms of responding to violence in same-sex intimate partner relationships as there are few perpetrator interventions equipped to respond to non-heterosexual relationships.

The work in this space is ongoing and the input of people with lived experience is particularly important to achieve the desired outcomes.

Chapter 14: Addressing Contributing Factors

Evidence demonstrates that there are a range of risk factors that contribute to someone being more vulnerable to – or perpetrating – domestic, family and sexual violence. The report of the Rapid Review of Prevention expert panel highlights that there are a range of areas where prevention efforts are linked with factors that can cause domestic, family and sexual violence.¹⁸ The South Australian Government acknowledges that service development and investment in these areas will have a positive impact on the prevention of domestic, family and sexual violence.

South Australian Government agencies with responsibilities for strategic policy leadership, or who provide clinical or other support services to people experiencing these contributing factors, have provided insights into the connections and causations with domestic, family and sexual violence as relevant to their areas of expertise. We note that a number of these factors correlate to both perpetrators and victim-survivors.

The following is not an exhaustive list, and we note that the Royal Commission will hear from people with lived experience, peak bodies, and other expert groups in relation to the impact of these contributing or aggravating factors on both victim-survivors and perpetrators.

Mental health

Untreated mental health concerns can affect judgement and emotional regulation and can lead to an intensification of the risks of perpetrating domestic, family and sexual violence. Mental health support for perpetrators is required, both as part of preventative strategy and after violence has occurred to prevent recidivism.

Victim-survivors of domestic, family and sexual violence require mental health support after violence has occurred, to support immediate needs and aid recovery and healing.

Lack of resources, including lack of funding in the public health sector and long wait times for assistance, present considerable barriers to a best practice health response particularly in rural and remote areas.

Financial insecurity and unemployment

Being unemployed or living in a low-income household has been shown to correlate to an increased risk of experiencing domestic, family and sexual violence.¹⁹

The Commonwealth and South Australian Governments provide concessions and some assistance to families and individuals on a low income, but ensuring access to services, such as psychological or mental health supports, when money is less available, needs to be recognised in our responses.

¹⁸ Unlocking the Prevention Potential: accelerating action to end domestic, family and sexual violence, August 2024

¹⁹ [Sexual assault and domestic violence in the context of co-occurrence and re-victimisation State of knowledge - ANROWS - Australia's National Research Organisation for Women's Safety](#)

Gambling harm

In Australia, more than one-third of individuals negatively affected by gambling report being victim-survivors (38.1%) or perpetrators (36.5%) of physical intimate partner violence.²⁰ Among perpetrators, 11.3% have a gambling disorder.²¹

Domestic, family and sexual violence can also increase an individual's risk of experiencing gambling harm. Victim-survivors may seek out gambling venues as public places that are readily accessible (often outside business hours) and include security services. Victim-survivors also report that use of electronic gaming machines offers physical escape, psychological escape, hope of regaining control over their lives, as well as a mechanism for coping with the legacy of abuse.²²

A public health response involving multiple stakeholders, settings and responses is needed to tackle gambling-related family violence. This includes community education and awareness raising activities intended to prevent gambling-related domestic, family and sexual violence from ever occurring, programs that support early detection of gambling related domestic, family and sexual violence among at-risk populations, and treatment, support and rehabilitation services that aim to manage and reduce current and future impacts of gambling related domestic, family and sexual violence for individuals, families and communities.

Research to date has broadly focused on determining the links between gambling and domestic, family and sexual violence. More research is needed to guide policy and practice responses to gambling-related domestic, family and sexual violence in an effort to prevent and minimise its impact. There is a particular need to better understand the role of coercive control, economic abuse, and how gambling products, practices, environments, and marketing contribute to family violence.²³

Misuse of alcohol and other drugs (AOD)

Research indicates that use of AOD by perpetrators, and by parents, is linked to an increased likelihood of domestic, family and sexual violence and child abuse.²⁴ Further work in South Australia is needed to see how this evidence can be used to inform responses to domestic, family and sexual violence and child protection.

²⁰ Dowling, N., Suomi, A., Jackson, A., Lavis, T., Patford, J., Cockman, S., Thomas, S., Bellringer, M., Koziol-Mclain, J., Battersby, M., Harvey, P., & Abbott, M. (2016). Problem gambling and intimate partner violence: A systematic review and meta-analysis. *Trauma, Violence, & Abuse*, 17(1), 43-61. DOI: 10.1177/1524838014561269

²¹ Ibidem

²² Hing, N., Mainey, L., O'Mullan, C., Nuske, E., Greer, N., Thomas, A., & Breen, H. (2023). Seeking solace in gambling: The cycle of gambling and intimate partner violence against women who gamble. *Journal of Gambling Studies*, 39(2): 795-812. DOI 10.1007/s10899-022-10134-6

²³ Hing, N., O'Mullan, C., Mainey, L., Greer, N., & Breen, H. (2022). An integrative review of research on gambling and domestic and family violence: Fresh perspectives to guide future research. *Frontiers in Psychology*, 13. DOI 10.3389/fpsyg.2022.987379

²⁴ [2021-RP.20.02-RR-Wright-CP-Critical-interpretive-synthesis-Child-protection-involvement-for-families-with-domestic-and-family-violence-alcohol-and-other-drug-issues-and-mental-health-issues.pdf \(anrows-2019.s3.ap-southeast-2.amazonaws.com\)](#)

Pornography and technology

Research has found that exposure of boys and men to violent pornography increases the likelihood of them condoning the use of sexual violence against intimate partners.²⁵ Easy access to pornography on the internet and a prevalence of abusive and violent themes against women in pornography can create an assumption that violence in intimate partner relationships is normal.

New forms of domestic, family and sexual violence aided by technology are constantly emerging. There are significant gaps in responses to technology-facilitated abuse across support services and the justice system. In support services, one of the main barriers is the lack of technology training and knowledge, along with structural barriers such as racism and poverty. These limitations hinder the ability of services to improve women's safety. In the justice system, the gaps include inconsistencies in responses, minimization of the harms of technology-facilitated abuse, a lack of understanding of the complexities of this form of abuse, re-traumatisation, and a tendency to focus on individual incidents rather than recognising the patterns of abuse.²⁶

Legislating Coercive Control as an enforceable criminal offence will, over time, significantly progress these issues. The Criminal Law Consolidation (Coercive Control) Amendment Bill 2023 (SA) was introduced to Parliament in August 2024.

Social media algorithms used to recommend content on some social media services can work to significantly increase the exposure of a user to inappropriate material, including sexualised and violent material. With a view to addressing concerns around the safety impacts of social media on children, the South Australian Premier commissioned the Hon Robert French AC to conduct an examination into banning children's access to social media. From this, a legislative model to restrict access to social media services by age was proposed. The Commonwealth has committed to adopting South Australia's proposal and to introducing legislation to enforce a minimum age for access to social media and other relevant digital platforms at a national level.

The increasingly wide-spread application of Artificial Intelligence (AI) in a range of settings is also emerging as a challenge. In late 2023, a Parliamentary Select Committee on Artificial Intelligence presented its findings on the state of AI development and application across various sectors, focusing on economic, social, and ethical implications for South Australia including issues related to AI in criminal offenses.²⁷

One major concern, recognised by the Select Committee on AI, is the alarming rise of AI-enabled image-based abuse, which disproportionately affects women and children. This involves the distortion of images through AI, providing perpetrators with new tools to exert

²⁵ [Recognizing Connections Between Intimate Partner Sexual Violence and Pornography - Laura Tarzia, Meagan Tyler, 2021 \(sagepub.com\)](#)

²⁶ [Technology-facilitated coercive control: Mapping women's diverse pathways to safety and justice | Australian Institute of Criminology \(aic.gov.au\)](#)

²⁷ House of Assembly Standing Orders, Select Committee on Artificial Intelligence, Parliament of South Australia, *Report of the Select Committee on Artificial Intelligence (2023)* [Report of the Select Committee on Artificial Intelligence \(2\).pdf](#)

control over victim-survivors. There is also a significant risk of AI being misused to access private information, leading to the alteration, deletion, or modification of sensitive data, which can worsen coercive control and financial abuse among victim-survivors. Additionally, AI technologies can be used to groom children for sexual abuse and extortion, further highlighting the urgent need for vigilance and protective measures.

Chapter 15: Homelessness or insecure housing

The current lack of adequate and affordable housing stock and low vacancy rates, both within the public and private rental markets, create challenges in responding to the needs of those requiring housing assistance due to experiences of domestic, family and sexual violence. Being unhoused also increases the vulnerability of people, particularly women and children, to incidents of violence and limited choices in where they live and with whom.

Low vacancy rates and the high costs of private rental properties can present substantial barriers to women escaping domestic, family and sexual violence accessing private rental accommodation. Additionally, low vacancy rates across the public housing system and high demand for public housing assistance has resulted in a high level of unmet demand for public housing for those escaping domestic, family and sexual violence.

For victim-survivors, lived experience evidence demonstrates that concerns regarding the lack of housing, and the likelihood of experiencing homelessness and/or housing insecurity when leaving an abusive relationship, is a key factor influencing women's decisions to remain in and return to abusive relationships. Accordingly, increasing the supply of housing for victim-survivors is necessary to ensure women are supported to seek and promptly receive the housing and support services they need to permanently leave an abusive relationship. A substantial increase in the supply of new housing for victim-survivors is required to increase confidence in, and experiences of, the systems' capacity to deliver prompt, safe, secure, and long-term housing pathways.

From a perpetrator perspective, lack of access to suitable housing outcomes is also relevant for managing people being released from prison. The Department of Correctional Services, in its contribution to this submission, notes that over 3,000 people are discharged from prison every year and on any given day there are scores of people held in custody beyond their earliest release date and/or discharged from custody into insecure accommodation or homelessness. When Intervention Orders are in place to protect victim-survivors, it is even more imperative that there are alternative safe housing options available to both perpetrators and victim-survivors on release from prison.

Chapter 16: South Australian Government workplace responses

The South Australian Government is committed to ensuring it is clearly acting to end domestic, family and sexual violence in its policies and programs, but also in its own workplaces. People experiencing domestic, family and sexual violence will be working in the public service, and it is imperative that they are supported to have the time to respond, and recover from, their experience without it impacting their job security. It is also important that the public service maintain the message that domestic, family and sexual violence is not acceptable in the South Australian community through mandatory training and through developing agency-based policies and action plans using the Our Watch Workplace Equality and Respect Standards.

The Guideline of the Commissioner for Public Sector Employment: Domestic and Family Violence has been adopted as the workplace policy for many South Australian government agencies and departments. If agencies choose to create their own policies this guideline is the minimum standard required of any agency-specific policy, adjusted to consider the relative size and profile of a particular agency. Information is provided to employees about assistance available to them, workplace support, the Employee Assistance Program (EAP) options, and domestic violence leave.

The Fair Work Act 1994 (SA) has been amended to ensure workers who are experiencing domestic, family and sexual violence have access to leave. Full-time, part-time, and casual employees are entitled to the full 15 days in a 12-month period from the start of each year of their employment. The entitlement does not accumulate from year to year.

Multiple South Australian Government departments and agencies have also achieved White Ribbon Workplace accreditation and are committed to the Our Watch Workplace Equality and Respect Standards. Departments and agencies are committed to continuing prevention and education activities under their individual action plans. SA Water, for example, has recently noted an intention to educate its workforce on primary prevention actions and opportunities in an upcoming package of internal work to respond to domestic, family and sexual violence.

The Department of Primary Industries and Regions, South Australia (PIRSA) White Ribbon committee continues to meet on a bi-monthly basis to progress their Gender Equity and Respect Action Plan that promotes an agency culture of gender equality, respect, safety and support for active prevention of domestic, family and sexual violence. PIRSA also provides training for staff in preventing, recognising, and responding to gendered violence and in unconscious bias (including gender bias).

SafeWork SA has published on its website guidance for a person conducting a business or undertaking about how to support workers who are experiencing domestic, family and sexual violence, as workplaces can play an important role in preventing and responding to family and domestic violence by providing a safe working environment for all workers. The guidance information includes how to support the worker, managing risks at work, managing risks when workers are working from home, and maintaining confidentiality.

Agencies and departments that contributed to this submission also noted other activities to promote gender equality including:

- Gender Pay Gap analysis;
- Optimising Recruitment Panels online training to include gender diversity, inclusion and unconscious bias;
- Induction programs include information about equality, respect and safety policies;
- Performance discussions include wellbeing and flexible working arrangement options; and
- Dedicated Equity and Diversity Officer.

Some public servants have mandatory reporting requirements in place. For example, the DfE provides significant training to ensure understanding of their statutory reporting obligations and are educated to be trauma informed. The DfE is committed to developing and enhancing interagency information sharing and improved coordination of resources to identify and support children, young people and families experiencing family and domestic violence.

Currently there is no coordinating agency in South Australian Government that maintains visibility over these government agency policies and programs or provides assistance in development of policies. This increases the possibility that duplication of effort is occurring and that those agencies with better access to staff with policy expertise in domestic, family and sexual violence policy responses are not collaborating to improve all agency policies. Without oversight there is also the possibility that this work will not continue in a meaningful way.

Work Health and Safety initiatives

SafeWork SA is progressing a Code of Practice for managing psychosocial hazards at work, based on the model Code of Practice developed by Safe Work Australia, and a Code of Practice for managing sexual and gender-based harassment. These Model Codes of Practice have not been approved in South Australia but have been published on SafeWork SA's website as guidance for person conducting a business or undertaking.

SafeWork SA is also finalising a comprehensive guideline for a person conducting a business or undertaking in the live adult entertainment industry to identify and manage work health and safety hazards to ensure the health and safety of workers. This includes preventing sexual harassment and violence. Following the publication of the guideline, SafeWork SA will conduct compliance audits to ensure a person conducting a business or undertaking is complying with their work health and safety duties. To complement this, SafeWork SA is finalising guidance materials for workers in the live adult entertainment industry to assist workers to understand their work health and safety rights, and what organisation to contact for more information and assistance. This includes if there is an issue regarding sexual harassment and violence.

Closing statement

The South Australian Government is deeply committed to ending the scourge of domestic, family and sexual violence in South Australia. The domestic, family and sexual violence sector in South Australia is small but delivers for victim-survivors when they need it most. The sector, whether a South Australian Government service, NGO, or ACCO, is committed to working together, with each other, and with governments under the National Plan, to leverage all of our funds, innovation, and experience to assist South Australians at a time of need. It is recognised that there are gaps in our responses, especially for those that need a culturally safe and unique response in a mainstream service environment.

The reliance on crisis response supports and a homelessness lens also contributes to gaps in delivering services under all domestic, family and sexual violence four domains identified in this submission, especially in recovery and healing. The sector and government are required at this time to focus on crisis responses due to the current demand, however, both government and the sector is ready and willing to move into delivering services across the domains and growing knowledge in non-specialist organisations to assist in that process.

Partnerships with the Commonwealth Government are driving increased funding to the sector, however, the restrictions on the application of that funding are limiting the effectiveness in making a real and lasting change in our domestic, family and sexual violence sector and continues the landscape of year-to-year funding which cannot securely support sector growth. Change is also dependent on securing a strong workforce of specialist and non-specialist workers for the sector and currently the social work background required is in high demand across Australia, leading to difficulty in recruitment and, with year-to-year funding of many programs, a high level of movement across sectors.

Expanding our focus on domestic, family and sexual violence to clearly include sexual violence, within and outside of intimate partner relationships, as well as developing a service sector for victim-survivors of sexual violence outside of the health system is an ongoing project that continues to be explored. Focussing on expanding from a homelessness avoidance response to responding to families who want the violence to end but want to stay together is also a goal. Perpetrator accountability and assistance to change behaviours is a growing area of action as well. Some pilot programs developed with National Partnership funding are already exploring these spaces and evaluations of these will be key to future development of programs. Learning from other jurisdictions and evidence-based activities is also a focus.

Primary prevention of domestic, family and sexual violence remains a significant focus for the South Australian Government with the continuation of successful work already occurring and increasing our knowledge base on what works to create significant and lasting change in our community.

The South Australian Government has been working with the sector to deliver innovation and explore how we can expand our sector to respond across the domestic, family and sexual violence four domains. The South Australian Government continues to strive toward the shared goal of eradicating domestic, family and sexual violence from our community. We

look forward to seeing the recommendations of the Royal Commission and working to deliver best practice responses to domestic, family and sexual violence in South Australia.

Appendix 1 – South Australian Government prevention initiatives

Community education

Women’s Equality Blueprint

- Cross-cutting themes: gender inequality
- OFW, DHS (lead agency)

The Women’s Equality Blueprint 2023-26 is aimed at advancing gender equality and addressing the drivers of gender-based violence. The Blueprint provides a roadmap of current and future policies and practices that are focused on supporting women and girl’s safety, increasing women’s participation and representation in leadership, promoting women’s economic security and increasing support for women’s health issues. The Blueprint progresses Action 1 of the First Action Plan: Advance gender equality and address the drivers of all forms of gender-based violence, including through initiatives aimed to improve community attitudes and norms toward family, domestic, and sexual violence.²⁸

Australian Curriculum and Early Years Learning Framework

- Cross-cutting themes: children and young people
- DfE, Catholic Education SA, Independent Schools. Delivered through schools and pre-schools

The Australian Curriculum and Early Years Learning Framework have a strong focus on children developing a sense of identity, including understanding relationships, wellbeing, and their body. In South Australian government schools, they are supported by locally developed resources and DfE managed programs, with age-appropriate content on seeking consent, power and coercion, understanding gender-based violence, and building healthy relationships.

Keeping Safe: Child Protection Curriculum

- Cross-cutting themes: children and young people
- DfE, Catholic Education SA. Delivered through schools and pre-schools

Keeping Safe: Child Protection Curriculum is an established child safety and respectful relationships curriculum centred around child rights. Teachers are trained in delivering the content which supports children and young people to recognise abuse and unsafe situations, including domestic and family abuse, and sexual violence.

²⁸ [Office for Women - SA Women’s Equality Blueprint](#)

Consent and Respectful Relationships Education

- Cross-cutting themes: children and young people
- DfE, Catholic Education SA, Independent schools. Delivered through schools and pre-schools

The Commonwealth funded Consent and Respectful Relationships Education (CRRE) measure aims to support schools to deliver high quality, evidence based, age-appropriate consent and respectful relationships education in schools. This work will also address the rise in misogynistic and sexist ideas, attitudes and behaviours, due in part to the prominence of toxic online influencers and harmful content. Implementation is in the initial stages of planning.

Implementation of the measure is being delivered in partnership with states, territories, and non-government school sectors and informed and guided by the National Respectful Relationships Education Expert Working Group.

CRRE represents an opportunity to strengthen approaches to promoting school cultures where children and young people are supported to build relationships characterised by equality and respect, and free from violence.

DfE is committed to creating resources to support this education measure using evidence-informed research to ensure the successful implementation and effective delivery of CRRE.

Healthy Relationships and the Law

- Cross-cutting themes: CALD, older people, young people, sexual violence, mental health, disability
- Legal Services Commission (LSC)

The LSC offers free legal education sessions to community workers and community groups upon request and tailored to the particular needs of the community. These sessions are designed to identify what family and domestic violence is (with an emphasis on coercive control), and the existing legal and non-legal responses. Ongoing sessions continue to be delivered in collaboration with other agencies (Australian Refugee Association (ARA), Thebarton Senior College, Carers SA).

Consent and Healthy Relationships

- Cross-cutting themes: young people, sexual violence, mental health
- LSC

The LSC runs these sessions as part of their continuing legal education sessions designed for young people. Consent is explored through ethical and legal frameworks. They encourage young people to consider the characteristics of healthy and respectful relationships.

Clontarf program

- Cross-cutting themes: Aboriginal and Torres Strait Islander young people
- DfE, Clontarf Foundation

This program is offered in partnership with the Clontarf Foundation, a charitable non-for-profit organisation, and aims to improve the education, discipline, life skills, self-esteem, and post school options of young Aboriginal men and by doing so equips them to participate more meaningfully in society through promoting strong male and female role models, mentoring, family support and promoting connection to culture and fostering identity.

Shooting Stars program

- Cross-cutting themes: Aboriginal and Torres Strait Islander people, young people, regional and remote
- DfE, Glass Jar Australia, Netball WA

An initiative of Glass Jar Australia and Netball WA, this program aims to empower Aboriginal girls and women by growing their confidence, identity, cultural connection, capacity, and resources to make informed decisions for themselves. This program is being trialled in schools in Whyalla.

Power to End Violence Against Women

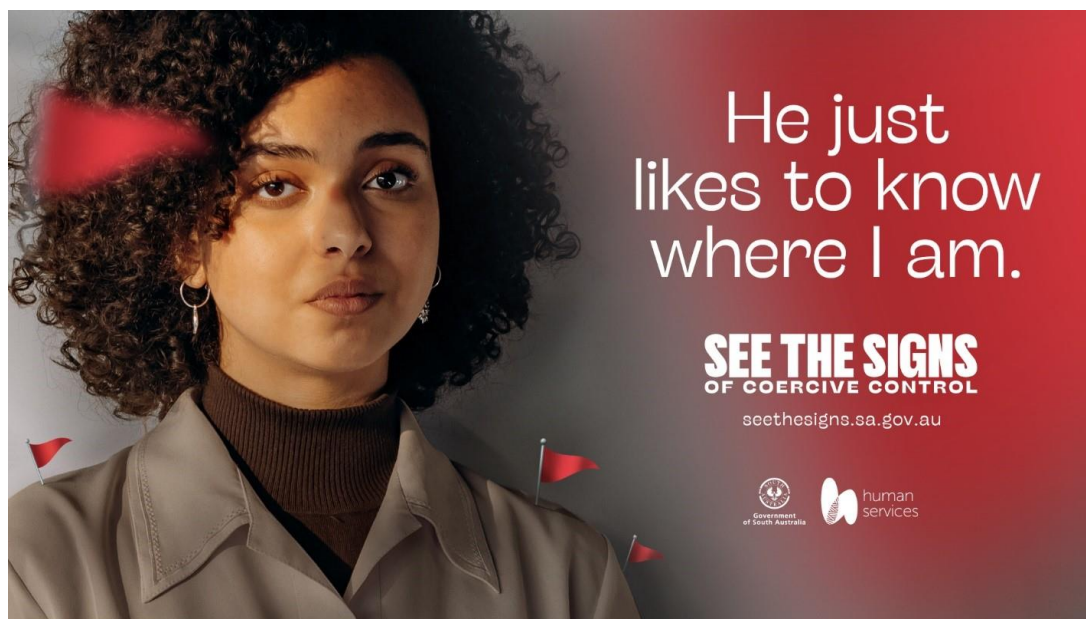
- Cross-cutting themes: Aboriginal and Torres Strait Islander people, young people, regional and remote
- Power Community Ltd

The South Australian Government provides funding to Power Community Ltd to bolster their respectful relationships education programs with students taking part in the SANTOS Aboriginal Power Cup. Two programs are delivered: Power to End Violence Against Women for male students which aims to raise awareness of the issue of violence against women and promote respectful relationships; and Empowered for female students which provides an opportunity to discuss the drivers of violence such as gender roles and exploring healthy and unhealthy relationships. The programs are presented by Port Adelaide Power staff and are delivered across metropolitan and regional South Australia alongside schools' involvement in the Power Cup.

See the Signs campaign

- Cross-cutting themes: young people, CALD and general community

- OFW, DHS, LSC



In line with the work to criminalise coercive control, the South Australian Government created a public campaign to improve awareness around coercive control, reinforce the support services available and change attitudes and behaviour around men's violence against women, focusing on education. The first phase of the *See The Signs* campaign, led by DHS, targeted young people aged 15 – 24 in recognition of the importance of changing attitudes early. The campaign was also promoted during the 2023 FIFA Women's World Cup from July to August 2023.

The *See The Signs* campaign achieved the two objectives that were measured:

- 9,210 visits to the website during the initial campaign period (March-May 2023) which was a 168% increase from the previous *Break The Cycle* campaign.
- 1,890,773 social media impressions and 9,600 clicks, and potential media audience reach of over 1.4 million.



Phase two of the program was delivered by LSC (funded by AGD) and saw the *See The Signs* campaign messaging extended to a wider audience (South Australians aged 18-55 years) and the development and delivery of culturally appropriate and targeted legal education targeting key cohorts, including Aboriginal and CALD communities.

Phase two of the campaign saw a 19% increase in unprompted community awareness of the term coercive control, within the campaign's target audience.



Safe and Supportive Learning Environments Plan of Action 2024-2026

- Cross-cutting themes: children and young people
- DfE

This Plan of Action outlines the South Australian Government's commitment to 15 targeted actions on violence prevention in schools. The immediate actions included the development of violence prevention and restorative practices online modules.

South Australia's Plan for Ageing Well 2020-2025

- Cross-cutting themes: older people
- OFAW, DHS

South Australia's Plan for Ageing Well sets out the priority actions and partnerships to prevent, raise awareness about, and respond to elder abuse, through education and awareness raising. In 2023-24, OFAW delivered 57 education sessions and participated in a variety of community events to raise awareness of abuse prevention strategies, build community capacity to respond to abuse and mistreatment, and provide information about the ASU.

Sexual violence education

- Cross-cutting themes: sexual violence
- Women's and Children's Health Network (WCHN): Yarrow Place Rape and Sexual Assault Service and Cedar Health Service

WCHN supports community education within its program areas to assist people to recognise the tactics used by perpetrators and discuss future relationship dynamics, offering supports and options if they face similar situations and by researching barriers to reporting sexual violence. See **Appendix 15** for a case study from WCHN.

Programs for men and boys perpetrating, or at risk of perpetrating, domestic, family and sexual violence

Stronger Men, Stronger Families

- Cross-cutting themes: CALD people
- ARA (National Partnership funding)

ARA delivers the Strong Men, Stronger Families project that promotes healthy behaviours and relationships while addressing cultural and community concerns regarding domestic, family and sexual violence. The project is facilitated and delivered in collaboration with community educators/members through a series of workshops tailored to the needs of individual CALD communities. It also offers one-to-one counselling and support to address relationship and family issues including the use of violence.

Youth Prevention Program (YPP)

- Cross-cutting themes: Aboriginal and Torres Strait Islander people, young people
- KWY Aboriginal Corporation

The YPP is funded by the South Australian Government under the National Partnership and delivered by KWY. Aboriginal adolescent males aged 14 to 18 years who have displayed violent behaviour or are identified as being inclined towards violent behaviour are eligible to partake in the YPP. The program is culturally focused and includes topics that are educational on violence as well as strategies to personally manage behaviour. Sessions are hosted in schools, Kurlana Tapa, and local community or youth centres to enable accessibility of attendance for a wide variety of participants.

Our Way My Choice

- Cross-cutting themes: Aboriginal and Torres Strait Islander people
- DCS

Our Way My Choice is a culturally responsive non-criminogenic preparatory and wellness program for Aboriginal men that aims to increase self-awareness and engagement of the participants. It is currently delivered in prisons, but the program is being developed for use in the community.

DCS received recognition at the Australian Institute of Criminology's Australian Crime and Violence Prevention Awards for best practice in the prevention and reduction of violence through delivery of Our Way My Choice.

Appendix 2 – South Australian Government early intervention initiatives

Health and wellbeing

Ask, Assess and Respond

- Cross-cutting themes: all
- DHW: WCHN

Clinicians across SA Health are trained to conduct an Ask, Assess and Respond screening and assessment where a clinician suspects or identifies an issue or concern relating to domestic, family and sexual violence. Aboriginal Birthing Programs, supported by Aboriginal Maternal Infant Care (AMIC) staff, play a crucial role in providing culturally safe antenatal care, particularly for patients experiencing or at risk of domestic, family and sexual violence.

Through pre-natal screening and tools like the Kimberley Mum Mood Scale, AMIC workers initiate conversations that help identify domestic, family and sexual violence risks, allowing them to offer tailored support throughout pregnancy. Their work extends beyond clinical care, encompassing psychosocial support, attending appointments and guiding patients through decision-making processes to assist them to access supports relating to domestic, family and sexual violence.

Increasing resources for Ask, Assess, Respond training for healthcare professionals, and expanding the procedure within DHW to include those who use violence would expand the early intervention capacity of the program.

Community education and support

Community Circles – Young Women’s Safety Project (YWSP)

- Cross-cutting themes: CALD people, young people
- Multicultural Youth SA (MYSA)

The YWSP is delivered by MYSA with funding from the South Australian Government under the National Partnership. The YWSP equips young women from refugee backgrounds with information such as Australian laws in relation to domestic, family and sexual violence and child protection, resources and support they need to keep themselves and their children safe and free from domestic, family and sexual violence.

Case management services prioritise minors aged 13-17 years, many of whom have children, or have had their children removed, and are disengaged from school, family, community and other support systems. Women over the age of 18 years of age are linked to domestic, family and sexual violence services in areas where they live in order to strengthen their connections with their local community and optimise long term outcomes.

Earlier Access to Supports and Engagement (EASE)

- Cross-cutting themes: Aboriginal and Torres Strait Islander people, CALD people, homelessness
- WSSSA, Nunga Mi:Minar, Centacare Catholic Family Services, and ARA

EASE is funded by the South Australian Government under the National Partnership and provides an intervention response intended as a 'circuit breaker' for victim-survivors and their families, aimed at changing the trajectory of domestic, family and sexual violence and homelessness risk. EASE pilots a framework of early intervention support that is flexible and responsive to the needs of victim-survivors from different backgrounds and in different situations.

EASE focuses on improved safety and positive lifestyle outcomes for victim-survivors, through varying activities, co-designed with identified communities, maintaining a cultural, client-centred lens. Service partners provide trauma informed responses to victim-survivors, or those at risk of domestic, family and sexual violence through integrated, community-based, early intervention case management responses.

EASE aims to build the knowledge capital and existing resources of individuals, families and communities, enabling the identification of, and appropriate responses to domestic, family and sexual violence, including through referrals and partnerships with key community services and specialist services.

Toward a Safe Place

- Cross-cutting themes: LGBTIQ+ people, young people
- Catalyst Foundation

This program provides professional development training to health and community organisations wanting to improve their work with LGBTIQ+ people who are experiencing domestic, family and sexual violence.

Supporting LGBTIQ+ people

- Cross-cutting themes: LGBTIQ+ people
- SHINE SA

In 2024, the South Australian Government provided funding to SHINE SA under the National Partnership, to deliver training sessions to domestic, family and sexual violence specialist workers on supporting LGBTIQ+ people experiencing domestic, family and sexual violence. The training is provided to assist case workers to better understand the unique experiences of LGBTIQ+ people experiencing domestic, family and sexual violence and how to effectively support their clients with confidence.

Remote and Regional Service Development (RRSD) Team

- Cross-cutting themes: Aboriginal and Torres Strait Islander people
- DHS

The RRSD team, under the auspice of the Safety and Wellbeing Taskforce (refer to Chapter 10 for details), collaborates with services and communities to plan, develop and implement place-based responses that support community safety and wellbeing outcomes, with a focus on remote Aboriginal community members across South Australia, including those experiencing domestic, family and sexual violence.

Family, domestic, and sexual violence fact sheets for the military community

- Cross-cutting themes: veterans and military community
- Veterans SA

The military and ex-military community faces particular challenges in reporting domestic, family and sexual violence. The military zero-tolerance of domestic, family and sexual violence policy is important but can lead to victim-survivors in currently serving military families not reporting due to fear of losing housing, income and community. The regular movement of military families also means finding a trusted service provider can be challenging.

In partnership with Veterans SA, the South Australian Government, through the OFW, developed three fact sheets to help members of the current or ex-serving military community experiencing abuse, domestic, family and sexual violence agencies, and those who suspect it may be happening to someone they know. The fact sheets are available on the OFW website.

Find my nearest domestic violence service

- Cross-cutting themes: regional and remote
- Women's Information Service (WIS), DHS

In recognition that services are delivered by multiple organisations and the barriers that people living in regional and remote areas face, the South Australian Government, through the WIS, provides an online service that lists local services based on region. Services range from specialist domestic, family and sexual violence services and homelessness services to local safety hubs.

Responding to Risks of Harm, Abuse and Neglect – Education and Care training

- Cross-cutting themes: children and young people
- DfE

This training (known as RRHAN-EC) ensures Education staff and volunteers are aware of their legal obligations to report risks of harm to children and young people to the Child Abuse Report Line (CARL). It equips staff with training and information to respond to and report risks of harm which can include domestic, family and sexual violence.

Justice and safety

Domestic Violence Disclosure Scheme (DVDS)

- Cross-cutting themes: all
- SAPOL, WSSSA

The DVDS enables people who may be at risk of domestic, family and sexual violence to obtain information about their current or former partner so they can make informed decisions about their current safety. The DVDS is an early intervention tool that allows South Australians to inform their own safety. The DVDS facilitates procedures for disclosing information and provides appropriate support pathways for those at risk.

Between 1 July 2023 and 30 June 2024, a total of 686 applications were made to the DVDS. Of these 686 applications, 461 were eligible for a disclosure.

In the United Kingdom, the DVDS equivalent program, known as Clare's Law, includes a further element, the ability for police to inform a person-at-risk of their partners violent past without an application; this is known as the right-to-know. The South Australian DVDS only functions with the element of the right-to-ask. The right-to-know allows for police to make a disclosure to a person at risk should they become aware of information about the perpetrator that affects the safety of the person at risk. This further element has not been adopted in South Australia due to the extra demand it would place on police to provide a right-to-know element within their current budget.

Domestic Violence Serial Offender Database (DVSOD)

- Cross-cutting themes: all
- WSSSA

The DVSOD is funded by the South Australian Government and delivered by WSSSA. The database collates information about individuals who perpetrate domestic violence against multiple victim-survivors and pose an increased risk of serious injury and/or death to clients experiencing domestic, family and sexual violence across South Australia. The DVSOD is only for the use of case workers in the domestic, family and sexual violence Alliance due to the information being based on alleged events. The DVSOD allows for better identification of serial offenders by expanding upon the existing information sharing and risk assessment processes that are already undertaken, such as MAPS and the FSF, by allowing domestic, family and sexual violence case workers to identify when a victim-survivor they are working with is at higher risk from a serial domestic, family and sexual violence offender.

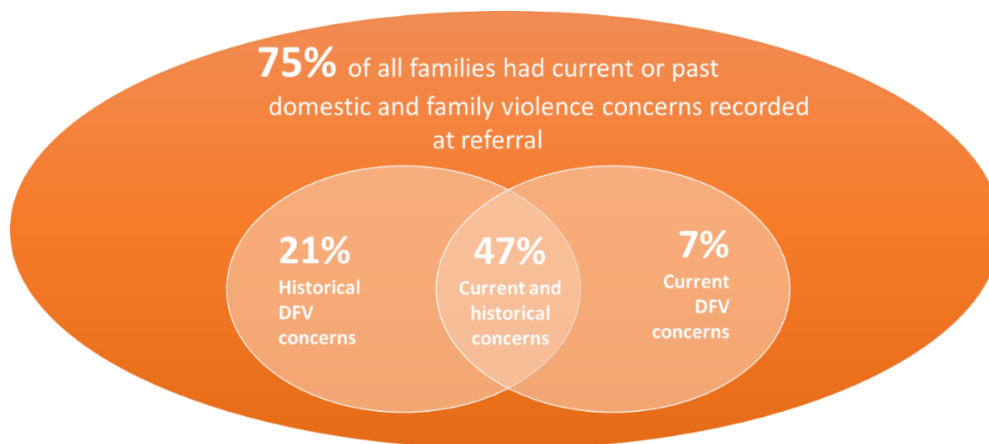
Family support

Child and Family Support System (CFSS)

- Priority communities: families, children and young people
- DHS, NGOs, ACCOs and Aboriginal Community Controlled Health Organisations (ACCHOs)

CFSS forms part of a public health approach to improving the safety and wellbeing of children through a system of services and supports that proactively strengthen prevention and early intervention at each level of the system.

Families experiencing domestic, family and sexual violence are highly prevalent in referrals to the CFSS and there is need to consider how the CFSS can be expanded to provide an enhanced response. CFSS services are currently one of the only types of services or supports that work with families when there is known to be 'active' domestic, family and sexual violence in the home. CFSS family complexity assessments are showing that concerns regarding DFS are highly prevalent in referrals. In 2022-23, 54% of all referrals to CFSS reported current domestic, family and sexual violence concerns.



*Source : CFSS Data (Final): referrals processed by Pathways during 2022/23 . Analysed by EIRD -Dr DN Teusner.
Risk factor estimates exclude referrals with in completed family complexity (n =7).*

Intensive Family Services (IFS)

- Cross-cutting themes: families, children and young people
- DHS: Safer Family Services (SFS), NGOs and ACCOs

IFS are non-statutory specialist services working with families with multiple and complex needs and at risk of harm, neglect and family violence. The aim of IFS is to keep families and children together, moving away from (or out of) the child protection system through intensive case management, therapeutic support and practical assistance for families.

Programs for men and boys perpetrating, or at risk of perpetrating, domestic, family and sexual violence

Young Men and Fathers Counselling Support program

- Cross-cutting themes: young people
- WCHN: Metropolitan Youth Health (MYH) service

The Young Men and Fathers Counselling Support program is funded through the National Partnership and health staff work with young people with complex needs to support their parenting and to strengthen their interpersonal relationships. The target cohorts for this program are primarily young men aged 13-19 years; however, referrals were open to young women engaged in violent behaviours who would also benefit from the program.

Don't Become that Man

- Cross-cutting themes: perpetrator responses
- OARS Community Transitions

Funded by the South Australian Government under the National Partnership, this program is an early intervention program for men who have concerns about their current controlling behaviour, and concerns about how that behaviour might escalate to violence, and lethal violence. Trained intervention counsellors undertake a risk and safety assessment, offer brief and/or crisis intervention, addressing risk diminishing behaviours, and development of a therapeutic accountability relationships, and psychoeducation, with the goal of intervening early before the justice system becomes involved and to provide families with the opportunity to end domestic, family and sexual violence use prior to escalation.

Appendix 3 – South Australian Government response initiatives

Crisis and safety responses

Statewide Domestic and Family Violence Safety Alliance

- Cross-cutting themes: regional and remote, homelessness
- SA DFV Alliance: led by WSSSA working with a range of non-government providers including Centacare Catholic County, Centacare Catholic Family Services, Junction Australia, Nunga Mi:Minar Inc, The Salvation Army (SA), Uniting Country SA, and Yarredi Services

The DFVSA provides access to accommodation (ranging from crisis, supportive, transitional to long-term accommodation) and case management support for persons who are homeless as a direct result of domestic or family violence. The SA DFV Alliance provides a 'Safety First' response that places the immediate safety needs and stability of people at the centre of decision-making and seeks to address their immediate safety needs and enable recover and sustainable safety.

Coober Pedy Homelessness and Domestic and Aboriginal Family Violence Service

- Cross-cutting themes: Aboriginal and Torres Strait Islander people, regional and remote, homelessness
- Uniting Country SA

The Coober Pedy Homelessness and Domestic and Aboriginal Family Violence Service is a unique blended service model providing homelessness and domestic, family and sexual violence support from the same service provider. This service provides case managed support, access to housing (crisis, transitional and longer term) as well as a men's intervention program.

Policing responses

- Cross-cutting themes: all
- SAPOL

The primary role of police first responders is to ensure immediate victim-survivor safety, investigate and take positive action, including arrest, to hold perpetrators accountable. All incidents of reported domestic abuse are referred to specialised domestic abuse investigators for ongoing victim-survivor welfare and safety. The initial police response to domestic abuse events are reviewed by the centralised State Crime Assessment Centre which provides initial crime assessments and allocation for review to the relevant specialist domestic abuse investigators across the state.

Domestic abuse investigative services are provided through four metropolitan districts and seven regional local service areas. Specialist domestic abuse investigators are attached to metropolitan districts (Child and Family Investigation Sections) and regional local service areas (Family Violence Intervention Officers). Domestic abuse investigators have a strong role in safety planning, providing advice and options, referrals of victim-survivors to external service agencies and participation in multi-agency Family Safety Framework (FSF) meetings.

Managing sexual violence cases in policing is highly complex due to the sensitive nature of the crimes and the profound impact on victim-survivors. SAPOL is responsible for responding to reports of sexual violence committed within the community.

Emergency Accommodation Program

- Cross-cutting themes: homelessness
- SAHT

The SAHT funds the Emergency Accommodation Program, a partnership between SAHT and the five homelessness alliances which provides short-term hotel and motel accommodation for people in a housing crisis, who do not have access to immediate accommodation or support. Assistance includes case management and outreach services provided by the SA DFV Alliance. For the financial year 2023-24, 702 assistances were referrals from the Statewide Domestic and Family Violence Safety Alliance, who provide specialised services to people who are experiencing, or are at risk of homelessness, due to domestic or family violence.²⁹

Women's Safety Contact Program (WSCP)

- Cross-cutting themes: women named as protected persons on IOs
- WSSSA

The WSCP, funded by the South Australian Government and delivered by WSSSA, provides an assertive outreach service to women and their children whose current or former partner have an IO in place, and he has been referred to a men's behaviour change program with Relationships Australia SA (RASA) or KWY by the Magistrate's Court. The WSCP monitors the safety of women and their children against levels of risk, communicating this to police and the FSF where required. The WSCP also provides women with referrals to complementary services for support, such as domestic, family and sexual violence services, women's health, and other relevant support services.

²⁹ A note from SAHT on this data:

- there is an under reporting of customers who accessed emergency accommodation assistance because of domestic, family and sexual violence as assistances are recorded against the service provider they present to. For example, people who experience domestic, family and sexual violence and access emergency accommodation assistance via other Homelessness Alliances are not captured in this data.
- The assistance data is not a unique customer collection and is likely to include repeat customers, meaning the number of unique customers assisted is unable to be identified.

Regional Aboriginal Women's Safety Contact Program (RA-WSCP)

- Cross-cutting themes: regional and remote, Aboriginal and Torres Strait Islander people
- KWY

The RA-WSCP is funded through the National Partnership and supports the safety of Aboriginal women and children who are experiencing domestic, family and sexual violence. This program recognises the importance of culturally appropriate responses to ensure the successful participation of Aboriginal women. The RA-WSCP provides support to women who may be at risk of domestic, family and sexual violence from a person who has been ordered by the Court to take part in a KWY men's behaviour change program. Often these women have not had previous contact with domestic, family and sexual violence services and the RA-WSCP provides a proactive outreach service to ensure women, and their children receive the support they need when they need it.

NPY/APY fly in fly out service

- Cross-cutting themes: Aboriginal and Torres Strait Islander people, regional and remote
- Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara (NPY) Women's Council

The NPY Women's Council operates out of Alice Springs and provides fly in fly out services to the NPY and APY Lands, including safe transport, access to crisis accommodation and case management support to people experiencing Aboriginal Family Violence on the NPY and APY Lands.

Adult Safeguarding Unit (ASU)

- Cross-cutting themes: older people, people with disability
- OFAW, DHS

The ASU forms an important part of the safeguarding ecosystem by providing responses to concerns of abuse or mistreatment of any vulnerable adult, including those who are older or who live with disability, including information, advice, referrals and support. ASU may investigate allegations of abuse (separate to a criminal investigation) and will work with vulnerable people to determine the most appropriate safeguarding actions to take. Please refer to **Appendix 10** for a case study related to the ASU.

Victim-survivor protections

Personal Protection App

- Cross-cutting themes: all
- WSSSA

The Personal Protection App, funded by the South Australian Government and delivered by WSSSA links victim-survivors to a police response through a 24-hour monitored security centre. WSSSA provides access to the app to clients via the DVCL.

The App includes features that allow for the user to activate an emergency response by shaking or throwing their phone, and an alert system that requires a check-in with the security monitoring centre, if the check-in does not occur the centre will immediately begin following up and request a police response if they cannot reach the user.

WSSSA undertakes an updated risk assessment prior to the end of a person's access period for the App. If they determine that the risk of serious harm or death to the person remains high, they provide the person with a further period of access to the App.

Other protection measures

Solicitors and other staff in the Crown Solicitors Office (CSO) are trained in and adopt strategies and processes to avoid disclosure of information that would potentially put victim-survivors at further risk of this violence. This includes receiving instructions from agencies who identify instances where an address of a potential victim-survivor or other details should be withheld, for example in child protection matters or where a claimant for compensation under the *Victims of Crime Act 2001* (SA) (VOC Act) is the victim-survivor of domestic, family and sexual violence.

Children and young people

Child protection responses

- Cross-cutting themes: children and young people, Aboriginal and Torres Strait Islander people, mental health
- DCP, DHW

DCP receive reports of domestic, family and sexual violence through the DCP Call Centre from community members and mandated notifiers. Investigations and responses to child protection concerns are primarily focused on the child or young person's safety, but also aim to strengthen the family's capacity to keep their children safe. DCP makes referrals to government and non-government services including DHS and domestic, family and sexual violence services. DCP works with both victim-survivors and perpetrators from a strengths perspective to develop a clear understanding of the child protection concerns and provide support to take action towards resolving the concerns. Whilst the safety and wellbeing of adult victim-survivor is important, DCP practitioners remain focused on the safety of the child or young person.

DCP practitioners assess the impact on exposure to domestic, family and sexual violence for infants, children and young people at all stages of development and the impact of trauma on their parent/s functioning and capacity to keep them safe. To better respond to the needs of Aboriginal children and their families in situations involving domestic, family and sexual violence, DCP collaborates with ACCOs and engages with Aboriginal Elders and local

Community Leaders as part of decision-making about child wellbeing and safety, and supporting their connection to family, kin, community, culture and Country.

DCP assists victim-survivors to access support by making referrals to services including Housing, Domestic Violence Crisis Services, and SAPOL. DCP supports Family Led Decision Making, including Family Group Conference when working with Aboriginal families.

The DCP After Hours Service provides a variety of crisis and safety responses to children and young people and their families and carers impacted by domestic, family and sexual violence. DCP After Hours staff undertake a range of activities to assess and achieve safety including liaising with South Australian Police or other specialist services, undertaking investigations and safety planning and providing direct service intervention. DCP After Hours staff undertake after hours referrals for people impacted by domestic, family and sexual violence, including linking consumers with the DVCS and Homelessness Gateway and advocating for the provision of services. In emergency situations DCP After Hours staff can assist with financial support to meet basic needs such as food, transport or emergency accommodation.

DHW's Child Protection Services undertake forensic medical assessment and trauma counselling for survivors of child abuse, including those exposed to domestic, family and sexual violence.

Specific programs to support the needs of children and young people who are victim-survivors of, or have been exposed to, domestic, family and sexual violence include:

- trauma informed case work practice and models of care such as the Sanctuary Model (used in DCP Residential Care);
- The Intensive Therapeutic Care partnership between SA Health and DCP provides therapeutic support and counselling to children and young people under guardianship, aged over 12 years, and who frequently abscond and are at risk of being sexually exploited; and
- Power to Kids (P2K), a trauma-informed program designed to support DCP Residential Care staff to increase their knowledge and understanding of sexual health and relationships, and prevent, disrupt and respond to harmful sexual behaviour, child sexual exploitation and dating violence. The program is a multi-disciplinary approach developed by the MacKillop Family Services in partnership with the University of Melbourne and features three evidence-based strategies including a whole-of-house education approach, early identification and intervention, and connecting with appropriate services to disrupt harm.

Port Augusta Intensive Family Response

- Cross-cutting themes: children and young people, Aboriginal and Torres Strait Islander people, regional and remote
- DHS (including SFS and Youth Justice), SAPOL, DfE, SAHT, DCP

DHS coordinates a Port Augusta Intensive Family Response that brings together key agencies to provide intensive case management support for young people who are regularly interacting with the justice system. This coordinated approach aims to improve outcomes for

children and young people in the Port Augusta and Davenport region who are a high risk to themselves or the community, and to identify practical responses to systemic issues. In addition, a Youth Outreach team in Port Augusta support at-risk young people who are unsupervised in public places, engaging with them and transporting them back home or to a safer place. Together, these efforts help support the safety of these young people and helps prevent or address high risk behaviour, including domestic, family and sexual violence.

Housing and accommodation

Support for public housing tenants

- Cross-cutting themes: families, poverty and financial disadvantage
- SAHT

A large proportion of people accessing housing through the SAHT are impacted by domestic, family and sexual violence. As an indication of this, SAHT reports that for the budget year 2023-24, 51.2 percent of new allocations were to customers identified as experiencing domestic, family and sexual violence. The capturing of this information is reliant on self-identification by the SAHT tenant. Given the barriers to the identification and disclosure of domestic, family and sexual violence it is likely that the actual number of tenants experiencing domestic, family and sexual violence is far higher than reported.³⁰The SAHT provides assistance to tenants under its Domestic Abuse Policy including financial assistance into emergency accommodation or private rental accommodation, providing information, advocacy, and referrals to services.

The SAHT also funds security upgrades to its properties for public housing tenants who have experienced domestic, family and sexual violence to enhance their safety, either through direct application to the SAHT, or via referrals from the Safe at Home Program, delivered by the SA DFV Alliance. These services seek to prevent affected households experiencing further domestic, family and sexual violence incidents.

The SAHT also assists existing public housing tenants to transfer to another property in the event of substantiated domestic, family and sexual violence, through its Transfer Policy.

The SAHT currently has policies in place to mitigate the risk of women facing liability for tenancy related costs if the liabilities relate to domestic, family and sexual violence, including the ability to write-off charges for property damage and unpaid rent in the event of substantiated domestic, family and sexual violence. Currently, the SAHT does not collect

³⁰ A note on data from SAHT:

- Currently, the identification and reporting of people experiencing domestic, family and sexual violence at allocation is reliant on self-identification, including the reporting of circumstances that infer the presence of domestic, family and sexual violence in the household. This includes questions on the Registration of Interest and the Housing Needs Assessment regarding safety risks, as well as records of intervention orders, or referrals for domestic, family and sexual violence services on their customer file.
- There is potential for underreporting of SAHT customers that have experienced or are experiencing domestic, family and sexual violence due to the reliance on self-identification.

data on the number of tenancies which have ended due to domestic, family and sexual violence.

Support for private rental tenants

- Cross-cutting themes: families
- AGD, Consumer and Business Affairs

Commencing on 1 July 2024, amendments to the *Residential Tenancies Act 1995 (SA)* (RTA Act) introduced provisions to allow a person experiencing domestic abuse to end their tenancy immediately by providing prescribed evidence (copy of IO or report prepared by authorised professional) to their landlord. This avoids the need for the tenant to apply to the SACAT to have their tenancy terminated. Also from 1 July 2024, the RTA Act allows tenants who are victim-survivors of domestic abuse to change locks and security devices without their landlord's permission.

Other changes to protect victim-survivors of domestic, family and sexual violence in private rental tenancies include:

- tenants/persons residing in a rental premises are allowed to apply to SACAT to have the perpetrator removed from a tenancy agreement.
- SACAT can require the landlord to enter into a new tenancy agreement when a person, residing at the premises, has an IO in force against another tenant.
- SACAT can order that the perpetrator of domestic abuse is liable for the full cost of repairing damage to a property, in circumstances where the damage was caused by the perpetrator, also allowing a tenant who has experienced domestic abuse to apply to SACAT to have their full bond contribution returned, in circumstances where the perpetrator is responsible for damages owed to the landlord.

Safe at Home program

- Cross-cutting themes: families
- SA DFV Alliance, SAHT, community housing providers

The Safe at Home program provides a valued service to public and community housing tenants, or private rental tenants, who are seeking to remain in their current property, by supporting safety planning, risk assessment and safety upgrades to properties to increase safety. SAHT has provided data in relation to domestic, family and sexual violence security upgrades, see **Appendix 19**.

- Cross-cutting themes: Homelessness, families, poverty and financial disadvantage, Aboriginal and Torres Strait Islander people, CALD people, people with disability
- Commonwealth Government

The Commonwealth Government is investing \$100m in crisis accommodation for women and children fleeing violence and older women on low incomes who are at risk of homelessness. The Safe Places Inclusion Round will increase the number of new and appropriate emergency accommodation places across Australia, with a focus on providing support for

Aboriginal women and children, women and children from CALD backgrounds, and women and children with disability. The grant round opened in September 2023 and closed on 14 November 2023. It is expected that successful grant recipients will be notified in the coming months, with earliest grant activity anticipated in April 2024.

Bail Accommodation Support Program

- Cross-cutting themes: Women in Prison, Homelessness
- DCS, NGOs

This program provides accommodation to support community transition of men and women exiting custody homeless.

Return to Country (RtC)

- Cross-cutting themes: Aboriginal and Torres Strait Islander people, homelessness, regional and remote
- DHS, SAPOL, DfE, SAHT, DCP, SA Health

DHS coordinates a RtC program throughout South Australia that enables Aboriginal people whose primary place of residence is a remote or regional community, to return home should they wish to do so. DHS works partner agencies and service providers to ensure RtC is part of a coordinated and joined-up service approach, and helps agencies manage issues such as tenancy overcrowding, school enrolment and bail conditions. In Adelaide, the DHS RVOT discusses the RtC service with Aboriginal women from remote or regional communities who may be experiencing domestic, family and sexual violence, and supports them to utilise the RtC service to return to their home community if it is a safer option for them and where they have access to family support.

Health and wellbeing

Vulnerable Persons Framework (VPF)

- Cross-cutting themes: AOD, regional and remote, Aboriginal and Torres Strait Islander people, people with disability, mental health
- DHS, Ceduna District Health Service

The VPF brings together service providers and the three levels of government to improve the safety and wellbeing of Aboriginal people whose lives are at risk due to alcohol and substance misuse. VPF meetings are held fortnightly and generate a multi-agency Safety Action Plan to support the reduction of risk for each referred person. During meetings information is shared about intervention or other orders (IOs), known violence and perpetrators and victim-survivors.

In Adelaide, the VPF is chaired by DHS. There is also a VPF in Ceduna, which is chaired by the Ceduna District Health Services. DHS is working to ensure that people on the VPF who

are moving between these locations are transferred to the appropriate place-based VPF to support their continued safety.

Yarrow Place Rape and Sexual Assault Service

- Cross-cutting themes: regional and remote, mental health
- WCHN

Within the Yarrow Place service, a direct response to reports of sexual violence is provided. This is done holistically through engaging victim-survivors in trauma responsive healthcare services – including forensic responses, medical care, strangulation assessments, psychoeducation including group work, and therapy. Yarrow Place provides counselling in the Riverland, Mount Gambier, Port Pirie, Murray Bridge, Whyalla, and outreach to surrounding areas including Port Augusta and Port Lincoln and supports the sector through providing a range of training including (but not limited to) medical training to enhance the capacity of the health sector to provide forensic responses in regional areas. Additionally, training in recognising and responding to rape and sexual assault is provided across the State to other professionals inclusive of SAPOL, health services and a broad range of sectors. Training supporting the recognition and enhancing responses to child sexual exploitation is also delivered by professionals from Yarrow Place youth program(s).

Cedar Health Services

- Cross-cutting themes: mental health, Aboriginal and Torres Strait Islander people, CALD people.
- WCHN

Cedar Health Services, within SA Health, will assertively reach out and “cold call” the victim-survivor and offer them healthcare services available (i.e. a clinical/medical response or social work therapeutic response) victim-survivors can also self-refer. There are broad healthcare responses (STI, non-fatal strangulation assessment, Traumatic Brain Injury (TBI), body mapping of injuries, sexual and reproductive concerns) as well as evidence-based therapeutic responses by the Social Work team. In 2023-24 Cedar Health Services assisted 581 unique consumers and provided 10,675 services. See **Appendix 18** for a case study from Cedar Health Services.

Mimili Wellbeing Centre

- Cross-cutting themes: Aboriginal and Torres Strait Islander people, regional and remote, poverty and financial disadvantage
- DHS

DHS manages the Mimili Wellbeing Centre on the APY Lands on behalf of the community. It provides a safe place for women and those experiencing domestic, family and sexual violence to be and to receive support when needed. This support might be someone to chat with, financial support, funeral assistance, accessing fly in fly out or other services.

Inclusive SA and SA Autism Strategy 2024-2029

- Cross-cutting themes: People living with disability
- DHS, all state government departments and agencies and local government authorities

The South Australian Government's State Disability Inclusion Plan, Inclusive SA, sets out the priority strategies for improving the inclusion of people with disability and promotes collaboration between government agencies and local councils to reduce the barriers faced by people with disability, including in accessing domestic, family and sexual violence services. Through the extensive consultation process undertaken to develop Inclusive SA, a number of key issues relating to the experience of domestic, family and sexual violence by people living with disability were explored and point to the need for greater safeguarding systems, knowledge and awareness of disability, and improved interaction with staff in the CJS, particularly given the fact that women with disability are disproportionately impacted by domestic, family and sexual violence.

The SA Autism Strategy 2024-2029 aims to improve knowledge and understanding of autism across the criminal and youth justice systems.

Responses to perpetrators

Innovative perpetrator responses

- Cross-cutting themes: children and young people, Aboriginal and Torres Strait Islander people
- Commonwealth Government

\$25m over five years was committed by the Commonwealth Government as part of the Women's Safety Package in the October 2022-23 Budget and now forms part of the National Partnership. This funding is to apply innovative perpetrator approaches to address domestic, family and sexual violence perpetrator behaviour. Across 2023-2025, an additional \$0.249m was allocated to further support innovative perpetrator programs under the second extension of the National Partnership.

The table below outlines the new funding for South Australia for innovative perpetrator responses, noting each state and territory will be receiving the same funding quantum:

	2022-23	2023-24	2024-25	2025-26	2026-27	Total*
Funding (\$m)	0.500	0.781	0.781	0.656	0.656	3.374

* Total may not add due to rounding

The three projects which aim to strengthen the South Australian evidence base, improve early intervention and responses to perpetrators of domestic, family and sexual violence are:

- A trial mentoring project to run alongside the current Youth Justice KIND program. The program will provide a mentor to work one-on-one with young people using domestic, family and sexual violence engaged in the KIND program.
- A scoping project to develop new technology solutions to complement existing perpetrator services and allow for reinforcement of behaviour change and accountability.
- A project to evaluate the suitability of existing evidence-based practices for working with Aboriginal men.

Evaluation on these projects is expected to be finalised in December 2024.

Remand, Treatment and Readiness Program (RTR Program)

- Cross-cutting themes: families, children and young people
- OARS

This program is funded by the South Australian Government under the National Partnership and provides behaviour change assistance to men remanded in custody who have been identified (or self-identify) as perpetrators of domestic, family and sexual violence. Participation is voluntary upon referral; however, OARS reports there is an increased desire to engage in programs as early as possible upon entering the CJS, particularly in a remand capacity. The RTR Program provides group-based interventions to achieve behaviour change and increase safety for women and families. The interventions continue into the community post-release from custody (where relevant), to support transition to community living and continued accountability.

Specialist Family Support Pathways program (SFSP)

- Cross-cutting themes: people with disability, children and young people
- DHS, Exceptional Needs Unit

The SFSP team works with families of children with disability and associated challenging behaviour (including violent behaviours). They facilitate early intervention responses to ensure additional therapeutic supports for a child to support them to continue living in the family home. Where this is not possible, the SFSP team coordinates a Voluntary Out of Home Care (VOHC) response whereby the parent(s) retain guardianship of their child but the day-to-day support and care falls to NDIS providers with support from the SFSP team. The SFSP team also coordinates funded supports for people with disability and functional impacts who are non-residents of Australia. One of the most significant drivers for children in VOHC is behaviours of concern that involve violence toward family and caregivers, which often drives entry into the pathway. Family therapy is often funded to restore relationships following violence in the family home.

Domestic Violence Perpetrator Response Model (DVPRM)

- Cross-cutting themes: Aboriginal and Torres Strait Islander people
- KWY Aboriginal Corporation

The DVPRM, funded by the South Australian Government and delivered by KWY, provides support for a total of 50 clients annually with four ten-week group programs across various metropolitan locations and a one-on-one support service for 10 participants. KWY works with Aboriginal men using domestic, family and sexual violence through culturally appropriate behaviour change programs to assist men to end their use of violence in their relationships. A person can be ordered by the Court to take part in a KWY men's behaviour change program. In addition to this, referrals may be made to the DVPRM by other services and through self-referral.

Domestic and Family Violence Perpetrator Response Program (DFV-PRP)

- Cross-cutting themes: homelessness, families
- OARS

The DFV-PRP, funded by the South Australian Government and delivered by OARS Community Transitions, aims to improve the wellbeing and safety of victim-survivors of domestic, family and sexual violence by providing short term emergency accommodation, support and case management to perpetrators of domestic, family and sexual violence. The program includes nine properties across metropolitan Adelaide provided to allow victim-survivors to stay in their home if it is assessed as safe for them to do so, while the perpetrator is removed.

Family Safety Program

- Cross-cutting themes: CALD people
- ARA

The South Australian Government, under the National Partnership, has provided funding to the ARA to bolster their domestic, family and sexual violence case management program for women from migrant and refugee backgrounds. The program provides a client-focused, strengths-based service from the lens of trauma-informed practice that is culturally safe and inclusive. In addition, it strengthens the support provided to women who choose to leave and those who stay in the relationship to understand and access services and programs which enable them to build resilience and independence.

Time Out for Treatment (TOFT)

- Cross-cutting themes: families
- OARS

TOFT, funded by the South Australian Government through the National Partnership and delivered by OARS, is a counselling and intervention service for perpetrators removed from the family home under the DFV-PRP providing intervention, case management and ongoing therapeutic responses. TOFT seeks to enhance perpetrator engagement in intervention, support, and safer relationship skills.

Cross Borders Indigenous Family Violence Program (CBIFV)

- Cross-cutting themes: Aboriginal and Torres Strait Islander people
- DCS

The Project works with vulnerable Aboriginal and/or Torres Strait Islander perpetrators of domestic, family and sexual violence in NPY lands, and incarcerated residents of this area who are dealing with domestic, family and sexual violence with complex needs. The central tenet of the program concerns the criminality of domestic, family and sexual violence and the content aims to challenge abuse-supportive attitudes in a non-threatening manner to encourage participants to take responsibility for their thoughts, feelings and behaviour.

The CBIFV is also delivered in Port Augusta Prison to Indigenous men who have engaged in domestic, family and sexual violence and are planning to return to the NPY Lands.

Justice and legal systems

Legal assistance schemes

- Cross-cutting themes: all
- LSC

LSC administers a number of targeted legal assistance schemes aimed at addressing domestic, family and sexual violence, many (but not all) of which are funded under the National Legal Assistance Partnership (see below). LSC estimates that family violence is a factor in approximately 80% of its family law files. The LSC Family Dispute Resolution program has been purpose-built to provide a safe environment for victim-survivors during mediation.

Support for victim-survivors includes the following programs:

- Women's Domestic Violence Court Assistance Service;
- The purpose-built northern Domestic Violence Unit and associated Health/Justice Partnerships with major South Australian hospital networks;
- The Family Advocacy and Support Service (FASS) in the Federal Court and Family Court of Australia (FCFCOA), which provides duty lawyer and social support services to court users;
- The legally assisted financial dispute resolution small property claims program; and
- The Family Violence and Cross-Examination of Parties Scheme.

The LSC Legal Helpline responds to thousands of calls each year. LSC estimates that approximately 30% of advice appointments are with South Australians identifying as being at risk of domestic, family and sexual violence.

National Legal Assistance Partnership

- Cross-cutting themes: Aboriginal and Torres Strait Islander people, all

- AGD, Aboriginal Legal Rights Movement, LSC

Targeted funding allocations are provided through the National Legal Assistance Partnership to improving access to and assist victim-survivors to navigate the justice system. Programs provide legal assistance, court service and wrap around supports focused on supporting women experiencing, or who are at risk of experiencing domestic, family and sexual violence in the criminal law and family law jurisdictions. This includes specific funding for the FASS Domestic Violence Unit / Health Justice Partnership (HJP), Women's and Children's Hospital (WCH) Health Justice partnership programs provided by LSC (see above), and the Aboriginal Legal Rights Movement who provide state-wide legal assistance to Aboriginal and Torres Strait Islander women.

Corrections

- Cross-cutting themes: women in prison, Aboriginal and Torres Strait Islander people, homelessness, sexual violence
- DCS

DCS has an important role in the CJS in South Australia with responsibility for provision of rehabilitation and reparation services, custodial services, and community-based supervision services for individuals accused or convicted of criminal activity. There are 3,368 people in the custody of DCS and 6,084 people under DCS community supervision (September 2024). DCS also manages 2,334 Victim Registrations, with 1,222 Active Domestic Violence (DV) related registrations.

The activities and programs delivered in response to domestic, family and sexual violence targets defendants and their associated victim-survivors and can be characterised in terms of assessment services, risk and compliance management, case management, and intervention (rehabilitation) services. DCS responds to the information request within the context of this service scope and within the purview of DCS statutory obligations. The DCS Victims Services Unit (VSU) also keeps Registered Victims updated on the person who committed a crime against them, and advocates and provides information to ensure that victim-survivors receive the support and services they need. Prison and community-based programs and interventions are delivered providing targeted responses to domestic, family and sexual violence. Into the future, all DCS criminogenic programs will incorporate domestic, family and sexual violence interventions within program content. Broader interventions that address underlying factors contributing to offending are also delivered by DCS or in partnership with other Government, NGOs or ACCOs.

Targeted domestic, family and sexual violence responses by DCS include:

- Community and prison-based sentence planning and case management services.
- Delivery of criminogenic programs including:
 - Domestic and Family Violence Intervention Program (DFVIP) – 20-week men's behaviour change program in prison and community settings;

- Aboriginal Men's Family Violence Program (AMFVP) – 20-week men's behaviour change program in prison incorporating cultural response;
- Violence Prevention Program;
- Aboriginal Violence Prevention Program;
- Sexual Behaviour Clinic (SBC) & SBC Me & SBC-modified; and
- Stepping Stones – women's trauma informed program.

DCS also partners with a number of external providers to deliver programs for remand prisoners that address offending behaviour as well as the underlying issues that cause it.

Youth Justice

The Kurlana Tapa, run by DHS Youth Justice, facilitates a wide range of programs covering different aspects of life for children and young people. Although these are not standalone domestic, family and sexual violence programs, they discuss domestic, family and sexual violence, and safe relationships more broadly. Anecdotally, a large proportion of children and young people in contact with the youth justice system may have experienced domestic, family and sexual violence. These programs aim to prevent future perpetration or victimisation for a child or young person; early intervention by supporting those at risk; and are important for recovery and healing.

Youth Justice Assessment and Intervention Service

- Cross-cutting themes: children and young people, Aboriginal and Torres Strait Islander people, CALD, pornography
- DHS, Youth Justice

Through this service, Youth Justice delivers additional awareness programs for children and young people who are at high risk of perpetrating sexual violence as a result of the use of social media and pornography, with one-to-one clinical support. At present, young people with convictions for sexual offences are placed on a waitlist and are triaged depending on their risk profile due to resourcing capacity constraints.

The Village

- Cross-cutting themes: CALD people, children and young people
- DHS, Youth Justice

This a cultural program designed for East and West African migrant youth, and addresses a significant challenge faced by many African migrant youths in Australia: the gradual loss of their cultural identity during the process of assimilation. This initiative explores crucial topics such as culture, identity, masculinity, healthy relationships, attitudes towards women, gender roles and the choices that shape their lives.

Sexual Health Program, Aboriginal Health Clinic

- Cross-cutting themes: children and young people, Aboriginal and Torres Strait Islander people
- DHS, Youth Justice

This service offers comprehensive sexual health education and fostering healthy relationships, the program aims to empower young people with the knowledge and resources they need to make informed decisions about their sexual health and well-being, ultimately leading healthy and fulfilling lives.

Respect Sista Girls 2

- Cross-cutting themes: young people, Aboriginal and Torres Strait Islander people
- DHS, Youth Justice

This is a program to enable young Aboriginal women to describe the relationships between the past and present based on their cultural knowledge, develop their own sense of awareness and to begin a healing journey from being a young girl to a woman. It supports participants to reclaim their identity, recognising the cultural values of family and building positive relationships based on their Aboriginal belief system.

Kinship, Improving relationships, No violence, Developing skills (KIND) program

- Cross-cutting themes: young people, exceptional needs, Aboriginal and Torres Strait Islander people, CALD people, people with disability
- DHS, Youth Justice

KIND is a unique and culturally sensitive early intervention program for young people 10-18 years who use violence in their family or intimate partner relationships. The KIND program is a whole of family approach, working with both perpetrators and victim-survivors.

The KIND program seeks to increase awareness of triggers, develop self-regulation strategies, find alternative responses to triggers, reduce harm to women and children, decrease the use of violence, and increase family/relationship connectedness. The early detection of use of violence and early intervention offers greater opportunity for behaviour change. The DHS ENU's Inclusion Support Program – Countering Violent Extremism has funded and partnered with the KIND program within youth justice due to the emerging research around the correlations between violent extremism and adolescent family and dating violence.

The KIND program has demonstrated effectiveness by showing positive changes for participants through decreased expressions of violence, increased adoption of anger management and self-regulation strategies, and increased family cohesion.

DHS Youth Justice in partnership with Griffith University have undertaken a further evaluation of the KIND program, which will be finalised in November 2024.

Legislation

Legislation to criminalise coercive control

- Cross-cutting themes: CALD people, Aboriginal and Torres Strait Islander people, young people, older people
- AGD, OFW, DHS, SAPOL

In August 2024, the South Australian Government introduced the Criminal Law Consolidation (Coercive Control) Amendment Bill 2023 (SA) to Parliament. Specifically, the Bill criminalises engaging in a course of conduct that intentionally has a controlling impact on a current or former intimate partner if the conduct would be likely to cause the victim-survivor to suffer physical or psychological harm (including serious distress, anxiety or fear). Extensive public consultation, including with directly targeted groups such as people with lived experience, and people with disability, took place prior to drafting the Bill. Consultation also occurred on the draft Bill, including public consultation on the draft.

Review of consent laws

- Cross-cutting themes: CALD people, Aboriginal and Torres Strait Islander people, young people
- AGD

The South Australian Government has released a discussion paper identifying several opportunities for reform including evidentiary requirements, jury directions, protections for victim-survivors in sexual offence trials and affirmative consent models. The South Australian Government is currently considering the feedback received from consultation which concluded in February 2024.

Defamation laws

- Cross-cutting themes: children and young people, families
- AGD

The *Defamation (Miscellaneous) Amendment Bill 2024* (SA) (the Bill) was introduced to Parliament on 29 August 2024. The Bill makes miscellaneous amendments to the *Defamation Act 2005* (SA) following a national review of the uniform model defamation laws. The Bill includes amendments to extend the defence of absolute privilege to reports made to police, which will provide greater protection for victim-survivors reporting crimes to police, including victim-survivors of alleged sexual or family violence.

Domestic violence bail monitoring

- Cross-cutting themes: all
- AGD

The *Bail (Conditions) Amendment Act 2023 (SA)* (the Act) commences on 1 October 2024. The Act sets mandatory bail conditions for persons charged with a breach of a domestic-abuse related IO where the alleged breach involves physical violence or a threat of physical violence (which could include sexual violence) if the person is granted bail. The mandatory conditions require home detention and electronic monitoring, and are designed to increase victim-survivor safety through strong restriction and monitoring of perpetrator involvement.

Strengthening laws regarding choking, suffocation or strangulation

- Cross-cutting themes: all
- AGD

The Criminal Law Consolidation (Section 20A) Amendment Bill 2024 (SA) was introduced to Parliament in August 2024 and establishes a new offence of choking, suffocation or strangulation in a domestic setting where harm is caused, being that which renders the person unconscious. The new offence will carry a maximum penalty of 10 years imprisonment and is intended to complement the existing section 20A offence. The Bill also establishes a presumption against bail for persons who are charged with the new offence.

Other legislative reform

- South Australia has advanced amendments to the *Criminal Law Consolidation Act 1935 (SA)* (section 50) following advocacy by Grace Tame to change references to “relationship” in the context of sexual offending against children. In June 2023, Section 50 of the Act was amended to refer to “sexual abuse of a child”, where previously it was referred to as “unlawful sexual relationship with child”.
- On 14 August 2024, the South Australian Government released a discussion paper for public consultation on the regulation of deepfakes. Public consultation on the discussion paper closed on 11 September 2024. As part of this work, the South Australian Government has announced that it will introduce legislation to Parliament by the end of the year to prohibit the creation and distribution of sexually explicit deepfakes without consent.
- The Judicial Conduct Commissioner (Miscellaneous) Amendment Bill 2024 (SA) was introduced to Parliament on 16 May 2024. The Bill amends the *Judicial Conduct Commissioner Act 2015 (SA)* to provide greater clarity around procedural matters in the Act, including in relation to judicial conduct panel inquiries which may involve alleged misconduct of a sexual nature.

Death review mechanism

South Australia remains a contributing member of the Australian Family and Domestic Violence Death Review Network. DHS has convened a working group to develop options for a renewed or new model for the systemic review of homicides due to domestic, family and sexual violence in South Australia. This working group will generate options for a renewed systemic domestic, family and sexual violence death review process.

The South Australian Coroner’s Court continues to review deaths where the circumstances are ‘unusual or unexpected’ and this includes all homicides in South Australia.

Child death review reform

The South Australian Government through DCP have committed to establish an interagency child death review model (the model) as part of its response to child protection reviews. The model will build on existing child protection related death review models interstate and similar review processes adopted in South Australia. The model will be developed in collaboration with agency partners and aims to implement an evidence-informed and culturally responsive model and governance structure to review systems, policies, and operational practices, following the death of a child or young person that has been involved in the child protection system in South Australia.

Appendix 4 – South Australian Government recovery and healing initiatives

Health and wellbeing

Cedar Health Service

- Cross-cutting themes: all
- WCHN

Cedar Health Service supports the recovery and healing of victim-survivors. As a feminist, trauma informed service and domestic, family and sexual violence specialist healthcare response, the services have been developed cognisant of the risks, and a Model of Care that is addressing the unique intersecting needs of victim-survivors.

The service covers:

- Physical impacts: Body mapping health impacts of domestic, family and sexual violence, TBI, Strangulation Assessments, sexual health screening and treatment; and
- Emotional and mental impacts: Therapeutic interventions across the healing journey based on consumer need including safety and stabilisation, Cognitive Processing Therapy and Cognitive Behavioural Therapy.

An integral element in the service response in Contemplative and Recovery is Group Programs. For example, during July and August 2024, Cedar ran an eight-week 'Safer Relationships' group program for victim-survivors of domestic, family and sexual violence exploring the dynamics of domestic, family and sexual violence, health impacts, healthy relationships, safety planning, support systems and strategies for self-care and well-being. Evaluation from participants was extremely positive and participants of the group stated:

- This group has been an unforeseen part of my healing journey and my commitment to protect against further abuse
- I have been able to feel confident in the relationships I have and develop but also recognise the unhealthy relationships and protect myself
- The group contributed because I felt I had a support group/network that had people with similar issues that encourages positive choices, healthy living, and positive life decisions.

Yarrow Place Rape and Sexual Assault Service

- Cross-cutting themes: all
- WCHN

Yarrow Place supports the recovery and healing of victim-survivors' physical and emotional wellbeing through forensic care, healthcare responses, and counselling, complemented by trauma-responsive group programs. To minimise re-traumatisation, Yarrow Place ensures warm referrals, clear handovers and in-reach of services including legal services to reduce barriers to engagement or access. Yarrow Place strives to provide timely appointments, recognising that early therapeutic engagement can reduce the risk of developing Post-Traumatic Stress Disorder (PTSD) and exacerbating any distress experienced due to the trauma.

Kumangka – ACCOs Together

- Cross-cutting themes: Aboriginal and Torres Strait Islander people, families
- KWY, Nunga Mi:Minar

This service is funded by the South Australian Government under the National Partnership and provides intensive case management for Aboriginal families who are experiencing or have experienced domestic, family and sexual violence. The program is a long term, cultural healing and recovery program aiming to reduce repeat contact with child protection and judiciary systems. Each family member receives individualised support from a men's, women's, and/or children's practitioner to address safety and domestic, family and sexual violence, as well as issues and barriers to living a healthy and happy life and for children to grow safe and strong. Kumangka provides a culturally safe response that assists families to stay together during or after experiencing domestic, family and sexual violence if that is their preference. The program brings together women's and men's specialist Aboriginal domestic, family and sexual violence services for a holistic Aboriginal led opportunity for family healing.

Specialist Financial Counselling

- Cross-cutting themes: all
- Zahra Foundation

The South Australian Government under the National Partnership has funded the Zahra Foundation to bolster their specialist financial counselling service for victim-survivors of domestic, family and sexual violence who require financial advice and assistance. This service increases the availability of financial planning and counselling programs for victim-survivors, focusing on support for women who are experiencing or are healing after domestic, family and sexual violence assisting them to remain successfully and safely in their own homes in financially difficult times.

Children and young people

Safe and Well Kids (SAWK)

- Cross-cutting themes: children and young people
- WSSSA, RASA, and LSC

This program is aimed at increasing case management therapeutic support and legal advocacy services available directly to children and young people who have experienced, or are at risk of experiencing domestic, family and sexual violence, including the women/carers who require legal support that is in the best interest of the child/ren. The South Australian Government has bolstered the funding for the SAWK program under the National Partnership to target the need for increased support for children and young people as victim-survivors of domestic, family and sexual violence through the delivery of a wrap-around case management service.

The program is delivered by three service providers. This funding arrangement creates a more connected service system with processes developed and implemented to streamline the pathways and experience for children needing case management, therapeutic intervention and legal advocacy. The removal of systems blockages and the development of a shared understanding about what connected practice requires in supporting this client cohort.

Youth Justice Assessment Therapeutic Services

- Cross-cutting themes: children and young people, Aboriginal and Torres Strait Islander people
- DHS, Youth Justice

While in custody or under Community Supervision, Youth Justice provides a range of supports and services to children and young people to respond to trauma and impacts of violence.

The Youth Justice Assessment Therapeutic Services team play a vital role in enabling children and young people to access individualised and responsive supports, with a focus on therapeutic outcomes. Allied health services provided include psychology, speech pathology and occupational therapy. The primary goal of an initial case consultation is to ensure that any service provision targets the right service, at the right time, in the right place for the child or young person.

Trauma Informed Practice in Education

- Cross-cutting themes: children and young people
- DfE

The DfE prioritises access to foundational trauma training for staff to support healing and prevent further distress and re-traumatisation of children and young people who have experienced or are experiencing family violence. This program supports care and education sites to build inclusive environments by developing staff's understanding and commitment to proactively create safety, build relationships, and support regulation.

Child protection responses

- Cross-cutting themes: children and young people, people living with disability, families
- DCP, DHW

DCP case management uses a whole-family and care team approach to ensure that children and young people receive the necessary support to heal from trauma and address developmental issues resulting from domestic, family and sexual violence. These supports include:

- DCP's Therapeutic Carer Support Team provides short term in-home support to family-based carers to assist with the understanding of children's development, strengthening relationships, and building capacity for continued, stable and responsive care.
- DCP Psychological Services provide specialist trauma informed, and evidence-based services focused on promoting and ensuring the safety and healing of children and young people living with their families and in care. Services include child focused assessments that identify the needs of children and young people, support child focused decision making, and access to therapeutic, educational, or developmental supports.
- DCP's Specialist Services Team provides a range of developmental and therapeutic services to children and young people in DCP and NGO Residential Care including those with developmental delays and disabilities.
- DHW's Child Protection Services undertake forensic medical assessment and trauma counselling for survivors of child abuse, including those exposed to domestic, family and sexual violence.

Rights of victim-survivors

Victims of crime

- Cross-cutting themes: all
- AGD

To address the needs of victim-survivors, the *Statutes Amendment (Victim Impact Statements) Bill 2024 (SA)* was introduced to Parliament on 11 April 2024. The Bill amends the *Sentencing Act 2017 (SA)*, and the VOC Act to ensure that victim-survivors who are entitled to provide a victim impact statement are given an adequate opportunity to exercise that right.

When requested, interim Victim of Crime compensation payments to assist victim-survivors are facilitated as quickly as possible to meet personal costs or to assist them with relocating to alternative housing, or to access counselling.

DCP supports children and young people in care to access compensation they may be entitled to under the VOC Act. A child or young person may be eligible for compensation if they have experienced physical or psychological injury caused by a crime of a sexual or

violent nature, such as assault, domestic, family and sexual violence, criminal neglect, sexual assault, or the death of an immediate family member.

Victims register

- Cross-cutting themes: children and young people
- DHS, SA Health

DHS maintains the Youth Justice Victims Register, an information service for victim-survivors of a crime where a child or young person (between the ages of 10 and 17 at the time of the offence) has been sentenced to detention or imprisonment. Family members of a victim who is not alive or available and parent/guardians of a victim-survivor under 18 years can also register on behalf of the victim-survivors. People registered receive updates about the child or young person's sentence and information such as where the child or young person is being held in detention, transfers to a different custodial facility, details of their release, and if they have escaped from custody.

Housing and accommodation

Safe and Secure Housing Program (SSHP)

- Cross-cutting themes: homelessness
- NEAMI Ltd

The SSHP, funded by the South Australian Government under the National Partnership provides tailored support to victim-survivors to transition out of insecure hotel/motel emergency or crisis accommodation to secure long-term accommodation. SSHP responds to this issue by supporting women and their children via intensive case work to obtain and maintain safe and secure housing.

The program is delivered under the case management response that the women's domestic, family and sexual violence sector provide to families and involvement in the program is organised by their case managers. As such, families receive a broad case management response attending to safety and other related issues whilst SSHP attends to housing needs. SSHP is also able to provide some assistance through brokerage packages for household goods to assist families to settle into their accommodation.

Appendix 5 – South Australian Government data processes

National data sharing

Through the Women's and Women's Safety Council meetings, the South Australian Government has committed to data development, collection and sharing in line with the National Plan, including:

- Prototype National Family and Domestic Violence Specialist Services data collection project;
- Commonwealth Data and Digital Ministers Meeting (DDMM); and
- Intimate Partner Homicide Dashboard, led by the Australian Institute of Criminology.

First Ministers agreed and signed the Intergovernmental Agreement (IGA) on Data Sharing between Commonwealth, state and territory governments in 2021. The IGA commits all jurisdictions to share data where it can be done safely, securely, lawfully, and ethically. domestic, family and sexual violence was agreed as a priority data area under the inaugural work program.

The South Australian Government (predominantly DHS, as well as other service agencies such as SAHT and SAPOL) receives service delivery data from a range of programs delivered by specialist domestic, family and sexual violence services, as well as data captured by the South Australian WIS. The FSF Portal, administered by the OFW, provides intra-agency data on high-risk domestic, family and sexual violence victim-survivors. Consistent information sharing, both statewide and interstate, is necessary for effective intervention. Exploration of technological solutions, such as an across Government integrated databases with a real-time information sharing platforms, could facilitate improved communication and coordination between agencies.

Information sharing

DHS services can share information with specialist domestic, family and sexual violence services where the client has provided consent for this disclosure. Where it is warranted, services would consider sharing information without the consent of the client/person at risk, in accordance with ISG. The FSF and MAPS rely heavily on the ISG for their functions.

For example, Youth Justice has a responsibility to evidence actions and respond to requests for information from MAPS when the individual involved is a child or young person under Youth Justice supervision or who has a history with Youth Justice. Appropriate cultural sensitivity is applied to the handling of this information.

DCP is able to share information under a range of legislative and policy instruments including the *Children and Young People (Safety) Act 2017 (SA)* (CYPS Act) and Regulations which includes a range of provisions related to information sharing and the ISG. An authorisation has been issued by the Chief Executive, DCP, permitting DCP staff to share information with any person:

- where it is necessary to share the information to that person in order to protect a person from risk of serious harm; and
- the disclosure would not be inconsistent with the objects of the CYPs Act.

Data collection mechanisms

SA Housing Trust (SAHT)

The SAHT's identification of domestic, family and sexual violence remains in large part triggered by self-declaration by victim- survivors, or their supports. There are currently limited mechanisms in place that support the proactive identification and response to victim- survivors of domestic, family and sexual violence applying for or residing in public housing tenancies.

The SAHT captures information on domestic, family and sexual violence through the Registration of Interest form (completed as part of initial registration process), Housing Needs Assessment Form and Assessment Screening Tool, the Risk Identification Tool (RIT) (completed where a staff member becomes aware of a possible risk), MAPS reports, FSF reports, Child and Family Safety Networks (CFSN) reports, IO reports, and referrals from Safe at Home through the Domestic and Family Violence Safety Alliance.

For perpetrators of domestic, family and sexual violence, IO reports are used for identification. IOs are logged and reviewed against the SAHT's tenant list for any matching individuals. The order is notated against the tenant's profile and tasked to the Housing Officer to review the tenancy impact.

See **Appendix 19** for data provided by SAHT related to domestic, family and sexual violence including data on security upgrades, intervention orders, and allocations into public housing.

Child and Family Support System (CFSS) - DHS

CFSS Pathways Service utilises information on the DCP Connected Client Case Management System (C3MS) as well as are referral source information. Often the CFSS Pathways Service is the first agency to note on C3MS that domestic, family and sexual violence is an issue within a family. IFS practitioners utilise C3MS to document case work with the child(ren) and family, and seek further information and updates through C3MS. NGOs and ACCOs, including specialist domestic, family and sexual violence service providers, do not have access to C3MS meaning they cannot share relevant information nor seek information to support their work with child(ren), victim-survivor and perpetrator of domestic, family and sexual violence.

Department for Child Protection

DCP receives information through the DCP Call Centre including the CARL and eCARL (electronic notifications). Mandated notifiers, as well as any person in the community concerned about the safety and wellbeing of children and young people, can provide information to the DCP Call Centre. The assessment of these notifications includes identification of children, young people and adults who may be at risk of or who are experiencing domestic, family and sexual violence. The information received by DCP

includes details of adult victim-survivors and perpetrators of alleged or confirmed domestic, family and sexual violence. A limitation for DCP in collating a history of domestic, family and sexual violence for adults is that DCP only receive a notification once children are involved, which may not capture the history of a violent relationship between adults prior to children.

Youth Justice – DHS

Youth Justice receives information that could identify children and young people who are at high risk of experiencing or perpetrating domestic, family and sexual violence via different channels such as:

- Screening, assessment and case management;
- Informal conversations with other agencies and case conferences;
- Conversations with the child or young person; and/or
- MAPS's documents shared via Youth Justice's client case management system.

All this information is usually captured in the Youth Justice client case management system, C3MS, which is a shared system with DCP. Youth Justice identify individuals at high risk of perpetrating domestic, family and sexual violence through assessment and case management processes and if alleged/proven offending relates to this. Where this is the case, referrals will be made to the Youth Justice Assessment and Intervention Service or the KIND program where further risk and assessment tools are used to determine appropriate programmatic responses.

Exceptional Needs Unit (ENU) – DHS

The ENU Response Team referral form asks the referrer to state whether there are concerns of domestic, family and sexual violence in relation to the referred person/family. If an assessment of a referral is undertaken by an ENU practitioner, the practitioner further explores these concerns to identify the victim-survivor, alleged perpetrator, and any other people at risk. This can include seeking information from MAPS to gain a broader understanding of the historical and present risks. If accepted as a client of the ENU, additional supports may be implemented which can help to reduce the risk of violence.

RVOT and RRSd team - DHS

The RVOT supports the VPF, which focuses on remote and regional Aboriginal visitors in Adelaide. A range of organisations, including DHS, SAPOL, DHW, DCS and homelessness service providers, meet fortnightly to discuss the best ways to support Aboriginal visitors at imminent risk of harm or death.

During these meetings, information about suspected domestic, family and sexual violence is shared, and SAPOL provides updates on IOs, including any suspected/known violence, and relevant details regarding clients. Due to a range of factors, some people with IOs continue to have contact with the protected person despite the order, and this information exchange through the VPF helps inform the support work by all participating organisations.

RRSD holds client lists of remote and regional Aboriginal people it has supported in Adelaide. Based on interactions with clients, RRSd estimates that from a list of 749 clients,

approximately 40% have experienced domestic, family and sexual violence perpetrated against them, and 24% are a person suspected of using violence (noting the same person can be both someone who has experienced violence and who uses violence).

Homelessness services

All funded homelessness services including the SA Domestic and Family Violence Alliance partners are required to report client incidents to DHS, which can be instrumental in identifying high risk clients. There is an expectation that all clients receive a comprehensive risk assessment which identifies clients who are high risk. The Alliance has mechanisms to access MAPS for clients who are identified as high risk through WSSSA's presence in MAPS.

Improving data collection in the State Public Health System

The State Public Health System's implementation of the 'Ask, Assess and Respond' is underway. As it matures, it will result in all women who access a service being assessed for domestic, family and sexual violence risk. This will enable improved data detailing prevalence of women seeking health care.

Appendix 6 – South Australian Government multi-agency responses and collaboration initiatives

Domestic violence prevention and recovery hubs

The South Australian Government has established southern and northern domestic violence prevention and recovery hubs to support and empower women and raise community awareness. Safety hubs provide increased local access to support, information, referrals, appropriate responses, and facilitated pathways for women and their children experiencing domestic, family and sexual violence. The northern and southern hubs initiative provides a unique opportunity to focus on prevention and recovery models best suited to the needs of the community, fill local service delivery gaps, and respond to the specific needs of each area. The hubs promote co-location of services to make it easier for women to access services, support, and information at one site.

The Yellow Gate, the southern hub, was launched on 1 December 2023, with the northern hub launched on 22 May 2024. Both hubs have been allocated two FTE under the National Partnership 500 community workers initiative, a Commonwealth Government funded initiative.

The Yellow Gate is delivered by Community Justice Services SA in Noarlunga Centre. The site was chosen for safety and accessibility for women, while also allowing for co-location of services. Currently, Yarrow Place are co-located at The Yellow Gate providing counselling and health care support. Cedar is co-located to provide healthcare response for domestic, family and sexual violence. It is envisaged that other services will be added to this list as community needs are identified, which may include legal guidance, health support, financial counselling, and Aboriginal and Torres Strait Islander specialist services.

The northern hub has been designed to increase collaborative and coordinated safety responses for women, including improved safety planning responses, through integrated service delivery between SAPOL and WSSSA in the first instance. An appropriate safe, accessible, and welcoming site has been sourced. The Northern Domestic Violence Service (WSSSA) has relocated and is currently operational from the hub site. SAPOL have also commenced service delivery from the hub site with risk and safety specialists now in place. The LSC's northern Domestic Violence Unit also co-locate to provide legal support, advice and advocacy to women. Negotiations with other services for co-location and the hub are in progress.

The northern hub is accessible by referral or appointment only, with most referrals expected to come through the DVCL, SAPOL, the DVDS, and WSSSA outreach programs. The northern hub will primarily provide services to women and families in the Playford, Salisbury, Gawler, Barossa, Light and Mallala regions. See **Appendix 12** for a case study from the Northern Multi-Agency Domestic Violence Response Hub.

Regional Safety Hubs

Since 2019, the South Australian Government has opened regional safety hubs in 10 regional towns. The regional safety hubs provide a safe place where women can speak confidentially to trained workers or volunteers who provide information, support, and referrals to appropriate services. Regional safety hubs are client centred and provide pathways for women and their children experiencing domestic, family and sexual violence. Expansion of hubs to involve more local services supporting women experiencing or at risk of domestic, family and sexual violence, such as SAPOL, legal services, health services, housing, and other supports, are being considered. Some hubs have natural limitations to expansion of services due to the size of the site.

Regional safety hubs are delivered in partnership with local community organisations. The hubs are located in, and delivered in partnership with:

- Murray Bridge – Murray Bridge Community Centre
- Gawler – Gawler Community Centre
- Mount Barker – Mount Barker Community Centre
- Mount Gambier – Centacare Catholic Family Services
- Whyalla – Centacare Catholic Country SA
- Port Pirie – Uniting Country SA
- Berri – Centacare Catholic Family Services
- Port Lincoln – Yarredi Services Inc
- Goolwa – Alexandrina Council
- Port Augusta – KWY Aboriginal Corporation.

While these safety hubs are an important asset in early intervention for women living in regional areas, the benefit is largely limited to the town in which the safety hub is located, and possibly nearby towns. It is noted that many South Australian women living in a region with a safety hub are still isolated from access to a safety hub due to the size of the regions.

Funding for the hubs has been provided through DHS, and since 2022, under the National Partnership, and more recently further FTE funding for each hub has been provided under the 500 community workers initiative. This has allowed for the funding of one staff member in each hub. The hubs are otherwise reliant on volunteers. It is not optimal that the existence of the hubs relies on unpaid volunteer labour.

A dedicated Safety Hub Outreach Coordinator is based in the WIS team in Adelaide. WIS has established a coordinated state-wide network involving the ten Safety Hubs to strengthen overall program integrity. Safety hubs work with WIS to develop a community engagement strategy to embed the program further into local communities.

Separately from the WIS coordinated safety hubs, SAPOL has established a multi-agency facility at Umuwa for coordination of key agencies to improve policing outcomes and enhance community safety and child protection outcomes in the APY Lands.

Family Safety Framework (FSF)

The FSF is well established across South Australia as a multi-agency, systematic approach to information sharing and co-ordinated multi-agency action. The FSF coordinates action-planning across government and non-government agencies, with the focus of mitigating risk of serious or lethal harm to people experiencing high-risk domestic, family and sexual violence. The essential elements of the FSF are a common risk assessment, referral, information collection and sharing, Family Safety Meetings (FSM), multi-agency case management through positive action planning, and monitoring risk.

The FSF was initially trialled in South Australia in 2007, and a state-wide implementation was completed in 2013. The OFW, in DHS, is the South Australian policy lead for the FSF, and provides administrative support for the FSF. SAPOL provides the chairing function for FSMs. Currently the administration of the FSF is dependent on annual funding of 1 ASO5 FTE Policy Officer from the Victims of Crime Fund, to the OFW. FSM members attend meetings and take actions, resulting from positive action planning, as part of their regular duties.

The FSF brings together partner agencies including SAPOL, DfE, DCP, DCS, SAHT, SA Health, DHS and relevant NGOs including local specialist domestic, family and sexual violence services. The FSF facilitates information sharing and full participation in positive action planning to support increased coordination and rapid responses to high-risk domestic, family and sexual violence victim-survivors. FSMs are scheduled fortnightly across 17 South Australian police regions. A victim-survivor will remain on the agenda of an FSM until such time that members consider the high-risk situation has been mitigated through positive action.

The FSF Portal

The online FSF Portal was introduced in 2022 to provide a secure, single source of truth for the processes involved in the FSF and improving information sharing to mitigate high-risk domestic, family and sexual violence. The digital Portal enables secure, immediate information sharing on high-risk matters.

Case workers working with an at-risk person are able to use the Portal to perform a risk assessment and to refer into the FSF. The Portal provides online access to the DVRA which is the common risk assessment tool used in South Australia to assess if a victim-survivor is at high risk of domestic, family and sexual violence and if further action, such as referral to the FSF, is required to assist in ensuring the person's safety. The Portal can be used to make a referral to the FSF. The SAPOL chair provides a triage service and decides which matters should be referred to an FSM. Members of the local FSM will then have access to all the information provided in the referral and the risk assessment.

In 2023-24, the FSF received 1706 referrals, 981 included children in the referral. Of these referrals, 432 were accepted for case management through an FSM. In 2023-24, 359 FSMs were held across South Australia.

Multi-Agency Protection Service (MAPS)

MAPS, established in 2014, is intended to provide a comprehensive, integrated, early intervention gateway for domestic, family and sexual violence responses. MAPS was introduced by SAPOL in response to the Coronial recommendations after the tragic death of Zahra Abrahimzadeh. The MAPS model is informed by the Multi-Agency Safeguarding Hubs model developed and implemented in the United Kingdom.

MAPS physically co-locates staff from SAPOL, DHS, DHW, DCS, SAHT, DCP, and two non-government positions delivered by WSSSA to support information sharing between agencies and services which may be able to assist victim-survivors. SAPOL is the lead agency for the ongoing operations of MAPS. Involvement in MAPS is currently funded from within participating South Australian Government agency budgets. WSSSA is funded by the South Australian Government to participate in MAPS.³¹

MAPS, unlike the FSF, is limited to assessing SAPOL reported incidents of domestic, family and sexual violence. At this time, due to the high number of incidents reported, a triage process has been introduced which sees only high-risk matters prioritised for MAPS focus with lower risk matters remaining unexamined. SAPOL uses the same common risk assessment form as the FSF during investigation of domestic, family and sexual violence incidents, which informs the MAPS process.

MAPS agencies participate in 'mapping' of high-risk incidents and produce a summary document containing information gathered from each agency. The summary document is then provided to agencies to support actions needed to increase the safety of the victim-survivor. See **Appendix 13** and **Appendix 14** for case studies from MAPS.

The Domestic and Family Violence Multi Agency Responses Governance Committee

The Domestic and Family Violence Multi Agency Responses Governance Group (MARGG) oversees the strategic delivery of two multi-agency response frameworks for domestic, family and sexual violence, the FSF and the MAPS.

MARGG comprises senior representatives from SAPOL, DHW, DHS, SAHT, DCS, DCP, DfE, and WSSSA. The MARGG is co-chaired by the SAPOL Assistant Commissioner Crime Service and the Director of the OFW.

The MARGG oversees review, evaluation, and continuing development of multi-agency responses in South Australia.

MARGG meets quarterly concentrating on ensuring the best outcomes for people who have experienced domestic, family and sexual VIOLENCE including children, through focusing on accountability and multiagency responses to families impacted by domestic, family and sexual violence.

³¹ Seymour, K., Wendt, S., & Elder, A. (2024). Multi-Agency Protection Service (MAPS): 2023 Review. Flinders University.

Commonwealth Family Law Information Sharing (Co-Location) Project

Since 1 January 2020, SAPOL has participated in the Commonwealth Family Law Information Sharing Project to improve sharing of family safety information (including domestic, family and sexual violence-related information held by state police departments) and promote a timely and coordinated approach to managing safety risks for adults and children who are party to family law proceedings. This ensures the Family Court is fully and adequately informed about risks to children at the earliest opportunity, to support their decisions about children's living and contact arrangements.

Jurisdictional participation in the project was initially voluntary, however, since May 2024 participation has been mandatory, and the project is funded until 2025.

Child and Family Safety Networks (CFSNs)

Improved service coordination is supported state-wide through the establishment of CFSNs. CFSNs consist of key agency partners from government, NGOs and ACCOs. CFSNs are a multi-agency network that is based upon the common principles of information sharing, joint decision making, and coordinated responses that are culturally responsive to engage with children and their families, ensuring that children's rights and safety are a sector-wide responsibility.

CFSNs nominate a lead agency (through the meetings) who will accept referrals for children (pre-birth to 18 years) and their families who are experiencing multiple complex concerns resulting in very high-risk child protection concerns. CFSNs aim to identify and engage relevant agencies to provide support and enhance interaction with health, wellbeing, support, and education, to increase developmental outcomes, safety, and protection, where child protection risk factors exist. The goal is to bring together sector coordination and referral pathways, to ensure children are sighted, and robust plans are in place for each of these families. All information is recorded in C3MS.

Some families referred to a CFSN meeting may also be subject to a Family Safety Meeting (FSM). The key difference between these meetings is that CFSN is focused on child safety and how protective parent/caregivers can be supported, while FSM is focused on the adult victim-survivor and any dependent children. Additionally, the FSM has a focus on the perpetrators of violence, sharing information about the perpetrator to enhance the safety of the victim-survivor and children.

DHS as policy lead on the FSF and CFSNs has considered connecting these meetings as a mechanism to ensure that child safety in the context of domestic, family and sexual violence is understood and attended to by services and systems. A pilot program was scoped to join the two meetings in the Riverland in 2022, however did not progress.

Safety and Wellbeing Taskforce

DHS, as chair of a statewide multiagency Safety and Wellbeing Taskforce, leads the development of strategies and place-based responses that support the mobility, safety and

well-being needs of remote Aboriginal people in Adelaide and other regional centres. Domestic, family and sexual violence has been a focus of community concern, and the Taskforce has identified it as a key area of focus.

The Taskforce is a forum in which decision-makers consult, review, advise and implement key priorities, gaps and opportunities across seven Focus Areas:

- Community Safety and Justice;
- Homes, Housing and Safe Shelter;
- Health and Wellbeing;
- Alcohol Drugs and Gambling;
- Families, Young People & Education;
- Outreach and Community Service Hubs; and
- Community Capacity for Governance and Leadership.

Evolving settlement and mobility patterns have a significant impact on the needs of remote and regional Aboriginal communities. This includes longer-term drivers such as access to housing, infrastructure, services, employment, as well as family conflict, violence, and community unrest.

While the Taskforce has initially operated as a responsive, cross-agency group, addressing needs as they arose, the focus of the Taskforce is shifting towards more proactive activities and collaborative efforts that identify areas where further system strengthening is possible and to create a framework that supports agility and responsiveness place, mobility and priority population needs.

Inter-jurisdictional Meetings

South Australia participates in several cross jurisdiction bodies focused on progressing the priorities of the Commonwealth Government related to gender equality and eliminating gender-based violence, The National Plan. This includes the Women and Women's Safety Ministerial Council, as well as a number of Jurisdictional Working Groups including:

- Women's Safety Jurisdictional Working Group;
- Aboriginal Jurisdictional Working Group;
- Gender Equality Jurisdictional Working Group; and
- Subject matter specific working groups.

Other Ministerial Councils or Standing Committees meet regularly to discuss their portfolios' contributions towards domestic, family and sexual violence responses. These include the Standing Committee of Attorneys-General, PMC, and Data and Digital Minister's Meeting. The South Australian Government continues to work actively with the Commonwealth to make progress under the National Plan and value opportunities to provide input into Commonwealth and joint initiatives.

Health Justice Partnerships (HJPs)

The LSC's work in HJPs has shown that the health system can be an important identifier of at-risk individuals. Health and medical staff, with the consent of clients/patients, make warm referrals to LSC lawyers. LSC lawyers may actively work with the health and medical professionals, seeking consent from the client for these professionals to attend legal appointments where appropriate and for the lawyer to share information with them as needed.

The establishment of HJPs recognises that clients are multi-faceted requiring a holistic integrated approach to ensure both their legal and health needs are addressed. HJPs provide an opportunity for two professionals to work alongside each other to ensure the client/patient is best supported. Another important aspect of HJPs is the legal education and training delivered to health partners to assist in identifying domestic, family and sexual violence, understanding the legal issues associated with it and promote early seeking of legal support. These partnerships benefit from shared knowledge and understanding improving the client/patient outcomes. Please see **Appendix 11** for a case study of a HJP approach.

Domestic, family and sexual violence Executive Steering Group

A multi-agency domestic, family and sexual violence Executive Steering Group has been established which will oversee, lead and coordinate across-government initiatives to address domestic, family and sexual violence and providing stewardship of the domestic, family and sexual violence system in South Australia. The coordination of this group is the responsibility of the Office for Prevention of Domestic, Family and Sexual Violence.

The establishment of this group recognises that all areas of South Australian government must work together to achieve the vision of ending violence against women and children in South Australia and the objectives of The National Plan

The chair of the group is the Chief Executive of the DHS or their delegate with the Deputy Chair, Deputy Chief Executive, Department of the Premier and Cabinet (DPC).

Membership includes representatives from the following key agencies: DHS, DPC, Department of Treasury and Finance, AGD, LSC, Courts Administration Authority, SAPOL, DCP, DCS, DfE, Office for Early Childhood Development (OECD), DHW, WCHN and SAHT.

Appendix 7 – South Australian Government sexual violence responses

Yarrow Place Rape and Sexual Assault Service

Forensic and medical services

When presenting to Yarrow Place a victim-survivor has the option to:

- Undertake a forensic examination where consent is given to provide results to SAPOL, in cases where the victim-survivor is certain they want a police response.
- Undertake a 'just in case' forensic examination, where it is not certain whether a police response is desired. The forensic kit is kept for up to a year, should the victim-survivor change their mind and wish to press charges.
- Access a healthcare response without a forensic examination (e.g. Sexually Transmitted Infections (STI) checks, emergency contraception, care for injuries).

Currently, Yarrow Place estimates they provide around 300-400 forensic examinations a year. On average 30 forensic examinations are provided per month, an increase of 40% since 2020. Prior to COVID-19, Yarrow Place states they provided an average of 20-21 forensic examinations per month.

Counselling services

Yarrow Place, as part of their integrated response, provide counselling services for recent and historic experiences of sexual violence. This includes trauma specialist counselling for victim-survivors, and short-term counselling for partners, family and friends. Counselling services are free, and Yarrow Place advises there are no caps on sessions. They have a range of sites where consumers can access counselling, including across metropolitan Adelaide (from Aldinga through to Elizabeth) as well as in regional areas including Port Pirie, Mt Gambier, Whyalla and the Riverland. Yarrow Place will also provide warm referrals to other counselling services as required.

Specialist youth services

Yarrow Place provides two specialist programs targeted towards young people aged 12-25 who are currently or were previously under the Guardianship of the Chief Executive or post-Guardianship.

Intensive Therapeutic Care Program (ITCP)

ITCP is a targeted service for young people under Guardianship who are frequently missing from placement and who are at risk of or currently being sexually exploited. The program is a partnership between Yarrow Place and the Department of Child Protection, and also contributes to sector development through training and consultation around working with 'at risk' young people via a therapeutic care framework.

The Intensive Therapeutic Care Program provides flexible, intensive, assertive engagement approaches to working with young people identified as fitting the criteria for the program. The relationships that are built and maintained between the client, case manager, senior clinician and therapeutic care team are recognised as an essential part of the therapeutic process.

Therapeutic Care Teams form the basis on which the Intensive Therapeutic Care Program operates. These teams are made up of significant support agencies and people in the young person's life, and may include youth services, accommodation services, the young person's carers and families as appropriate, and additional supports for health and relationship management.

My Place

My Place provides specialist support to young people who are or were under Guardianship who have been identified as at risk of a pregnancy that will result in removal into the care system or who have previously experienced the removal of a child. The program is delivered by Yarrow Place and MYH, in collaboration with DHS.

The program aims to reduce:

- The number of early pregnancies
- Removals of children into care
- Grief and loss
- The impact of trauma on the young person and, where appropriate, their children (born or unborn)

Programs to address sexual offending in South Australia

The Department of Correctional Services delivers several programs in prisons to address sexual offending behaviours. These include:

- Sexual Behaviour Clinic (SBC) – A program for offenders assessed as moderate-high and high risk of sexual reoffending. This is a high-intensity program of approximately ten months duration.
- Sexual Behaviour Clinic moderate (SBC-mod) – A program for offenders assessed as moderate-to-low risk of sexual reoffending. This is a moderate-intensity program of approximately four months duration.
- Sexual Behaviour Clinic me (SBC-me) – A program for offenders assessed as moderate-low, moderate-high and high risk of sexual re-offending, and who have been assessed as having a cognitive impairment or acquired brain injury. It runs for approximately 15 months.
- SA Health, through Owenia House, provides a specialist statewide service for people who have committed a sexual violence offence. Owenia House provides a range of evidence based, therapeutic services for adults.

Other responses to sexual violence

In SA, the Keeping Safe: Child Protection Curriculum is mandated in all DfE preschools and schools for young people from age 3 to year 12. Under the South Australian CYPS Act, this curriculum does not require parent or carer permission to be delivered.

Concepts focussing on consent are embedded throughout the curriculum at an age and developmentally appropriate level. This includes:

- healthy and unhealthy relationships
- rights and responsibilities in relationships
- power in relationships
- sexual abuse, sexual harassment and sexual consent
- anatomical names of the body
- privacy, touching and consent
- online safety, dating, grooming and image-based abuse
- types of abuse and dating violence
- recognising, responding to and reporting abuse
- trusted networks and support services.

The DfE has also developed a 'sexual behaviour in children and young people procedure, guideline and resources', available on their website. The procedure and guideline are for educators and care providers in the government, Catholic and independent education and care sectors. It includes the Plink online learning module, which provides training for educators and care providers in the government, Catholic and independent sectors to respond to sexual behaviour. Online resources are also provided for parents and carers.

CAHMS ASAPP program

Assesses risk of offending / perpetrating behaviours – fits with early identification of risk behaviour. This can only be accessed by young people who have been charged with, or convicted of, sexual offending.

Appendix 8 – South Australian Government sector workforce development initiatives

500 new Community Workers initiative

The Commonwealth Government announced 500 new frontline and community sector workers for Australia as part of the Women's Safety Package in the October 2022-23 Budget. Half of these workers are to be funded in regional and remote communities.

The South Australian Government successfully advocated for South Australia to receive equitable access to the funding for these community workers. As with previous National Partnership funding, this funding was allocated across states and territories on a per capita basis (with a remote/very remote loading).

These workers include front-line case workers to help women leave violent relationships, financial counsellors for women in financially abusive relationships, and support workers for children. Four FTE have been recruited across both the southern and northern domestic, family and sexual violence prevention and recovery hubs.

The Commonwealth funding allowed for a proportion of trainee workers. The domestic, family and sexual violence sector has advised that this is not preferred, given the highly specialised nature of the work, and that trainees are not a current element of the domestic, family and sexual violence sector context. In recognition of this and the importance of delivering high quality services to vulnerable people, South Australia is committed to exclusively recruiting qualified workers to meet client needs.

The table below outlines the specific cohort and geographic distribution required within the overall South Australian allocation:

Rural, Regional and Remote	CALD	Disability	LGBTQIA+	Aboriginal
16.4	3.5	1.1	0.9	3.1

Regional Safety Hubs

Regional Safety Hubs form a core element of the South Australian Government's response to community needs, and we are continuing to embed these hubs in their local communities and strengthen the sector's paid and unpaid workforce through the addition of a paid Community Partner position attached to each hub, providing more support for the volunteers, and building better partnerships with other services and groups that directly assist women experiencing violence.

DHS has worked with partner organisations to recruit part-time Community Partners for each of the safety hubs, which are funded under the National Partnership. These roles support the next phase of the development of the hubs with a focus on community development.

The roles are integral in ensuring the sustainability of the hubs by providing paid direct support to volunteers, leading community engagement, and progressing further initiatives specific to the region.

Other frontline workers

There are a range of other types of workers within government agencies that have contact with people experiencing domestic, family and sexual violence, but whose role is not to provide direct support around domestic, family and sexual violence matters. This includes people working in health and mental health services, community development, education, housing, and utilities providers such as SA Water.

Multiple South Australian agencies have in place a range of measures and responses to uplift the knowledge and skills of staff in relation to domestic, family and sexual violence (Chapter 7).

For example, training of CSO solicitors who practice in the areas where there is a risk of domestic, family and sexual violence and other violence, incorporates knowledge of accommodations for persons participating in the court system and those generally seeking access to justice who may be the victim-survivors of domestic, family and sexual violence.

The Attorney-General's Department administers funding activities to support and strengthen the capability of the regional sector's response to domestic, family and sexual violence with funding for support staff, counselling services and delivery of training for providers assisting victim-survivors of sexual assault (approximately \$1.6m over three years).

As part of HJPs, LSC lawyers provide training to hospital staff, health service providers and support services on how to identify signs of domestic, family and sexual violence, the legal issues associated with domestic, family and sexual violence and how to discuss these issues with patients, and how to support patients to obtain legal help.

DCP's comprehensive practice guidance has strengthened practitioners' understanding of assessment and intervention for children, young people and families who have been affected by domestic, family and sexual violence. DCP has a number of initiatives that support the work of DCP practitioners to respond to, and wherever possible, prevent further domestic, family and sexual violence through holistic assessment, intervention and support, including a dedicated domestic, family and sexual violence Practice Leader and high quality, contemporary training for practitioners, developed in partnership with Flinders University Social Work Innovation Research Living Space.

Notwithstanding the significant efforts across government frontline agencies to equip their staff with these skills, the effectiveness of workforce development can be limited by factors such as role classification, prerequisite qualifications, and industrial policies that determine the level of support or intervention that can be provided.

For example, while training is available to support SAHT staff in understanding Men's Violence Against Women and identifying domestic, family and sexual violence, SAHT staff are not employed, trained or qualified to provide specific domestic, family and sexual violence support to tenants where it is identified. Therefore, the SAHT has very limited capacity to provide professional support services to its tenancies. The SAHT is reliant on

referrals to external agencies, including through the domestic, family and sexual violence sector, to support tenants with risk and vulnerabilities and in high-risk situations.

SA Health has noted there is an opportunity to leverage off the scale of the workforce to make meaningful change and improve outcomes across the community. There are multiple avenues and opportunities for clinicians to identify people at risk of domestic, family and sexual violence, whether it be through observation, direct screening and assessment or opportunistic conversations that occur during the provision of care and the building of therapeutic relationships. Recognising the value of these relationships and ensuring clinicians are SA Health response equipped with the knowledge and confidence to respond effectively, will encourage more people experiencing domestic, family and sexual violence to speak out, seek safety and remain connected.

Broader workforce education and training

For workers in other sectors that have contact with the public, there are several measures in place or being progressed to help support their knowledge and ability to intervene in broader gender-based violence matters.

For example, in June 2024, the South Australian Government announced its intention to commence public consultation on Bystander Intervention Training for the purpose of considering additional measures to aid to staff working within the hospitality industry. Consideration will be given within this review to the scope of any additional training. Some key areas of concern have been identified from stakeholder feedback, advocacy groups, and recent reports emerging from within the industry. Some of these areas of concern include sexual harassment, assault, bullying, drink spiking and violence including gender-based violence.

Appendix 9 – List of Family Safety Meeting Regions

Adelaide Hills

Anangu Pitjantjatjara Yankunytjatjara (APY)

Ceduna

Cooper Pedy

Eastern Metro

Fleurieu & Kangaroo Island

Gawler & Barossa

Limestone Coast

Murraylands

Northern Metro

Port Augusta

Port Lincoln

Port Pirie, Yorke & Mid-North

Riverland

Southern Metro

Western Metro

Whyalla

Appendix 10 – Case Study - Adult Safeguarding Unit

Risk Factors and Common Abuse Types

Liz is a woman in her 70s who lives with her husband, who has dementia, and her adult son. Liz is her husband's carer. Her son lives in a room at the back of the property. He has a history of domestic violence against ex-partners, who have multiple IOs against him.

Liz's son has threatened to burn the house down and often verbally abuses her. Liz also locks her money and bank card away because her son will snoop around the house, steal money from her and use her keycard without permission.

When ASU contacted Liz, she confirmed the abuse but stated that while she does not wish to have her son live on her property, she also does not want to see him become homeless and that he has no other support except for her.

ASU provided education about domestic, family and sexual violence to Liz. ASU provided contact numbers for relevant services, including lawyers, and Homeless Connect SA (for son), and explained what support can be provided by each service. ASU also provided Liz with information and advice about keeping her money safe, including suggesting that she consider putting an alert with her bank so her son cannot withdraw money from her bank card. Liz was reluctant to take any action but agreed to keep the information on hand should she need it.

Appendix 11 – Case Study - Health Justice Partnership Approach

Ms X was married to Mr Y, they had an 18-month-old child together. Ms X had migrated to Australia to be with Mr Y, and she did not have any family support in Australia. Ms X was regularly attending the WCH for medical appointments for their child. Based on concerns observed about the family's dynamics, Ms X was linked in with a social worker at the WCH, who referred Ms X to the LSC for advice. Given LSC's partnership and colocation at the WCH, they were able to meet with Ms X and her social worker discretely onsite at the WCH after she had attended a medical appointment for her child.

During the initial appointment Ms X disclosed that Mr Y was being physically, verbally and financially violent and controlling, although she was very cautious about leaving Mr Y. After a number of further appointments, Ms X decided to leave her home with her child. Her social worker assisted to arrange emergency accommodation for her and her child.

The LSC assisted Ms X to liaise with SAPOL who agreed to apply for an IO protecting Ms X. They further assisted Ms X to liaise with the Department of Home Affairs in relation to her visa. The Department determined that Ms X could remain in Australia despite the separation.

LSC continues to legally represent Ms X in parenting and property family law matters.

Appendix 12 – Case Study – Northern Multi-Agency Domestic Violence Response Hub

Victim-survivor reports a domestic violence incident to police including multiple counts of rape, strangulation and aggravated assault. The SAPOL DVRA totalled 60 (high risk). Two days later the victim-survivor was referred to the Northern Multi-Agency Hub.

As a result of that referral, the victim-survivor met with a Women's Safety Services SA (WSSSA) Risk and Safety Report (RASR) worker at the Hub and further appointments were made with outreach services. Her risk assessment was documented by WSSSA as 112. The RASR worker was able to achieve the following during her appointment:

- Centrelink – Victim-survivor met with Centrelink at the Hub to have her parenting payments and crisis payment sorted
- Legal Services – Victim-survivor met with a LSC lawyer at the Hub and was assisted with breaking her lease at her current private rental, debt matters and family law advice
- Escaping Violence Payment (EVP) – RASR worker was able to complete her application for the EVP so she has immediate access to funds of up to \$5000 (applications can take up to eight weeks but are immediate when completed by the Hub)
- Personal Protection App – RASR writer has engaged her with the program and installed the app on her phone
- RASA – She has been engaged with a counsellor for ongoing counselling
- Yarrow Place Rape and Sexual Assault Service – a referral was discussed by the RASR worker but declined at this time
- SAPOL – Victim-survivor did not require anything further from SAPOL at this time but was able to ask questions about the court process, IOs etc., in a safe and supportive environment.

Department for Child Protection (DCP) and Child and Family Health Service (CAFHS) completed a home visit and provided positive feedback through to WSSSA. Cedar Health were also engaged to provide ongoing assistance and support.

The victim-survivor remains engaged with police and with the court process.

Appendix 13 – Case Study – MAPS 1

MAPS Case study overview

The victim-survivor, a woman in her seventies, is the mother of the accused, a man in his forties. The accused had recently begun living with the victim-survivor. There was a basic IO in place for the protection of the victim-survivor from the accused. The victim-survivor had been acting as the accused's administrator for about 14 years. The victim-survivor controlled the accused's funds and provided him with money each fortnight.

The Mapping incident involved the accused becoming very angry and yelling at the victim-survivor as she would not provide him with money. The victim-survivor walked outside so she could call for help, if needed, as she was worried about the behaviour of the accused. The accused punched the victim-survivor in the head resulting in a serious injury.

It was noted in the SAPOL MAPS Summary Document task response that a FSF Meeting referral was received from SA Health in relation to the Mapping incident.

Tactical table Discussions and actions

As an action from Mapping DHS / Education MAPS Team liaised with the Adult Safeguarding Unit (ASU) to confirm current open case / engagement with the victim-survivor, as indicated within the SAPOL MAPS Summary Document task response. Engagement was confirmed on the day of Mapping.

As a further Mapping action DHS/Education MAPS Team forwarded the MAPS Summary Document to the ASU Senior Practitioner & allocated Case Manager.

The MAPS Summary Document informed ASU case direction and safeguards for the victim-survivor. The information within the Summary Document led the ASU to prioritise a prompt visit to the victim-survivor to implement safeguarding with the view to increasing safety for the victim-survivor.

Other points of interest

Of note, the victim-survivor and accused resided in a regional location. In the week following Mapping, the ASU corresponded with the DHS/Education MAPS Team to help facilitate their plan to attend the FSF Meeting, to further understand the services supporting both the victim-survivor and accused. The DHS/Education MAPS Team also provided the ASU with the previous MAPS Summary Document from 2023 to further inform assessment and support.

Appendix 14 – Case Study – MAPS 2

MAPS Case study overview

The victim-survivor, a woman in her forties, had been in a relationship with the accused, a man in his thirties, for eight years. The victim-survivor and accused were residing together and have a young child.

The victim-survivor reported that a few years previously, the victim-survivor and accused had argued resulting with the accused dropping an object on her causing a minor injury. In a separate incident the accused threw an object at the victim-survivor's head causing another injury.

Recently, the accused was intoxicated and became angry with the victim-survivor, pushed her, then punched her causing bruising. The child was reportedly present and witnessed this incident. In a separate incident the accused was intoxicated and became angry with the victim-survivor. He picked up a big kitchen knife and threatened to kill her before police could arrive.

In another incident, the accused drove at high speed with the child in his car toward the victim-survivor's place of work. The accused was angry as the victim-survivor's phone was not working due to service issues. Later when at home, the accused stated that he felt like fighting. The victim-survivor ran outside in fear. The accused slammed the door and told the victim-survivor not to come back or he would kill her. The victim-survivor attended a police station and reported the above matters.

When researching this matter for Mapping the MAPS SA Health Team shared with the DHS / Education MAPS Team that the victim-survivor, not the accused, was employed in a government department.

Tactical table Discussions and actions

As an action from Mapping the MAPS Team liaised with the government department's leadership re appropriate sharing of information to inform support for the victim-survivor who was an employee of theirs.

The MAPS Summary Document was shared with the department's HR Business Partner to ensure awareness/management re: safety, ongoing well-being & support for the victim-survivor.

Subsequent to receiving the MAPS Summary Document, the HR Business Partner updated the Director regarding the matter and discussions occurred with the appropriate management personnel. A meeting was scheduled with the assistant director to ascertain how the department could support the victim-survivor to keep her safe within the workplace. Safety planning with undertaken with the victim-survivor with the view to protecting her within the workplace.

While the initial actions that were undertaken were appropriate and resulted in increased safety for the victim-survivor within the workplace, the MAPS Team reflected on the number

of departmental employees who subsequently became aware of the MAPS Summary Document and information within. This was of concern given the detailed personal information contained in the document relating to the victim-survivor, the accused, and their child.

It was identified that further consideration was required regarding who the MAPS Summary Document was shared with when it was identified that the victim-survivor, accused, or associated person were a current government employee. Consideration was to be given to the increased sensitivity of information sharing in these circumstances and to limit the number of people who had access to the information, while achieving increased safety for those impacted by the domestic, family and sexual violence incident.

Other points of interest

Once the MAPS Summary Document is shared, MAPS Partner Agencies have limited control over whom the Summary Document and / or related information is shared with. This means that there is the possibility of information being shared beyond what is appropriate to inform assessment, support, and to increase the safety of the victim-survivor, accused and associated persons. MAPS as an entity also has little knowledge of or control over responses by agencies, they have shared summary documents with.

Appendix 15 – Case Study – WCHN

Consumers: a 17-year-old pregnant Anglo-Saxon woman (20 weeks pregnant) and a 21-year-old Cambodian male (biological father of the unborn child) was referred to MYH by South Australian Housing Authority (SAHA) and WCH midwife and attended the Pregnancy to Parenting (P2P) group at the WCH.

Background: The couple has multiple, complex needs and vulnerabilities and history of trauma. The female client has an extensive history of family violence, high anxiety, homelessness, past DCP involvement as a child, history of illegal drug use, and sexual, emotional and physical abuse. Male client has a history of self-harm, perpetrating domestic, family and sexual violence, poor literacy and numeracy skills, and disengagement from education and employment.

Presenting issues: homelessness, education and parenting. The couple were initially allocated to the Community Liaison Midwife, before being co-case managed with Talking Realities (TR) staff for Flexible Learning Options (FLO) case management in the education program.

Response: MYH initiated assertive engagement with the couple via text message, phone calls and face-to-face contact. The couple were provided transport to attend group programs and appointments on and off site. Through a therapeutic framework MYH has provided advocacy, external referrals, health care coordination and case management, education programs and care coordination. With MYH support the clients successfully enrolled in full time studies in under a week (Early Childhood Education), father engaged with pre-apprenticeship program in under a month, both started attending KidStuff straight away and gained stable housing in just over a month.

Effective case collaboration was built across services by MYH TR gaining consent from the clients in a timely manner. TR staff discussed child protection concerns with the couple and services due to the state of the home they were staying in.

Utilising a strength-based practice and trauma responsive framework, MYH staff are able to support the couple to identify their own risks factors and service needs. For example, the female client has displayed some controlling behaviours indicative of possible domestic violence which has been addressed explicitly with the client, who has consented to referral to Mental Health and Relationship Services for counselling and development of communication and interpersonal skills. Other risk factors for the couple include their trauma history, young age, mental health issues, isolation, limited family support and being new parents entering parenthood for the first time as well as moving into their first home together as a couple.

Through therapeutic care coordination and case management, MYH has referred and worked collaboratively with the following services: Anglicare, Bikes for Refugees, CAFHS, Centrelink, CFARNS, Employment Options, Findon Family Housing, GP, Headspace, Salvation Army, SAHA, SYC, Thebarton Senior College, Western Adelaide Homelessness Service, University of Adelaide Dentistry, and WCH.

MYH currently has contact with the couple at least twice per week. Care plans are reviewed every 3 months and open communication between relevant services occurs at least weekly, due to current high needs. The couple has recently moved into their new property through

SAHA and continue to engage with MYH and onsite programs, and with other service providers.

FEEDBACK FROM CONSUMERS

Consumer 1

"When I was 13 years old, I told my friend about my family GP sexually abusing me. She told me she thought it would be too upsetting for my mother as she thought the world of him as he was like a trusted family member. So, I didn't. The abuse continued and I didn't disclose it again until my late 50s" (Karen, Consumer Advocate).

Consumer 2

"I was sexually assaulted in my FIFO job at a mine site. Unfortunately, this situation was made worse by the lack of empathy and resources in community I was working. The staff at my worksite didn't know how to deal with the situation so they kinda just put me in a room and waited for the police to rock up. I never got to meet any medical professionals as they didn't have the training to help me the closest forensic doctor was in Port Augusta. Unfortunately, being so remote there was no real support for me. Most people had a lack of empathy they wanted me to get straight on a plane and out of there with none of my belongings. Thankfully, the police managed to get my phone so I could make contact with my mum. I was put on a plane and flown home and basically swept under the rug. Once I had got to Adelaide, I was taken by my mum to the RAH from there I had to sit for 5 hours because nobody was able to see me straight away. I was then sent home I was then not allowed to wash or wipe any part of my body as I would then be taking away evidence. I waited a whole 24hrs before being seen by any medical staff" (Kaitlyn, Consumer Advocate).

Consumer 3

"It's incredibly hard to be honest about experiencing DV when manipulation and threats have occurred, to ask for help when you have been trained to feel helpless. I remember wishing dearly that whenever I said 'no' that someone would ask me another time, that they would tell me it was important and that they could really help me... and feeling very alone when they didn't. The word 'manipulation' doesn't encapsulate the confusion I experienced when he made me believe that the abuse was my fault, that it was normal, and that he loved me" (Sabrina, Consumer Advocate).

Consumer 4

"I didn't report to the police because my experiences as a queer and non-binary person weren't considered valid by authorities in the past." "I have been failed by health, housing, and authority systems countless times due to my sexual and gender identity. So why should I trust them to respond correctly to my assaults?" (Oscar, Consumer Advocate).

Consumer 5

"My entire world changed, when at the end of a night out I was raped in my home by a stranger. I naively had faith that reporting would result in a fair process, where I would see my perpetrator held to some kind of account. I could not have been more wrong; I have been deeply traumatised by the legal system. It was traumatic, humiliating, confusing, and crushing. I was victim-blamed, gaslit and spoken down to. I was asked to make decisions with little to no time and ultimately let down" (Amanda, Consumer Advocate).

Consumer 6

“People working in these roles hold an enormous amount of power. Every single interaction with every single person will either ‘add to’ or ‘take away from’ my sense of safety, will either strengthen or shatter my trust in ‘the system’. Each and every one of those people has the potential to be the reason I actively seek support to heal or the reason that I never ask for help again” (Lily, Consumer Advocate).

Consumer 7

“Although they may not remember me, I remember every single interaction with every person. The good ones give me hope for better outcomes and the bad ones keep me awake at night. I will never forget the words that were said to me” (Amanda, Consumer Advocate).

Appendix 16 - Case Study – MAPS (health setting) 1

The victim-survivor, who had previously been mapped, is an Aboriginal woman experiencing homelessness who has a long history of hospital presentations with injuries. She presented post assault (stating by an unknown person) and attended with her partner who was abusive while on the ward and answering questions on her behalf. The victim-survivor was referred to the Social Worker however was not seen as she was discharged. It was noted that SA Health had MAPS Alerts on system, and a known history of presentations and abusive behaviour by the partner on ward.

Practice gaps identified: Nil evidence of domestic, family and sexual violence screening, nil DVRA or contact with MAPS Duty consult as per instructions contained within the system alert. Additional vulnerabilities were also present and a history of not reporting to SAPOL, however will present to ED identifying an opportunity for screening and potential intervention.

Action by SA Health MAPS Team: Connect with key contact at the Public Health Site to discuss areas for practice improvement and key contact to follow up to strengthen practice.

Appendix 17 - Case Study - MAPS (health setting) 2

The victim-survivor attended Public Health Site via SA Ambulance Service (SAAS) with multiple head and abdominal injuries.

Domestic, family and sexual violence was disclosed to SAAS staff. It was later reported to hospital staff that injuries were sustained due to multiple falls (noted similar presentation four weeks earlier with bruising to back and abdominal and face contusion).

The medical officer could not disclose information to SAPOL regarding the risks and injuries as the patient had withdrawn consent. SAAS raised concerns about the change in the explanation for the injuries. No screening of DVRA was completed and there was no further liaison with SAPOL.

SAAS consulted with MAPS, who liaised with the Public Health Site directly, and discussed the capacity to share information as per ISG with SAPOL, as well as the need to complete a DVRA screening based on information already known. A DVRA was completed and a FSF referral was submitted. This incident was subsequently selected for Mapping.

These examples demonstrate the need for continuous training for the Public Health Sector to ensure that practices align with the DHW policy and ISG. The consult line for the Health Team at MAPS provided an escalation pathway for SAAS to address gaps in service provision and ensure that subsequent practices were appropriate to the risk involved.

Appendix 18 – Case Study - Cedar Health Services

The victim-survivor presented to Cedar Health Service following an assault in the context of domestic, family and sexual violence. She was estranged from family, had limited supports from friends, had the full-time care of her children and was not well connected with services. Previously the victim-survivor lived in a rural region.

The victim-survivor presented with a raspy voice, following non-fatal strangulation, which she reported as occurring daily over a number of years. The victim-survivor also reported sensitivity to lights and experiencing frequent headaches. She was unable to access any medical support post assaults or any healthcare for general concerns as her partner would not allow her to attend.

The victim-survivor reported that she feared seriously for her safety over the years. Comprehensive psycho-social assessment undertaken to understand risks associated with self-harm, suicide ideation, child protection concerns, domestic, family and sexual violence, and AOD use. Given the reported non-fatal strangulation, a neurological assessment was undertaken and with it noted changes to vision, concentration, reading, writing, calculating, daily functioning, and headaches. A comprehensive healthcare plan was developed including radiology, blood borne virus, STI screen, ENT referral, contraceptive needs, hearing and optometry assessment, MOCA/Cognitive assessment. In addition, psycho-social areas were attended to including advocacy for financial support, and support for anxiety symptoms.

Appendix 19 - SA Housing Trust Data

Domestic and Family Violence Security Upgrades

Domestic and family violence security upgrades are installed on SAHT properties following a referral from the Safe at Home program delivered by the Domestic and Family Violence Safety Alliance; a direct application to the SAHT by a tenant; or through proactive installation by the SAHT on a vacant property.

For the budget year 2023-24, the SAHT completed a total of 806 domestic and family violence security maintenance orders. Of these, 61 percent (503 work orders) accounted for proactive security upgrades provided by the SAHT. A further 128 works orders were referrals from the Safe at Home program. However, it is likely there is underreporting of referrals from Safe at Home due to SAHT system limitations.

For the budget year 2023-24, the median time for a domestic and family violence security upgrade to be completed was 48 days. The SAHT spent a total of \$1,511,253 on domestic and family violence security upgrades in the budget year 2023-24. On average, \$1,830 was spent per works order.

Note:

- The number of security upgrades through the Safe at Home program cannot be explicitly determined, as system records are not directly linked with customer records of presentation to the Safe at Home program. Where a data link could be established, this has been reported, however is likely to be an underrepresentation.
- Data includes closed work orders only (invoiced and paid), meaning it is possible there is under reporting of domestic and family violence security upgrade requests that are completed but not yet finalised.

Intervention Orders

The SAHT records where a customer has an intervention order reported. Intervention order records are primarily recorded for the purpose of informing allocation and tenancy decisions. For example, the SAHT uses intervention orders to determine whether there are identified risks within certain letting areas when allocating prospective tenants to properties and ensuring the allocation of properties to a defendant/accused and/or protected victim-survivor does not breach the requirements of an intervention order.

The SAHT records intervention order information for both its tenants and other customers.

For the budget year 2023-24, the SAHT recorded a total of 4,781 intervention orders (this total includes the defendant party and protected party), distributed between tenants, customers, and an unknown category. The table below identifies the distribution of intervention orders for all SAHT customers:

Customer Category	Defendant Party	Protected Party	Unknown Party	Total
Main Tenant	229	535	3	767
Occupant	117	205		322
Other customer	559	351	2	912
Unknown	1,508	1,260	12	2,780
Total	2,413	2,351	17	4,781

Note:

- Data provided for intervention orders as of 2 October 2024.
- The data presented is not a unique client count; customers may have multiple intervention orders recorded against their file.

Allocations into Public Housing

The SAHT has data on the number of allocations to people identified as experiencing domestic, family and sexual violence, primarily based on self-declaration of safety risks by people at the time of registering for social housing and/or being assessed for priority housing (Category 1). For the budget year 2023-24, 51.2 percent of new allocations were to customers identified as experiencing domestic, family and sexual violence.

The percentage of allocations into public housing to people identified as experiencing domestic, family and sexual violence has increased since 2021; from 38.8 percent in the budget year 2021-22, to 51.2 percent in 2023-24. Further, 60 percent of main tenants residing in public and Aboriginal housing are female, demonstrating that the public housing system maintains a strong focus on responding to the needs of women who are homeless or at risk of homelessness, including because of domestic, family and sexual violence.

Note:

- Currently, the identification and reporting of people experiencing domestic, family and sexual violence at allocation is reliant on self-identification, including the reporting of circumstances that infer the presence of domestic, family and violence in the household. This includes questions on the Registration of Interest and the Housing Needs Assessment regarding safety risks, as well as records of intervention orders, or referrals for domestic, family and sexual violence services on their customer file.
- There is potential for underreporting of SAHT customers that have experienced or are experiencing domestic, family and sexual violence due to the reliance on self-identification.

Appendix 20 - Learning from other jurisdictions

Victoria

Victoria's Royal Commission into Family Violence handed down its report and recommendations in March 2016. The Victorian Government committed to implementing all recommendations and, to monitor and report on the Government's progress in this regard, the statutory position of the Family Violence Reform Implementation Monitor was created. Flagship reforms in Victoria include:

- Establishment of the MARAM Framework (Multi-Agency Risk Assessment and Management Framework), which provides for an expanded range of organisations and sectors to have a formal role in family violence risk assessment and risk management;
- Information sharing reforms, including the Child Information Sharing Scheme and Family Violence Information Sharing Scheme;
- The Central Information Point (CIP) which consolidates information about a perpetrator of family violence into a single report;
- The Orange Door, a state-wide service that provides support and referrals for victim-survivors of domestic, family and sexual violence and perpetrators;
- A suite of law reforms, including establishing the Family Violence Information Sharing Scheme and MARAM Framework under the *Family Violence Protection Act 2008* (Vic), the *Prevention of Family Violence Act 2018* (Vic) and the *Gender Equality Act 2020* (Vic); and
- Transforming practice within public sector agencies - specialist Family Violence Investigation Units in police, Specialist Family Violence Courts, and creating Family Violence Principal Practitioner roles in key departments.

NSW

NSW was the first state in Australia to criminalise coercive control, passing the *Crimes Legislation Amendment (Coercive Control) Act 2022* (NSW) and commencing the offence in July 2024. Other key initiatives of interest in NSW include:

- The Domestic Violence Routine Screening Program, and Staying Home – Leaving Violence which have both been evaluated as successful;
- Modernising the definition of stalking to reflect developments in technology facilitated abuse, creating new aggravated offences for breaching an Apprehended Domestic Violence Order, and introducing Serious Domestic Abuse Prevention Orders for repeat offenders;
- Establishing a Women's Safety Commissioner to address domestic, family and sexual violence and enhance women's safety in NSW;
- Developing key policy frameworks such as the NSW Sexual Violence Plan 2022-2027, the NSW Domestic and Family Violence Plan 2022-2027 and Pathways to Prevention: NSW Strategy for the Prevention of Domestic, Family and Sexual Violence 2024-2028; and
- Introducing a legal definition of 'domestic abuse' in the *Crimes (Domestic and Personal Violence) Act 2007* (NSW). The definition includes a range of practical examples and aims to improve awareness of what behaviour is domestic abuse.

QLD

In Queensland, the domestic, family and sexual violence reform agenda is driven by the government's response to three independent reports:

- Hear her voice – Report One – Addressing coercive control and domestic and family violence in Queensland (from the Women's Safety and Justice Taskforce);
- Hear her voice – Report Two – Women and girl's experiences across the criminal justice system; and
- A call for change: Commission of Inquiry into Queensland Police Service responses to domestic and family violence.

The Office of the Independent Implementation Supervisor was established to monitor and oversee the government's progress implementing the recommendations from these reports.

The findings from the Coronial Inquest into the murder of Hannah Clarke and her three children were also pivotal to domestic and family violence reforms in QLD, with the coroner finding that there were missed opportunities for intervention and making four recommendations requiring "immediate attention" to prevent similar deaths. They included a five-day face-to-face training program for specialist domestic, family and sexual violence police "as a matter of urgency", a mandatory domestic, family and sexual violence module for all officers as part of their annual skills training, and funding for men's behavioural change programs.

Other reforms include:

- Legislative reforms including the Criminal Law (Coercive Control and Affirmative Consent) and Other Legislation Amendment Act 2024 (Qld); and
- Policy platforms such as Prevent. Support. Believe. Queensland's Framework to address sexual violence, Broadening the focus: Queensland's strategy to strengthen responses to people who use domestic and family violence 2024-28, and specific frameworks for responding to domestic and family violence in Aboriginal communities, and against people with a disability.

Appendix 21 – Commonwealth Frameworks and Plans

The National Plan to End Violence Against Women and Children 2022-2032 (the National Plan)

The National Plan brings together the efforts of governments, organisations and individuals across the nation to reduce and end domestic, family and sexual violence. It was launched on 17 October 2022 and is underpinned by two five-year Action Plans, with the first Action Plan launched on 16 August 2023. Priority areas include strengthening accountability and consequences for perpetrators, strengthening and building on prevention work, and maintaining a focus on missing and murdered Aboriginal women and children and the impact of domestic, family and sexual violence in Aboriginal communities.

A stand-alone Aboriginal National Plan for Family Safety is currently being developed and is due for completion in 2024-25. The current five-year Aboriginal and Torres Strait Islander Action Plan (published in 2023) will support the Aboriginal National Plan for Family Safety. The existing Action Plan has a strong focus on engaging with ACCOs to deliver culturally appropriate services to Aboriginal and Torres Strait Islander women and children experiencing domestic, family and sexual violence.

Further work is also required to clearly define the prevention and early intervention domains of the National Plan. This would support opportunities for greater visibility across jurisdictions of what work is currently being done and make progress towards nationally consistent definitions that include coercive control as a form of domestic, family and sexual violence.

National Partnership on Family, Domestic and Sexual Violence Responses 2021-2027 (the National Partnership)

The current National Partnership was extended in December 2023 and commits \$11.3m over two payments, in both 2023-24 and 2024-25. The first year's funding has now been distributed to the services delivering the priority activities, bolstered by an additional \$3.3m from the South Australian Government's 2024-25 budget.

Under National Partnership extension arrangements, South Australia will receive \$12.167m up to 2025-26 as part of the Commonwealth's 500 workers commitment and \$3.374m to fund innovative perpetrator responses up to 2026-27. Other significant recent investments include a funding package in the 2024-25 Commonwealth Government budget of \$925.2m over five years from 2023-24 (and \$263.3m per year ongoing) for the Leaving Violence Program that provides financial support, safety assessments and referrals to support services for victim-survivors leaving a violent intimate partner relationship.

ANROWS is currently working with delivery partners to develop data and evaluation across funded partnership initiatives. This will build significantly the South Australian evidence base across the National Plan domains of early intervention and recovery.

At its meeting in September 2024, National Cabinet agreed to negotiating a renewed five-year National Partnership commencing from 1 July 2025 and comprising matched Commonwealth (\$351m) and State (\$351m) funding.

The new agreement will allow funding for:

- Specialist services for women;
- Services to support children exposed to family, domestic and sexual violence to heal and recover; and
- Working with men, including men's behaviour change programs for perpetrators of gendered violence.

At the same meeting, National Cabinet agreed a Heads of Agreement for a new five-year National Access to Justice Partnership, with a focus on uplifting legal services responding to gender-based violence.

More broadly, and in recognition of gender inequality being one of the causal factors of domestic, family and sexual violence, the Commonwealth and South Australian Governments are also investing in a range of supports for women and girls, focused on achieving economic equality, ending gender-based violence, increasing women's representation in leadership and decision making, improving women's health and wellbeing, and collaborating on Working for Women: A Strategy for Gender Equality.

Commonwealth-State partnerships

A range of complementary activities are also being undertaken, through other Commonwealth-State partnerships, to address underlying causes and consequences of domestic, family and sexual violence, and to fund other system responses. This includes:

- National Agreement on Closing the Gap (in particular Target 13: By 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children is reduced at least by 50%, as progress towards zero.
- Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031.
- National Agreement on Social Housing and Homelessness.
- New draft of Australia's Disability Strategy Target Action Plan (TAP), including actions relating to the intersection of disability and domestic, family and sexual violence (currently being finalised).
- National Legal Assistance Partnership 2020–2025, to be replaced by the National Access to Justice Partnership 2025–2030 (currently being finalised). Each of which provide specific funding for programs aimed at addressing domestic, family and sexual violence through legal assistance targeted at priority vulnerable client groups.

National Cabinet on gender-based violence

Through National Cabinet, First Ministers of the Commonwealth, state and territory governments have focused on cross-jurisdictional work to strengthen system responses to domestic, family and sexual violence.

At the second National Cabinet meeting focusing on gender-based violence in 2024, First Ministers agreed to deliver innovative new approaches to better identify high-risk perpetrators, share information about them across systems and state boundaries, and intervene early to stop violence escalating. This includes commitments to:

- Develop new national best practice family and domestic violence risk assessment (DVRA) principles and a model best practice risk assessment framework.
- Support enhancements to the National Criminal Intelligence System, which enables information sharing across jurisdictions, to provide a 'warning flag' that will assist police responding to high-risk perpetrators.
- Extend and increase nationally consistent, two-way information sharing between the family law courts and state and territory courts, child protection, policing and firearms agencies.
- Strengthen system responses to high-risk perpetrators to prevent homicides, by trialling new focussed deterrence models and Domestic Violence Threat Assessment Centres. These centres will be able to use intelligence, monitor individuals and intervene with those at high risk of carrying out homicide.

Rapid review of prevention approaches

As a sub-set of its work on gender-based violence, in its first dedicated meeting in 2024, National Cabinet commissioned an expert-led rapid review of best practice approaches to prevention and is continuing to drive investment in strengthening prevention efforts through targeted, evidence-based approaches. As part of responding to the Rapid Review Report the Commonwealth will:

- Invest \$80 million to enhance and expand child-centric trauma-informed supports for children and young people;
- Provide funding to establish national standards and implementation mechanisms for men's behaviour change; and
- Undertake an audit of Commonwealth Government systems to identify ways perpetrators are exploiting them to abuse victim-survivors and embed safety by design principles within new and existing systems.

Acronyms/Language/Glossary of Terms

Throughout this submission, the following language and terminology are used:

- The Royal Commission into Domestic, Family and Sexual Violence: the Royal Commission
- Victim-survivor: to include anyone who has experienced violence
- Perpetrator: to include anyone who uses violence

South Australian Government Departments

AGD	Attorney-General's Department
DCP	Department for Child Protection
DCS	Department for Correctional Services
DEM	Department for Energy and Mining
DfE	Department for Education
DHS	Department of Human Services
DHW	Department for Health and Wellbeing
PIRSA	Department of Primary Industries and Regions, South Australia
OECD	Office for Early Childhood Development
SAPOL	South Australia Police
SAHT	South Australia Housing Trust

Acronyms

ACCO	Aboriginal Community Controlled Organisation
AAR	Aboriginal Affairs and Reconciliation
ABS	Australian Bureau of Statistics
ACCHO	Aboriginal Community Controlled Health Organisation
ACMS	Australian Child Maltreatment Study
AI	Artificial Intelligence
AMIC	Aboriginal Maternal Infant Care
ANROWS	Australia's National Research Organisation for Women's Safety

AOD	Alcohol and other drug use
APY	Anangu Pitjantjatjara Yankunytjatjara
ARA	Australian Refugee Association
ASU	Adult Safeguarding Unit
C3MS	Connected Client Case Management System
CAFHS	Child and Family Health Services
CALD	Culturally and Linguistically Diverse
CARL	Child Abuse Report Line
CFSN	Child and Family Safety Network
CFSS	Child and Family Support System
CJS	Criminal Justice System
CPS	Child Protection Services
CSA	Child Sexual Abuse
CSO	Crown Solicitor's Office
DFV-PRP	Domestic and Family Violence Perpetrator Response Program
DFVSA	Domestic and Family Violence Safety Alliance
DRC	Disability Royal Commission
DVCL	Domestic Violence Crisis Line
DVDS	Domestic Violence Disclosure Scheme
DVPRM	Domestic Violence Perpetrator Response Model
DVRA	Domestic Violence Risk Assessment
DVSOD	Domestic Violence Serial Offender Database
EASE	Earlier Access to Supports and Engagement
ECEC	Early Childhood Education and Care
ENU	Exceptional Needs Unit
FASS	The Family Advocacy and Support Service
FNNP	First Nations National Plan
FSF	Family Safety Framework

H2H	Homeless2Home system
HJP	Health Justice Partnership
IFS	Intensive Family Services
IO	Intervention or other Orders
ISG	Information Sharing Guidelines
ITCP	Intensive Therapeutic Care Program
KIND	Kinship, Improving relationships, No violence, Developing skills
KWY	Kornar Winmil Yunti Aboriginal Corporation
LSC	Legal Services Commission
MAPS	Multi-Agency Protection Service
MARGG	Multi Agency Responses Governance Group
MYH	Metropolitan Youth Health
MYSA	Multicultural Youth SA
NASHH	National Agreement on Social Housing and Homelessness
NDIS	National Disability Insurance Scheme
NGOs	Non-Government Organisations
NPY	Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara
OARS	Offender Aid and Rehabilitation Service
OFAW	Office for Ageing Well
OFW	Office for Women
PSS	Personal Safety Survey
RA-WSCP	Regional Aboriginal Women's Safety Contact Program
RASA	Relationships Australia SA
RASR	Risk and Safety Report
RRSD	Remote and Regional Service Development
RtC	Return to Country
RTR	Remand, Treatment and Readiness Program
RVOT	Remote Visitor Outreach Team

SA	South Australia
SAAS	South Australia Ambulance Service
SACAT	South Australian Civil and Administrative Tribunal
SAHT	South Australia Housing Trust
SAWK	Safe and Well Kids
SFS	Safer Family Services
SFSP	Specialist Family Support Pathways
SSHP	Safe and Secure Housing Program
STI	Sexually Transmitted Infections
TBI	Traumatic Brain Injury
TOFT	Time Out for Treatment
TR	Talking Realities
VOHC	Voluntary Out of Home Care
VPF	Vulnerable Persons Framework
WCH	Women's and Children's Hospital
WCHN	Women's and Children's Health Network
WIS	Women's Information Service
WSCP	Women's Safety Contact Program
WSSSA	Women's Safety Services SA
YPP	Youth Prevention Program
YWSP	Young Women's Safety Project

Abbreviations

CYPS Act	Children and Young People (Safety) Act 2017 (SA)
Inclusive SA Plan	The South Australian Government's State Disability Inclusion Plan
Kurlana Tapa	Kurlana Tapa Youth Justice Centre
RTA Act	Residential Tenancies Act 1995 (SA)

The National Partnership	The National Partnership on Family, Domestic and Sexual Violence 2021-2027
The National Plan	The National Plan to End Violence Against Women and Children 2022-2032
The SA DFV Alliance	South Australian Domestic and Family Violence Alliance
VOC Act	Victims of Crime Act 2001 (SA)