Submission

To	Royal Commission into Domestic, Family, and Sexual Violence
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Contact

E advocacy@unitingcommunities.org

P 08 8202 5111

UNITING COMMUNITIES

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Acknowledgement of Country

Uniting Communities respects the enduring spiritual relationship First Nations people have with land and sea and the importance of this relationship to the wellbeing of First Nations people, including their languages and customs.

By seeking reconciliation and working in partnership with Aboriginal communities, Uniting Communities will move towards healing, justice, self-determination, and empowerment for Aboriginal people.

About Uniting Communities

We are an inclusive not-for-profit organisation working alongside more than 80,000 South Australians each year and have been creating positive change for South Australian communities for more than 120 years. We utilise this expertise to advocate for systemic change across diverse social justice issues to shape public and social policy that delivers better outcomes for marginalised communities.

We support those in need to find the courage to move forward through enriching their lives and uniting the communities in which they live. By tackling the deep-seated challenges that affect people's lives, we work to create systemic change and brighter futures for all South Australians.

We are committed to promoting a gendered understanding of violence, a zero-tolerance approach and in reducing the prevalence of domestic, family and sexual violence (DFSV) in our community. We understand that increased gender equality will lead to decreased violence against women and the prevention of DFSV. We recognise that equity across the spectrum of gender is fundamental to achieving gender equality.

Our input is based on deep experience in the provision of related social and legal services to those impacted by DFSV. Uniting Communities provides a number of services to women and children who are experiencing DFSV and services for men who would like to address their use of violence.

Further, we also provide a range of community legal services including expert, independent and confidential legal advice and representation for people who seek assistance with family law and child support matters and support for those experiencing elder abuse. Additionally, social work support offerings within the elder abuse legal service (Elder Abuse Unit) include advocacy, case-management and counselling.

We have been actively involved with the South Australian Government's consultations on criminalizing coercive control and utilizing the expertise of our services, including our specialised Law Centre. Initially, we lodged a submission to the proposed draft Criminal Law Consolidation (Abusive Behaviour) Amendment Bill 2021 and more recently in 2023 by providing a submission on the draft Criminal Law Consolidation (Coercive Control) Amendment Bill.

Our advocacy on DFSV interconnects with other issues including our contributions to the review of the Residential Tenancies Act 1995 and the SA Water Regulatory Determination 2024-2028 consultation, where we advocated for better protections for victims-survivors of family and domestic violence.

Royal Commission into Domestic, Family and Sexual Violence (RCDFSV)

We welcome the opportunity to provide a written response to the Royal Commission into Domestic, Family and Sexual Violence's (DFSV) Issues Paper.

Due to the Issues Paper applying the term victim-survivor to refer to people who have experienced, or are currently experiencing domestic, family and sexual violence, and the term "perpetrator" to refer to people who have committed domestic, family and sexual violence against another person, we too have used this language throughout our submission.

We believe there needs to be a strong focus on prevention, and in order to do this effectively we must focus strongly on preventing men from becoming perpetrators. This includes addressing some of the underlying systemic challenges associated with DFSV but also changing individual and community attitudes and behaviour.

Improving systems, associated legislation, policy, services and institutions will reduce the incidence of DFSV in South Australia and we wholeheartedly agree that it is a whole of government and community responsibility to address this national emergency.

Key recommendations:

1. **Programs, services and activities to prevent DFSV from occurring in the first place must be increased in order to decrease the incidence and impacts of DFSV.**
2. **Perpetrators of DFSV must be held to account for their use of violence.**
3. **Support and services are increased for women and children who have experienced DFSV to ensure their health and safety and to reduce the likelihood of intergenerational violence.**
4. **Elder Abuse (that is perpetrated by an intimate partner or family member) is identified as a form of DFSV. As a result, additional resources are allocated to provide support services, legislative protections are improved, and frontline services and the community are better educated about elder abuse.**
5. **The Intervention Order system is improved by increasing training for frontline staff, police consistently respond appropriately to breaches of IO's and information sharing guidelines are addressed to ensure improved collaboration across services.**
6. **The number of specialised family violence officers employed by SAPOL is increased.**

Additional comments

Prevention

2.What works, or will work, to prevent domestic, family, and sexual violence?

Education and awareness raising

The primary focus of prevention must fundamentally be on preventing people from becoming perpetrators in the first place. This means intervening early to address attitudes and behaviours before they become problematic. Well-resourced public education and awareness campaigns would have positive impacts amongst new generations that would alter family dynamics, attitudes and behaviours.

The most effective public education campaign must be long term and ongoing. Shifting attitudes and changing behaviours requires consistent and persistent messages delivered in mediums that have a proven track record to reach and influence the community. There is an opportunity to provide education to children and young people in schools. Such education must be evidence-based, culturally appropriate and age-appropriate. This education should focus on healthy relationships including setting boundaries and expectations.

Focusing on children

Addressing prevention should also involve identifying and addressing risk factors for becoming perpetrators of DFSV. For example, we know that many perpetrators of DFSV experienced DFSV as children and are also victims-survivors. Although there are many more children in these circumstances that do not go on to perpetrate abuse, the statistics highlight a clear relationship between the two. This evidence supports a targeted approach to prevention that connects with children who have witnessed and experienced DFSV during their childhood.

In our services there have been many experiences where clients (both victim/survivors and perpetrators) have faced intergenerational violence. For instance, clients have reported abusive behaviour from their father when they were a child and feel as if they have “become like their father.”

There must be dedicated resourcing and specialist services available to support children who are facing DFSV. These services must be holistic and evidence based so that children in DFSV situations get access to the support they need, early, and effectively.

Addressing Ageism

Addressing ageism is an important step in preventing elder abuse within our community more broadly. This approach promotes self-determination and highlights the value of older people and their contribution to society is likely to encourage all Australians to recognise the impact of their own gendered and ageist beliefs and actions. Ageism, like gendered violence, is based on power imbalance and disrespect. The combination of these two elements compounds the impacts for older people experiencing DFSV.

3. What existing initiatives are directed at addressing the attitudes and systems that drive domestic, family and sexual violence? Are they effective?

Examples of education

A number of our services implement DFSV education for clients. Our Family by Family service provides a curriculum for children on the topics of family and domestic violence and we host monthly women support groups that aim to educate women about the complexities of DFSV.

Our Family Mental Health Support Service facilitates a program called love bites, which is based on the former respectful relationships program. This program is for children in year 7 – 12 and teaches them skills on managing young relationships and understanding coercive control.

Our Aboriginal Community Connect (ACC) service incorporates counselling for men who are perpetrating domestic violence. This focuses on what is masculinely, and the cultural role for Aboriginal men within families.

Our Rubys programs supports 12-to-17-year-olds who are homeless or at risk of homelessness and this services provides support to young people and their parents or caregivers to resolve conflict and improve relationships.

Jo's is an innovative service that provides ongoing long-term residential care to young people aged 10 to 17 who are under the Guardianship of the Minister. Staff from this service also work with the young people to address the attitudes and systems that drive domestic, family and sexual violence

The Family and Relationship Counselling Service provides therapeutic and educational group interventions for men who are perpetrators of intimate partner violence.

Early intervention

4. What systems, including systems outside of government, receive information which may allow for the identification of individuals who are at high risk of experiencing or perpetrating domestic, family and sexual violence?

There are numerous systems inside and outside of government where DFSV is identified where appropriate education, assessments and supports are facilitated. This includes schools, community services (beyond specialist DFSV services), banks and the health care system such as GPs and hospitals.

Responding to DFSV should be embedded into service response across community services and workplaces – leveraging the contact and engagement these services have with individuals and families. It is these existing, normalised relationships that are most powerful in effecting change and influencing attitudes.

Early intervention to DFSV needs to be embedded across all levels of service provision. DFSV is most often interconnected with many other issues faced in the community. It does not occur in isolation and many other challenges are often present.

Many clients supported by our services have either experienced DFSV or are currently experiencing these challenges. This includes within our child protection services, alcohol and other drug services (either perpetrators using substances or victims using substances as a coping strategy for DFSV), mental health, and homelessness services.

Although we undertake standardised program specific assessments with every client, DFSV it is not necessarily the core focus of the service, nor the service contract/funding and we are therefore sometimes limited in how we can respond. Resourcing and contract obligations makes responding holistically challenging or in some cases not possible. There is an opportunity to leverage the contact many services have with victims-survivors and perpetrators of DFSV to ensure they are resourced to provide support for DVSV as well.

For example, it is estimated that 95% of clients supported by our Family Relationships Centre and 50% of clients supported by our Family-by-Family service (a peer based family support service), are experiencing or have experienced some form of DFSV. Despite this there are limitations to the support that can be provided, not just from limited resourcing challenges but given the service is contracted to support particular interventions and is predominantly run by volunteers. We need to be building the capacity and increasing the authority of existing services to improve their ability to respond to DFSV.

Risk assessments

We recommend that a common set of risk identification, assessment and management practices are developed and embedded in all domestic violence relevant risk policies and practices state-wide. We recommend a common risk assessment framework is created that clearly identifies the presence of DFSV as well as coercive control behaviours in relationships, including in Family Safety Framework assessments. We acknowledge the work of ANROWS on improving risk assessment frameworks in 2018 as a basis for such assessments.

5. What is needed to allow for this information to be used by government and specialist domestic, family and sexual violence services?

It is imperative that information sharing guidelines are updated and amended to allow for the appropriate use of sharing of information across services and agencies. Careful consideration is required to undertake this recommendation. It is necessary, however, as the inability to share information is often a barrier to ensuring effective case management and support of families experiencing, or at risk of experiencing, DFSV.

6. What interventions should be considered to manage the risk of a person who is identified as being at high risk of experiencing or perpetrating domestic, family and sexual violence?

A person who is identified as being at high risk of experiencing or perpetrating domestic, family and sexual violence should be able to immediately access support services. Due to limited resources, there are often lengthy wait times to access support services, or their assessed “risk” is too low, and they remain ineligible for case management assistance.

Victims-Survivors that are identified as being at high risk should always have access to immediate support, and if safe to do so, should be supported to remain in their home and the perpetrator removed, to ensure that DFSV does not occur.

Those at high risk of perpetrating DFSV should be offered and provided with alternative accommodation solutions and a service that also supports them with therapeutic case management support to assist them to address their use of violence. It is essential that perpetrators of DFSV are held accountable for their behaviour and use of violence.

It is acknowledged that SAPOL officers regularly attend households where DFSV occur. It is recommended that all SAPOL staff are well trained to understand, assess and respond to DFSV and that they provide information/referrals about local support services in a safe and sensitive manner.

Response

The system

It is important that the system is set up effectively, so that policy, legislation and institutions are appropriately responding to and preventing DFSV. Perpetrators can use current systems to enact violence and abuse, by exploiting processes and systems. For example, banking systems can be used to perpetrate financial abuse or the legal system (including family law system and/or intervention order system) can be used to further abuse victims/survivors. Those with power and control can readily manipulate these processes to exploit partners or family members and institutions responsible for these systems should be required to take measures to prevent their use for coercive purposes.

7. What are the barriers to reporting domestic, family and sexual violence to police or seeking support from domestic, family and sexual violence services?

There are countless barriers to reporting domestic, family and sexual violence to police. Many victims-survivors are justifiably concerned that if they report their experience of DFSV to SAPOL that the perpetrator will intensify their use of violence. Evidence suggests that the likelihood of DFSV significantly increases and is most likely to occur post-separation.

Victims-survivors often feel significant levels of shame, can blame themselves for the violence that is perpetrated against them and do not want to be blamed or seen to be responsible for the perpetrator getting into trouble with SAPOL or other government authorities.

If victims-survivors do decide to address their experience of DFSV, they are often forced to stand in a queue at their local police station in an open area describing the abuse through a plastic barrier in front of the other people in the station's waiting room. In regional and remote locations, this can be particularly confronting, especially if the SAPOL officer/s and the victim-survivor are known to one another.

Victims-Survivors have reported feeling like their experience of DFSV was not "severe" enough to warrant contacting a DFSV service. There remains a narrative in the community that if the perpetrator has not been physically violent, that support for experiencing other forms of DFSV is not necessary.

If a victim-survivor does make contact with a specialised DFSV service, they are often put on lengthy waitlists, unless they have been assessed to be at imminent risk of death or serious harm. This can lead to victims-survivors feeling let down by the "system" and hesitant to reach out for support if their experience of DFSV escalates.

8. What are the elements of a best practice crisis response which will meet the needs of:

- ***a. a victim-survivor?***
- ***b. a victim-survivor who is a child?***
- ***c. a perpetrator (acknowledging that one need is to hold a perpetrator to account for their use of violence)?***

Holistic, trauma-informed DFSV training is required across all frontline staff in the community. This training must go beyond just learning how to identify DFSV but also how to safely and appropriately respond in a trauma-informed way.

It is crucial that victims-survivors are offered an immediate pathway to safety and appropriate support services. For example, access to an urgent forensic examination if required, a safe place to stay, and immediate financial/legal/practical support provided by appropriately trained practitioners.

Victims-Survivors that have been supported by our services have shared with staff that they believe that they would have had more confidence to address their experience of DFSV if they knew that their perpetrator had access to appropriate alternative emergency accommodation, mental health assessments and support for alcohol and other drug misuse and medical assessments.

Support for men (perpetrators)

There is a need to raise awareness of the current support services available to perpetrators so that these services become more widely known and accessible.

There are perpetrators that want to seek help to address their use of violent behaviour, but this support is not always readily accessible or known about.

This also requires a societal, cultural and perception shift, so that perpetrators feel like they can ask for support, that they can trust that the system will support them and will have the opportunity to receive support to address their behaviour.

A strong focus for supportive programs and interventions must focus on building healthy relationships and providing a safe space for perpetrators that does not ostracise them. In many cases, there is a genuine desire and willingness to keep the family together. Punitive responses are not always helpful in assisting perpetrators to address their use of violence. Once DFSV is identified there needs to be an active and positive response that focuses on addressing the behaviors early.

It sometimes takes a serious intervention, like the removal of a child, for perpetrators to change their behavior. It critical that this type of intervention does not punish or further traumatize the adult victim-survivor, and that full responsibility for the perpetrator's choice to use DFSV remains with the perpetrator.

It is also noted that following the confirmation of an intervention order, there seems to be little or no follow up with the perpetrator to ensure that they are supported to take responsibility for their use of DFSV and develop alternative constructive behaviours.

Our Men's Stopping Violence program is focused on behaviour change. The most effective outcomes from this service arise when perpetrators want to attend. Mandatory attendance can have minimal effect and behaviour changes are not sustainable without the willing participation of the perpetrator.

9. What are the elements of a best practice health response?

Hospital Emergency Department (ED) staff and South Australian Ambulance Service (SAAS) officers often become aware of DFSV occurring in the home through Social Work assessments and presentations in the home. Their ability to address DFSV, however, often only involves making mandatory reports. Ensuring that ED and SAAS staff are well equipped to safely and appropriately suggest referral pathways could be beneficial for families where DFSV is observed.

10. What are the elements of a best practice police response?

Uniting Communities partnered with UniSA to complete the Powerful Interventions Research Report. This research found victims of family and domestic violence experience inconsistent responses from SAPOL

officers. While some experiences with officers were positive, particularly from the Family Violence Investigation Unit, there were many reports of substandard and negative responses.

Police are central to the state's response to DFSV. They are often the first, or one of the first responders to incidents and reports of violence. A victim-survivors' experience with police, if negative, can have implications on their ability to receive the right support and also may prevent them from seeking support in the future. This can cause significant disruption. Police must be able to identify and appropriately respond to DFSV. Many victim/survivors continue to report not feeling heard, or believed, by SAPOL officers.

It is vital that all SAPOL officers receive ongoing in-depth training and development related to DFSV. Abuse can present in multifaceted and complex ways, making it essential for officers to be well-informed. Training will help officers identify DFSV and respond in a trauma-informed way that will increase the safety of the victim.

The Family Safety Framework (FSF) is the South Australian Government's coordinated service response to Domestic, Family, and Sexual Violence (DFSV) and was implemented statewide in November 2013. It aims "to ensure that services to families most at risk of violence are provided in a more structured and systematic way, through agencies sharing information about high risk families and taking responsibility for supporting these families to navigate the system of services to help them."[1]

Due to existing Information Sharing Guidelines for promoting safety and wellbeing only certain Departments and Agencies are able to participate in the FSF and attend their regular fortnightly meetings that aim to develop coordinated responses for people experiencing a high risk of harm due to DFSV.

The current core agencies that that are permitted to participate include:

- South Australia Police
- Department for Child Protection
- SA Housing Authority
- Department of Human Services
- Department for Correctional Services
- SA Health (including community, women's health, Aboriginal health, midwifery, nursing and hospital staff)
- Adult Mental Health Services
- Drug and Alcohol Services SA
- Department for Education
- Women's Domestic Violence Services (NGO).

To better support victims-survivors of DFSV identified by the FSF, it is recommended that all NGO services that are supporting either a victim-survivor or a perpetrator are invited to participate in these meetings to ensure improved collaboration across these agencies.

After the introduction of the *Criminal Law Consolidation (Coercive Control) Amendment Bill 2023* there will be more victim-survivors reporting coercive control to police officers. Many police stations are currently not equipped to provide a safe private space for victims to give a statement as stations are often limited by the layout of their current buildings.

Greater resourcing and support could be provided to SAPOL to address this issue to make stations more appropriate and accessible for victims-survivors. It is important for private spaces to be available so that

[1] https://officeforwomen.sa.gov.au/family-safety-framework

victims feel supported to provide evidence and are not expected to make their complaints in a public area, in full view of others in the police station, often, where others in the room can hear them.

A lack of access to specialised family violence officers is also a gap in the system. The creation of additional family violence officer roles is necessary to better support not only the victims-survivors of FDSV, but also other SAPOL officers that have not undertaken the extensive training provided to the specialised family violence officers.

11. What are the elements of a best practice justice system response?

Courts

The Powerful Interventions research project found that there were inconsistencies in the level of knowledge Magistrates had of DFSV. There is a need to increase trauma-informed DFSV training for all Magistrates and court staff (including court officials/registry staff) to ensure consistent responses to DFSV.

The Queensland Courts' judicial education program provides an example of best practice and arranges professional development opportunities for Queensland Magistrates on domestic and family violence-related topics. This includes a dedicated two-day annual Domestic and Family Violence Conference for Magistrates presiding over domestic and family violence lists. It is important that information is shared about the support that is available to applicants at the Magistrates court. This approach should be strongly considered for South Australia.

Coercive control:
With the *Criminal Law Consolidation (Coercive Control) Amendment Bill 2023* set to be introduced it is crucial that appropriate education is enacted for police and other front-line services but also the general public. Education and awareness of coercive control and the legislation will need to be given to all parts of the system including frontline workers from SAPOL, Magistrates Court, prosecution, child protection, mental health services, alcohol and other drug services, hospitals and emergency departments, child and family health nurses, domestic and family violence services and the general public.

Victims-survivors may not recognise or identify their experience with coercive control as family and domestic violence. Thorough and extensive community awareness raising will be required for victims-survivors and the general public to better understand what coercive control is, the detrimental impacts of it and how to seek support.

Greater clarity is needed regarding any overlap and correlation with other legislation that may be in place including the Intervention Orders (Prevention of Abuse) Act. We are concerned about the possibility that some coercive control charges and/or penalties may be dropped and/or reduced during court proceedings in favour of other charges against the defendant. For example, when a defendant is facing charges of both common assault and coercive control charges there is the possibility of the prosecution dropping the coercive control charges in negotiations due to the maximum penalty being higher for coercive control.

Community services will likely see an increase in clients experiencing coercive control following the introduction of the Criminal Law Consolidation (Coercive Control) Amendment Bill. It is important that these services are given the necessary support and resources to meet the anticipated increase in demand.

Intervention orders

Intervention orders (IO's) play a central role in the protection of victims-survivors of DFSV. An effective and accessible approach to IO's is essential to ensure the safety of all victims-survivors. There are numerous issues within the IO system that require attention. It is important to ensure accurate information is given on the IO process (police issued and private) so that all victims-survivors are given information about the process, their rights, and likely outcomes.

There is a lack of consistency in how breaches of intervention orders are responded to. The Powerful Interventions research report found that service providers and those with lived experience of DFSV report that breaches of IO's are often not taken seriously. Some SAPOL officers will only give out warnings for 'minor' breaches of an IO instead of implementing an appropriate response.

Consistency is vital because when the protected person/s feels that breaches are not taken seriously, they can be reluctant to report breaches in the future, further putting their safety at risk. Additionally, defendants are unlikely to follow the conditions of the IO if they believe the breaches will not be taken seriously.

It is also vital that the protected person/s are notified when a defendant is being served with an IO (or shortly after the defendant has been served) so the protected person/s can take steps to ensure their safety. This often does not occur, putting at risk the safety of the protected person/s.

Interpreters

There is a need to increase the number of DFSV trained interpreters available to police, courts, and lawyers, particularly in suburban and regional areas. This will ensure that no matter which part of the system, First Nations and CALD victims have the necessary support.

Relying on relatives to translate for police is problematic as they may be connected or sided with the perpetrator. An impartial third-party interpreter is required so that First Nations and CALD victims have a chance to speak for themselves. It is important that interpreters receive DFSV training on trauma-informed practices and are required to declare a conflict of interest if the interpreter is known to the client or the client's immediate or extended family.

Other responses that are needed:

Elder abuse
Responses to DFSV must incorporate older people (elder abuse). Uniting Communities has been collaborating with Flinders University (SWIRLS) on a research project utilising the data and expertise of our specialist Elder Abuse Unit (EAU).

The research report will be formally released on 17 September 2024 and will be made available on our website.

Elder abuse cases can involve financial, psychological, physical, neglect, social and sexual abuse. The resulting data from the project found that out of 724 referrals to our Elder Abuse Unit, 54.4% involve financial abuse. Most cases of elder abuse were perpetrated by immediate family members, mainly adult children abusing their parents. Women were also identified as being disproportionately affected by elder abuse.

Like in other cases of domestic, family and sexual violence there was a prevalence of underlying issues present in the majority of the cases of elder abuse such as alcohol and other drugs, mental health, family conflict and some cases of physical illness.

Many referrals to our specialist EAU involve intimate partner violence. Despite being intimate partner violence, the EAU receives these referrals as they can be viewed as elder abuse. Some specialist DFSV services have been known to refer to the EAU when the victim-survivor is over the age of 65 years.

The Criminal Law Consolidation (Coercive Control) Amendment Bill 2023, currently excludes elder abuse that isn't intimate partner, such as adult children and friends/carers limiting the scope of coercive control that could be addressed.

Holistic Systemic Responses

DFSV is rarely an isolated issue. In order to effectively address the behaviour and actions of perpetrators and provide appropriate care to victims-survivors other systems including mental health, AOD, and child protection must be well resourced and be working together to provide appropriate support to individuals and families.

Central system

Other sectors, such as child protection, have developed systems set up for triaging and diversion. Although the Family Safety Framework aims to create a central service to support high risk DFSV victims-survivors, this network is not accessible to services that work across the generalised DFSV sector. Various touch points exist, where DFSV are identified but it can be unclear which service to refer to and who takes responsibility for both the victim-survivor and the perpetrator. This is evident by a lack of case management and subsequent information sharing challenges that require improvement.

Financial institutions

Like other systems, perpetrators can exploit the use of financial institutions to perpetrate DFSV. Our organisation made a number of recommendations for how legislation can be improved to better prevent and respond to financial abuse in our submission to the parliamentary inquiry into financial services regulatory framework in relation to financial abuse.
These recommendations included:

- An obligation for banks to monitor for abnormal spending (that indicates financial abuse)
- assessing customers before transitioning to online banking
- implementing protections where an older person must share a password with another person to access online banking
- protections against perpetrators that are third-party signatories to the victim/survivors account
- greater awareness amongst customers of protective account management options such as pre-set limits and transaction notifications.
- Both banks and the federal government provide digital literacy and financial literacy training options for people, particularly in regional areas, so that customers are not put in a position where they are forced to rely on others to access their banking through digital channels. Digital literacy and financial literacy training options need to include face-to-face delivery.
- Banks implement mandatory training for customer service staff, so they are well versed in how to identify financial abuse and respond appropriately. They can also incorporate a Vulnerable Persons unit to support victims of financial abuse and those at risk of financial abuse.

Recovery and healing

13. Acknowledging that every victim-survivor will have different needs depending on their personal circumstances, are there universal needs that will arise for all victim-survivors?

All victims-survivors would benefit from the wider community better understanding the complex nature of DFSV. Community Attitudes surveys continue to show that many people do not think that DFSV happens in their "backyard" or local community and that DFSV only occurs in lower socioeconomic locations.

Many are not aware of the current prevalence of women and children experiencing DFSV and, at times, believe that the victim-survivor either deserved it or could have avoided it if they had behaved/dressed in a different way.

Research suggests that it takes the average victim-survivor of DFSV seven times to leave a relationship that involves DFSV. Many friends, family and even community services that provide support to victims-survivors of DFSV do not always fully understand and appreciate the challenges faced by victims-survivors to leave these relationships and often rescind their support because of the victim-survivor's behaviour.

14. What are the best practice approaches to supporting a victim-survivor to recover from trauma and the mental, physical, emotional and economic impacts of violence?

Our Therapeutic Counselling Service offers a women's support group that greatly assists victims-survivors to heal by providing ongoing education and awareness of DFSV as well as by creating a peer support network system that often remains active even after other related support services have ceased.

Conclusion

It is evident that there are numerous systemic initiatives, activities, and legislative changes that could be improved to prevent and reduce domestic, family and sexual violence in South Australia. We thank the Royal Commission into Domestic, Family and Sexual Violence for conducting this consultation on their Domestic, Family and Sexual Violence Issues Paper. We look forward to supporting the Royal Commission's work to address DFSV in our community.