

**D O M E S T I C
V I O L E N C E
N S W**

Submission to the House of
Representatives Standing Committee on
Social Policy and Legal Affairs
Inquiry into family, domestic and sexual violence
July 2020

Acknowledgement

Domestic Violence NSW acknowledges the Traditional Custodians of the lands, skies and waterways throughout Australia, in particular the Gadigal people of the Eora Nation where the Domestic Violence NSW office sits. We pay our respect to Elders, past and present, acknowledging their continued relationship to land and the ongoing living cultures of Aboriginal and Torres Strait Islander Peoples across Australia. We recognise that the perspectives and voices of Aboriginal and Torres Strait Islander peoples should be at the forefront of conversations about family, domestic and sexual violence in Australia.

Photo Credit

Natalia Esdaile- Watts DVNSW Voices for Change Advocate, by Lexie Reeves

Key contact

Delia Donovan, Interim CEO Domestic Violence NSW

Phone: (02) 9698 9777

Email: ceo@dvnsw.org.au

Authors

Renata Field, Policy and Research Manager, Domestic Violence NSW

Monique Dam, Advocacy and Prevention Manager, Domestic Violence NSW

Christine McCaskill, Volunteer, Domestic Violence NSW

Suzana Dimitrijevic, Volunteer, Domestic Violence NSW

Policy input and quotations from Domestic Violence NSW Voices for Change advocates (first names included)

Inquiry into family, domestic and sexual violence July 2020

Contents	3
Language, Abbreviations and Acronyms	5
About DVNSW	6
Executive Summary	7
Summary of Recommendations	9
Introduction	30
a) Immediate and long-term measures to prevent violence against women and their children, and improve gender equality	31
b) Best practice and lessons learnt from international experience, ranging from prevention to early intervention and response, that could be considered in an Australian context	40
c) The level and impact of coordination, accountability for, and access to services and policy responses across the Commonwealth, state and territory governments, local governments, non government and community organisations, and business	44
d) The way that health, housing, access to services, including legal services, and women's economic independence impact on the ability of women to escape domestic violence	48
D1. Health Services	48
D2. Housing and Homelessness Services	51
D3. Access to Sexual, Domestic and Family Violence services (SDFV services)	56
D4. Access to Legal Services	58
D5. Women's Economic Independence	69
e) All forms of violence against women	72
E1. Domestic and family violence experienced by animals and people	72
E2. Religious and Spiritual Abuse	80
E3. Coercive Control	82
E4. Sexualised Abuse	84
E5. Reproductive Abuse	86
E6. Systems Abuse	87
f) The adequacy of the qualitative and quantitative evidence base around the prevalence of domestic and family violence	89
F1. Data and Evidence: Filling the gaps	89
F2. Data and Evidence: Marginalised Communities	91

g) The efficacy of perpetrator intervention programs and support services for men to help them change their behaviour	93
h) The experiences of all women	93
H1. Aboriginal and Torres Strait Islander Women	95
H2. Women in Prison	97
H3. Women with disability	98
H4. Culturally and Linguistically Diverse women and LGBTIQ people	100
H5. Women and LGBTIQ people on Temporary Visas and their children	102
H6. LGBTIQ people	104
i) The impact of natural disasters on the prevalence of domestic violence and provision of support services	106
j) The views and experiences of frontline services, advocacy groups and others throughout this unprecedented time	114
k) An audit of previous parliamentary reviews focussed on domestic and family violence	116
l) Any other related matters	117
Reference List	124

Language, Abbreviations and Acronyms used

- ‘Victim-survivor’ refers to a person who is being or has experienced violence, acknowledging that people who have been victimised are survivors and are also victims of crime. This is not intended as an identity term.
- ‘Perpetrator’ refers to a person who is using or has used violence, not as an identity term.
- Sexual, Domestic and Family Violence or Violence is used to encompass a range of oppressive, abusive and controlling behaviours.
- ‘Sexualised violence’ is used instead of ‘sexual violence’ or ‘sexual assault/abuse’ (unless using a quote) because the behaviours these terms refer to are a form of ‘violence and abuse’ not a form of ‘sex’. Our intention is to draw attention to the violence and abuse without the use of the mutualising term ‘sexual or sex’.¹

ABS	Australian Bureau of Statistics
ADVO	Apprehended Domestic Violence Order
ALRC	Australian Law Reform Commission
ANROWS	Australia's National Research Organisation for Women's Safety
AVO	Apprehended Violence Order
AWAVA	Australian Women Against Violence Alliance
CALD	Culturally and Linguistically Diverse
CEDAW	Committee on Elimination of Discrimination Against Women
COAG	Council of Australian Governments
DCJ	Department of Communities and Justice
DFV	Domestic and Family Violence
DV	Domestic Violence
DVRE	Domestic Violence Response Enhancement
DVNSW	Domestic Violence New South Wales
ECAV	New South Wales Education Centre Against Violence
FaCS	Families and Community Services
FLC	The Family Law Council
GPs	General Practitioners
IPV	Intimate Partner Violence
LGBTIQ	Lesbian, gay, bisexual, transgender/transsexual, intersex and queer/questioning
LGBTQ	Lesbian, gay, bisexual, transgender/transsexual and queer/questioning ²

¹ Thank you to Insight Exchange for their insights into language: Domestic Violence Service Management Insight Exchange (2020), *My Dignity: My body is mine*. <https://www.insightexchange.net/my-dignity-2/>

² ‘Variations of the acronym LGBTIQ will be used throughout this document depending on which communities are included in particular studies or discussions. There is a notable lack of research including people with an intersex variation, but they will be included [...] where research and insights are relevant to their experiences and needs.’ Rainbow Health Victoria, *Pride in Prevention: A guide to primary prevention of family violence experienced by LGBTIQ communities*, La Trobe University, Melbourne, 2020, p.2.

MBCPs	Men's Behaviour Change Programs
MCWH	The Multicultural Centre for Women's Health
MWA	Muslim Women Association
NATSIWA	National Aboriginal and Torres Strait Islander Women Alliance (NATSIWA)
National Plan	The National Plan to Reduce Violence Against Women and Their Children
NCAT	The NSW Civil and Administrative Tribunal
NDIS	National Disability Insurance Scheme
NGOs	Non Government Organisations
PTSD	Post-traumatic stress disorder
RSPCA	Royal Society for the Prevention of Cruelty to Animals
SDFV	Sexual, Domestic and Family Violence
SGD	Sexuality and Gender Diverse ³
SHS	Specialist Homelessness Services
TA	Temporary Accommodation
UN	United Nations
VAW/C	Violence Against Women and Children
WHCs	Women's Health Centres
WLSA	Women's Legal Services Australia
*	Utilised where a victim-survivor quoted is using a pseudonym

About Domestic Violence NSW

Domestic Violence NSW Inc. (DVNSW) is the peak body for specialist domestic and family violence services in NSW, representing over 100 specialist domestic and family violence services providing accommodation and support. Our associate members include people experiencing domestic and family violence, homelessness peak bodies, non-government organisations, academics and other individuals. We are members of numerous collaborations and networks in the violence prevention and response section. We are members of the NSW Women's Alliance and the Australian Women Against Violence Alliance, and endorse both submissions. We also endorse the submissions of DVNSW member organisations, which include the NSW Muslim Women's Association, Women's Legal Services Australia, Mission Australia, ACON, No To Violence and Young Women's Christian Association submissions.

DVNSW provides an extensive range of policy and advocacy functions. We receive and provide advice and information about issues of concern in relation to multiple groups (including Aboriginal and Torres Strait Islander women, LGBTQ people, culturally and linguistically diverse women, young people and people in urban and regional locations) through our member engagement and reference groups.

DVNSW seeks to promote awareness of the causes and effects of sexual, domestic and family violence.

³ More inclusive term than LGBTIQ or LGBTQ.

Executive Summary

'Family violence is still an epidemic and it will be for some time. It is a serious abuse of human rights in our advanced and privileged culture and must continue to be addressed as an absolute priority, by both our Federal and state governments, and by our current leaders'.⁴ Rosie Batty AO, family violence advocate, Australian of the Year 2015

DVNSW welcomes the opportunity to contribute to the 2020 House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into Domestic and Family Violence as demonstrated experts in this field. DVNSW also welcomes the opportunity to participate in any hearings associated with this inquiry. Domestic Violence NSW (DVNSW) anticipates this submission will provide a strong evidence base to steer the committee's recommendations, to inform the implementation of the second National Plan to Reduce Violence against Women and their Children and ultimately lead to the reduction and prevention of sexual, domestic and family violence in Australia.

Sexual, domestic and family violence (SDFV) is extremely prevalent in Australia with 1 in 6 women (or 1.6 million) and 1 in 16 men (548,000) men experiencing physical and/or sexual violence from a current or previous cohabiting partner since the age of 15.⁵ **SDFV is a gendered crime, with the majority of violence perpetrated by men against women.**⁶ Children are frequently victims⁷, and violence occurs at similar rates if not higher rates in the LGBTQ community as in the heterosexual community.⁸ SDFV can take many forms, including emotional, physical, sexual, spiritual, social and coercive control. SDFV can have serious short, medium and long-term impacts on victim-survivors, including death, disability, depression, anxiety, post-traumatic stress disorder and other mental health impacts.⁹

'With knowledge and inner strength women can get through what we don't think is possible, but why do we need to go through hell to discover how strong we can be?' Natalia, DVNSW Voices for Change Advocate.

Prevention of violence is one of the strategic priorities for DVNSW, with our organisation leading prevention work in NSW. As a community, **Australia can end SDFV by promoting gender equality** and addressing the gendered drivers of violence; challenging condoning of violence against women;

⁴ ABC News, 'Rosie Batty gives valedictory speech as Australian of the Year' [online video], Presenter R. Batty, Canberra, 2015, <https://www.youtube.com/watch?v=4KStsXynOUM> (accessed 5 July 2020).

⁵ Australian Institute of Health and Welfare. *Family, domestic and sexual violence in Australia: continuing the national story*, 2019, Cat. no. FDV 3. Canberra, AIHW.

⁶ P. Cox, *Violence against women: Additional analysis of the Australian Bureau of Statistics' Personal Safety Survey, 2012* (ANROWS Horizons: 01.01/2016 Rev. ed.), Sydney: ANROWS, 2016.

⁷ Cox, 2016.

⁸ Rainbow Health Victoria, 'Pride in Prevention: A guide to primary prevention of family violence experienced by LGBTIQ communities', 2020.

⁹ D. Loxton, X. Dolja-Gore, A.E. Anderson & N.Townsend, *Intimate partner violence adversely impacts health over 16 years and across generations: A longitudinal cohort study*. PLoS ONE 12(6), 2017, <https://doi.org/10.1371/journal.pone.0178138>

promoting women's independence and decision-making in public life and relationships; challenging gender stereotypes and roles; and strengthening positive, equal and respectful relations between and among women and men, girls and boys.¹⁰

DVNSW are responding to all terms of reference in this submission with greater focus on some terms based on the current focus of the organisation developed from our member base. DVNSW values working collaboratively with other peak bodies and advocacy groups, such as AWAVA and the NSW Women's Alliance, with DVNSW member services, the DVNSW Aboriginal and Torres Strait Islander Women's Steering Committee and victim-survivors of SDFV. The following recommendations are indicative of these networks.

Key Focus Areas of the DVNSW submission:

- Adequate and sustainable funding commitments to specialist SDFV services,
- Adequate and long term funding for the primary prevention of violence,
- Investment in research and evaluation,
- A National Gender Equality strategy and plan,
- Increased social and affordable housing,
- A coordinated approach to responding to violence across all jurisdictions,
- An intersectional approach to responding to and preventing violence which adapts to marginalised individuals and community groups,
- Implementing a gender-responsive disaster management framework, and
- Championing co-design, participatory evaluation and the input of victim-survivors with lived expertise in policy responses.

¹⁰ Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) & VicHealth, 2015, *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia*, Our Watch, Melbourne, Australia.

Recommendations:

Term A) Immediate and long-term measures to prevent violence against women and their children, and improve gender equality.

DVNSW supports research demonstrating that violence is preventable¹¹, and believes in adopting an intersectional approach to implementation which supports and resources community led prevention initiatives coordinated nationally.

A1. Prevention Measures in the Immediate Term

Recommendation A1.i.: That more support is provided to local communities to take effective action to prevent SDFV as gender-based violence, including support to schools and teachers to deliver age-appropriate and evidence-based whole of school approaches to respectful relationships to all children and young people. These approaches will cover sexual violence and gender equality issues and a range of other relationship issues and tailored to vulnerable cohorts.

Recommendation A1.ii.: That the Australian Government provide comprehensive, secure and ongoing funding and institutional support for:

- A. Our Watch to lead implementation of *Change the Story, the Line, Changing the Picture* and *Counting on Change*, and
- B. Local and state-based organisations and programs working in the area of violence prevention, including education about gender, to deliver the Our Watch frameworks across jurisdictions, ensuring that funding is not taken from response service funding to fund prevention initiatives.

Recommendation A1.iii.: That the Australian Government increase funding for community-led intersectional and culturally-sensitive prevention and early intervention initiatives in diverse communities including Aboriginal and Torres Strait Islander, LGBTIQ, culturally and linguistically diverse, migrant and refugee communities and at risk cohorts including women with disability, women working in the sex industry, older women and young women.¹²

Recommendation A1.iv.: Continue sustainable, long term funding of the Gender and Disability Workforce Development Program, and People with Disability Australia's Peer Education Respectful Relationships training.¹³

¹¹ Our Watch, 2015

¹² Australian Women Against Violence Alliance (AWAVA), *Submission to the House Standing Committee on Social Policy and Legal Affairs in response to the Inquiry into family, domestic and sexual violence*, 2020, p.6

¹³ AWAVA, 2020, p6.

Recommendation A1.v.: That the Australian Government allocate adequate additional funding to build upon and extend the ‘Stop it at the Start’ campaign, including bystander capacity-building, and to build further representations of diversity.

Recommendation A1.vi.: That the Australian, state and territory Governments resource community education and bystander interventions for LGBTIQ people, codesigned and run by specialist LGBTIQ organisations.

A2. Long Term Prevention Measures

Recommendation A2.i: That the Australian Government expand secure funding both for prevention and for response services, within a commitment to a comprehensive society-wide effort to end sexual, domestic and family violence.

Recommendation A2.ii: That the Australian Government invest to measure the incremental change taking place that will allow for the goal of the National Plan to be met. Governments should commit to a national monitoring framework aligned with the National Plan and *Counting on Change*.

Recommendation A2.iii.: Develop a long-term Aboriginal and Torres Strait Islander people led strategy to prevent violence. The strategy should be underpinned by the principle of self-determination and where appropriate, be integrated through initiatives such as the Aboriginal Affairs’ OCHRE initiative for Local Decision Making in NSW. The strategy should outline standards for primary prevention initiatives and set out how Governments will adequately resource the implementation of the strategy.¹⁴

A3. Now, and Tomorrow: Recommendations that are required both in the Immediate and Long Term

Recommendation A3.i.: That the Australian government commits to and adequately resources a sustainable, comprehensive and intersectional, evaluated Gender Equality Strategy.¹⁵

Recommendation A3.ii.: That the Australian Government invest in the cross-jurisdictional coordination of primary prevention across Australia.¹⁶

Term B) Best practice and lessons learnt from international experience, ranging from prevention to early intervention and response, that could be considered in an Australian context.

¹⁴ NSW Women’s Alliance, *Safe State: Acting to End Sexual, Domestic and Family Violence*, 2019.

¹⁵ AWAVA, 2020, p.6

¹⁶ AWAVA, 2020, p.6

DVNSW supports and encourages adapting learnings from international experience to an Australian context. In our submission we highlight evidence on the efficacy of specialist SDFV services, of response-based practice and coercive control legislation.

B1. Well resourced Sexual, Domestic and Family Violence services

Recommendation B1.i.: That the Australian, State and Territory Governments ensure comprehensive, secure and ongoing funding of specialist women’s services with minimum 3-5 year funding cycles.

Recommendation B1.ii.: That the Australian Government proactively builds the capacity of specialist women’s services as demand for services rises, including for their response, early intervention and prevention work, not only through resourcing but also by supporting meaningful structures to enable coordination across jurisdictions.¹⁷

B2. Strengthen Response-Based Practice

Recommendation B2: Invest in training for the Sexual, Domestic and Family Violence sector and bystander training in response-based practice.

B3. Coercive Control Legislation

Recommendation B3.i: Building on the lessons from Scotland and the UK, state and territory Governments (excluding Tasmania) should conduct reviews into the efficacy of coercive control legislation in the Australian context prior to adapting or implementing.

Recommendation B3.ii: The introduction of coercive control legislation is accompanied by thorough training of all professionals in the justice system including police, and accompanying funding for Sexual Domestic and Family Violence services which will experience an increase in volume of workload.

Term C) The level and impact of coordination, accountability for, and access to services and policy responses across the Commonwealth, state and territory governments, local governments, non government and community organisations, and business.

DVNSW recommends that cross-jurisdictional coordination is improved for efforts to address and to prevent violence in Australia. Responses must be harmonised, accountability and transparency increased.

C1. Accountability and Transparency

¹⁷ AWAVA, 2020, p.25

Recommendation C1.i.: Implement standards for specialist sexual, domestic and family violence service providers (including men’s behaviour change programs in all states and territories, consulting with key stakeholders and people who have experienced violence in the development.

Recommendation C1.ii.: Ensure that each jurisdiction has accountability and participatory bodies which include NGO, government and importantly, lived expertise representatives.¹⁸

Recommendation C1.iii.: To adequately resource all initiatives under the National Plan, ensuring funds can be tracked and monitored.¹⁹

Recommendation C1.iv.: Establish an adequate, timely, well-funded, independent monitoring and evaluation mechanism for the Second National Plan, which incorporates accountability and governance mechanisms.²⁰

Recommendation C1.v.: Identify robust short and mid-term indicators for longer-term change under the plan, drawing on Our Watch’s Counting on Change guide.²¹

Recommendation C1.vi.: Provide for the comprehensive evaluation of all the initiatives the National Plan resources, ideally ‘built in’ to program design. These should be in line with the UN Women’s Handbook for National Action Plans on Violence against Women standards²² and be:

- A. Time specific and measurable indicators and targets;
- B. An institutional multi-sectoral mechanism to monitor implementation;
- C. Meaningful participation of civil society and other stakeholders;
- D. Evaluation of practice and system.²³

Recommendation C1.vii.: The second National Plan is developed to align with other current National plans and strategies including the 2020-2030 Women’s Health Strategy and Closing the Gap.

C2. Domestic Violence Legislation

Recommendation C2.i.: A careful and considered adoption of the Australian Law Reform Commission’s Recommendations 1, 2, and 3 regarding increased information-sharing, with particular focus on safeguarding the privacy of victims of sexual, domestic and family violence.

¹⁸ AWAVA, 2020, p.28

¹⁹ AWAVA, 2020, p.28

²⁰ AWAVA, 2020, p.28

²¹ AWAVA, 2020, p.28

²² UN Women, *Handbook for National Action Plans on Violence against Women*, 2012.

²³ AWAVA, 2020, p.28

Term D) The way that health, housing, access to services, including legal services, and women’s economic independence impact on the ability of women to escape domestic violence.

DVNSW offers expertise and recommendations beyond women’s ability to escape violence, and towards efforts for all victim-survivors to achieve safety, health and wellbeing following sexual, domestic and family violence. Health, housing and justice outcomes for victim-survivors can be substantially and immediately improved through additional resourcing to specialist womens and SDFV services in these sectors.

D1. Health

Recommendation D1.i: Ensure resourcing and training for the healthcare workforce to appropriately respond to disclosures of violence and support victims/survivors with care and referrals.

Recommendation D1.ii: Adequately fund Women’s Health Centres to provide specialist health and therapeutic programs for women experiencing violence.

Recommendation D1.iii: To increase investment in programs to ensure that people who have been affected by family violence have timely access to group-based or individual counselling for as long as they need, delivered by practitioners with appropriate training.²⁴

Recommendation D1.iv: Invest \$10 million in a Women’s [domestic and family violence] Trauma Recovery Centre in the NSW Illawarra region, over the next 3 years with a view to rolling out nationally following successful evaluation.²⁵

Recommendation D1.v: Develop and distribute information and resources on brain injury; including additional screening questions for brain injury in family violence risk assessments; pilot an integrated brain injury and family violence service; and mapping and developing services and supports for all people with a brain injury, including those at increased risk of perpetrating of family violence²⁶.

D2. Housing and Homelessness

Recommendation D2.i: Construct new social and affordable housing

Recommendation D2.i.i: Introduce Government backed home buying schemes.

²⁴ State of Victoria, *Royal Commission into Family Violence: Summary and recommendations*, Parl. Paper No 132, 2014–16, Recommendation 104.

²⁵ Women’s Trauma Recovery Centre, viewed on 19 July 2020, <https://womenstraumacentre.wordpress.com/>

²⁶ Brain Injury Australia, *The prevalence of acquired brain injury among victims and perpetrators of family violence*, 2018, p. 43.

Recommendation D2i.ii: Establish agreement from Government on overarching principles for good human service design and delivery.

Recommendation D2.i.iii.: Increase funding of Specialist Homelessness Services by 20%.

Recommendation D2.i.iv: Implement minimum National Standards for Sexual, Domestic and Family Violence Service, building on available guidelines such as the DVNSW Good Practice Guidelines.

D4.1. Access to legal services and the impact of this

Recommendation D4.1.i.: Investigate and invest in alternative dispute resolution solutions to Sexual Domestic and Family Violence such as restorative justice, acknowledging that the majority of victim-survivors do not access the legal system.

Recommendation D4.1.ii: That the Australian, state and territory governments ensure secure, long-term, increased funding to women's legal centres.

Recommendation D4.1.iii: Improve training into Sexual, Domestic and Family Violence for police officers including training police officers to respond appropriately and consistently to breaches of protection orders and training police officers on correctly identifying a person who is the predominant aggressor of domestic and family violence.²⁷

D4.2 Trauma and violence informed legal systems

Recommendation D4.2. i: The Australian Government fund options to ensure regular and consistent training on family violence, cultural competency, LGBTIQ awareness and disability awareness for all professionals in the system, including for family law judicial officers, lawyers and interpreters. This training should be comprehensive, ongoing and tailored. It also must address unconscious bias and the unique needs and experiences of diverse communities.²⁸

Recommendation D4.2.ii: Establish a national accreditation and monitoring scheme for all professionals who prepare family reports and for children's contact services. The scheme should include mandatory training on family violence, working with victims/survivors of trauma, cultural competency, LGBTIQ awareness and disability awareness.²⁹

Recommendation D4.2.iii: Legislate to ensure that judicial appointments have adequate family violence and family law expertise, as well as ongoing training.³⁰

²⁷ NSW Women's Alliance, 2019.

²⁸ Women's Legal Service Australia (WLSA), *Safety First in Family Law: 5 Steps to creating a family law system that keeps women and children safe*, 2019.

²⁹ WLSA, 2019.

³⁰ WLSA, 2019.

D4.3. Improving Access to Justice in The Family Law System

Recommendation D4.3.i.: Roll out and adequately fund Family Advocacy Support Services (FASS) across Australia

Recommendation D4.3.ii. Implement Women’s Legal Services Australia’s recommendation for Safety First in Family Law:

1. Strengthen family violence response in the family law system,
2. Provide effective legal help for the most disadvantaged,
3. Ensure family law professionals have real understanding of family violence,
4. Increase access to safe dispute resolution models, and
5. Overcome the gaps between the family law, family violence and child protection systems.³¹

Recommendation D4.3.iii: Harmonisation of the exercise of welfare provisions across state and federal jurisdictions.

Recommendation D4.3.iv: Develop a Memorandum of Understanding between the state and federal Family Court /Federal Circuit court that directs effective management of risk in relation to DFV and child sexualised abuse.

D4.4 Access to Justice and marginalised communities

Recommendation D4.4.i: Implement the recommendations from the Family Law Council’s 2012 and 2016 *Families with Complex Needs* reports about improving the family law system for Aboriginal and Torres Strait Islander families.

Recommendation D4.4.ii: Fund culturally tailored models of family dispute resolution which are co-designed and led by Aboriginal and Torres Strait Islander communities and organisations.

Recommendation D4.4.iii.: Embed workers from Aboriginal and Torres Strait Islander services in the family courts and Family Relationship Centres as family liaison officers and Aboriginal Liaison Officers³²

Recommendation D4.4.iv.: Work with Aboriginal and Torres Strait Islander communities and organisations to develop and deliver culturally appropriate post-separation parenting programs and family dispute resolution services.³³

³¹ WLSA, 2019.

³² Australian Government, Family Law Council, *Final Report on Families with Complex Needs and the Intersection of the Family Law and Child Protection Systems – Terms 3, 4 & 5* 2016, 2016

³³ Family Law Council, 2016.

Recommendation D4.4.v: Develop and resource tailored education programs about the family law and child protection systems for Aboriginal and Torres Strait Islander communities to enhance understanding of legal rights and awareness of how the family law system works.³⁴

Recommendation D4.4.vi: Ensure ongoing cultural competency training for family law system professionals, including judicial officers, that builds an understanding of the multiple and diverse factors contributing to the high levels of family violence in Aboriginal communities, and an understanding of Aboriginal and Torres Strait Islander family structures and child rearing practices.³⁵

Recommendation D4.4. vii: Expand the Aboriginal and Torres Strait Islander list in consultation with local Aboriginal and Torres Strait Islander communities, with designated Aboriginal and Torres Strait Islander liaison positions.³⁶

Recommendation D4.4. ix: That the Australian Government funds culturally tailored models of family dispute resolution which are co-designed and led by Aboriginal and Torres Strait Islander communities and organisations and migrant and refugee communities and organisations.³⁷

D.5 Women's Economic Independence

Recommendation D5.i.: The Australian Government maintains the JobSeeker subsidy as a permanent increase to Newstart payments.

Recommendation D5.ii.: The Australian Government expands eligibility for Special Benefit to include people who are on all types of temporary visas and have experienced domestic and family violence. The rates of Special Benefit should be increased to make it liveable.

Recommendation D5.iii.: That the Australian Government amends the Guide to Social Security Law:

- A. to allow a claim for Crisis Payment within 14 days,
- B. to allow Crisis Payment to be paid to any person suffering severe financial hardship who has recently experienced family and domestic violence: removing the nexus of 'home',
- C. that Crisis Payment be extended to victims of family and domestic violence who are not receiving income support but are experiencing or anticipating severe financial hardship resulting from their efforts to leave a violent relationship,
- D. that Crisis Payment be increased to the equivalent of 'four weeks' single rate pension: approximately \$1640, and
- E. that eligibility for Crisis Payment be extended to allow Crisis Payment to be paid up to six times per year.³⁸

³⁴ Family Law Council, 2016.

³⁵ Family Law Council, 2016.

³⁶ WLSA, 2019.

³⁷ WLSA, 2019.

³⁸ AWAVA, 2020, p.35.

Term E) All forms of violence against women, including, but not limited to, coercive control and technology-facilitated abuse.

DVNSW draws the committee's attention to animal abuse, coercive control, reproductive and sexual abuse, spiritual abuse and systems abuse and substantial reforms which are required in each of those areas.

E.1. Domestic and Family Violence experienced by animals and people

Recommendation E1.i: Resources and education should be provided to community members, including people at risk of, or experiencing DFV and people with disability and LGBTIQ people who are peer advocates, about the rights and options for animals and people experiencing DFV including how and where they can access support.

Resources and education should be culturally safe, accessible and appropriate to Aboriginal and Torres Strait Islander people, people of immigrant and refugee backgrounds, people with disability, LGBTIQ people and children and young people. Specific resources should be made available in different styles, formats and languages.

Recommendation E1.ii: Resources and training should be provided to the following groups to build an understanding of the multiple forms of DFV perpetrated against animals and how this can be used as a form of DFV perpetrated against people:

- DFV and community workers including disability support workers
- Lawyers (including lawyers working in DFV, family, child protection and disability law)
- Police officers (including Domestic Violence Liaison Officers and police who respond to incidents of violence against animals, such as neglect)
- Government and NGO workers across the health, housing and child protection sectors
- Victims support services and other government services workers
- Animal welfare agencies and veterinarians

Recommendation E1.iii: Animal welfare organisations, veterinarians and local council animal management officers should receive specialised training and resourcing to recognise, respond to, and refer animals and people experiencing DFV to support services. This training should recognise that animals and humans co-experiencing DFV can be a sign of severe DFV and lethality risk.

Animal welfare organisations, veterinarians and local council animal management officers should be cross-trained with law enforcement and social services to promote collaboration and a shared understanding of each others' roles and responsibilities in responding to DFV. The training and resourcing should be focused on providing support to animals and people experiencing DFV to improve their safety, and not solely on reporting as a way to comply with legal or professional obligations.

The Animal-3Rs training that has been developed by EDVOS and its preliminary evaluation should be considered when developing or implementing a similar program for animal welfare organisations, veterinarians and local council animal management officers across NSW.

Recommendation E1.iv: Fund and resource organisations and services supporting animals and people experiencing DFV through:

- Additional specific funding to accommodate animals in the short and medium term, including to provide appropriate shelter and care for animals.
- Guidance on how to support people with animals experiencing violence tailored to their service model, including risk management.
- Training on how to identify and respond to people with animals experiencing violence, including referral pathways and safety planning (including for Men’s Behaviour Change and Perpetrator Interventions Programs).
- Support to build networks and relationships with local RSPCA, animal shelter and veterinary clinics to secure boarding and healthcare for animals (including for Men’s Behaviour Change and Perpetrator Interventions Programs).
- Resources to increase victim-survivor and community awareness of animals experiencing DFV and how people with animals experiencing DFV can access supports (including for Men’s Behaviour Change and Perpetrator Interventions Programs).

The development of any new initiatives, or expansion of existing initiatives, should be informed by the work of West Connect and DVSM, RSPCA NSW Community Domestic Violence Program, Paws and Recover, Lucy’s Project, EDVOS, Safe Pets Safe Families, and other relevant organisations.

Recommendation E1.v: Expand the Safe at Home program to ensure that it is accessible to people with animals experiencing DFV across Australia, including in rural, regional and outer metropolitan areas.

E2. Religious and Spiritual Abuse

Recommendation E2.i: That Australian Government in partnership with expert family violence practitioners, develop training packages on family violence and sexual[ised] assault for faith leaders and communities.³⁹

Recommendation E2.ii: Faith leaders and communities establish processes for examining the ways in which they currently respond to family violence in their communities and whether any of their practices operate as deterrents to the prevention or reporting of, or recovery from, family violence or are used by perpetrators to excuse or condone abusive behaviour⁴⁰.

³⁹ State of Victoria, 2016, Recommendation 163.

⁴⁰ State of Victoria, 2016, Recommendation 165.

Recommendation E2.iii: The Australian Government supports specialist services in community led development of prevention and early intervention programs for men from CALD communities, and particularly faith-based groups.⁴¹

Recommendation E2.iv: The Australian Government should support the establishment of specialist crisis refuge services for Muslim women experiencing DFV, utilising models that are holistic, integrated, culturally and religiously appropriate, across Australia in strategically determined settings, particularly across NSW and VIC, to meet the needs of Australian Muslim women.⁴²

Recommendation E2v: The Australian Government should support the establishment of a National Muslim Women Advocacy Service which works to support Muslim women to navigate concurrent systems seeking Australian and Islamic divorce, while also providing holistic support for pre-marital counselling, family restoration and conflict resolution.⁴³

E3. Coercive Control

Recommendation E3.i: Building on the lessons from Scotland and the UK, inquiries should be commenced into the implementation of coercive control legislation with careful consultation from the SDFV sector and victim-survivors.

Recommendation E3.ii: The introduction of coercive control legislation must be accompanied by thorough training of all professionals in the justice system including police, and accompanying funding for SDFV services which will experience an increase in volume of workload.

E4. Sexualised Violence

Recommendation E4i: That the Department of Social Services takes an intersectional lens in preventing and addressing sexual[ised] violence against diverse groups of women including being attentive to different ages, and in addition, includes it in the second National Plan.⁴⁴

Recommendation E4ii: That the Australian Government funds dedicated long-term initiatives to strengthen services, education and prevention activities for Aboriginal and Torres Strait victim-survivors of sexual[ised] assault (both as children and adults).⁴⁵

Recommendation E4iii: That the Department of Social Services develops communication strategies to

⁴¹ Muslim Women's Association (MWA), *Submission for the Federal Inquiry into family, domestic and sexual violence*, 2020.

⁴² MWA, 2020.

⁴³ MWA, 2020.

⁴⁴ AWAVA, 2020, p.45.

⁴⁵ AWAVA, 2020, p.45.

disseminate information in different languages and formats, about sexual[ised] violence against women, what it is and practical advice about what can be done to prevent and report it.⁴⁶

Recommendation E4iv: That the Australian Government undertakes community-controlled research and data collection about prevalence, reporting rates and service provision in relation to sexual[ised] violence against women from culturally and linguistically diverse backgrounds.⁴⁷

Recommendation E4v: That the Australian Government sufficiently funds sexual assault services, including adequate funding to ensure culturally competency of their support.⁴⁸

E5. Reproductive Coercion

Recommendation E5: Increase access to medical abortion via telehealth, protect access to surgical abortion, and increase support to women’s specialist Sexual, Domestic and Family Violence services to respond to reproductive coercion.

E6. Systems Abuse

Recommendation E6: Fund research to increase the knowledge base regarding victim-survivor experiences of systems abuse.

Term F) The adequacy of the qualitative and quantitative evidence base around the prevalence of domestic and family violence and how to overcome limitations in the collection of nationally consistent and timely qualitative and quantitative data including, but not limited to, court, police, hospitalisation and housing.

There are substantial gaps and a lack of coordination in the SDFV evidence-base which make the planning and implementation of policy responses challenging. Qualitative and quantitative research must be funded, including longitudinal studies. There are notable data gaps relating to the data collection for marginalised communities. There is a need for adequate funding for evaluation and feedback mechanisms in all SDFV initiatives.

⁴⁶ AWAVA, 2020, p.45.

⁴⁷ AWAVA, 2020, p.45.

⁴⁸ AWAVA, 2020, p.45.

F1. Data and Evidence: Filling the gaps

Recommendation F1.i. Establish a Medicare item number or a similar mechanism that will allow medical practitioners, including GPs, nurses and social workers in the Health system to record a family violence–related consultation or procedure.

Recommendation F1.ii. Invest in the capability of Government to gather and analyse housing and homelessness data

Recommendation F1.iii. Recommendation: Fund ANROWS and other specialist researchers to conduct longitudinal research into SDFV.

F2. Data and Evidence: Marginalised Communities

Recommendation F2.i. Develop a framework of analysis that enables Governments to map data, in particular housing and homelessness data based on an understanding of intersectionality

Recommendation F2.ii. Introduce national requirements for government and non-government bodies such as police, health services, specialist homelessness services and other funded organisations to collect and report on the sexuality and gender of clients.

Recommendation F2.iii. Fund training and capacity building support for services to understand, screen for and record sexual, domestic and family violence in LGBTQ communities.

Recommendation F2.iv. Provide a set of precise requirements and guidelines for asking about sexuality and gender and experiences of violence within government-funded research and service provision to collect accurate data about the prevalence and experiences of LGBTQ people who have experienced SDFV. Fund specific research into the experiences of LGBTQ people who have experienced SDFV and effective responses.

Recommendation F2.v. The Australian Government should support enhanced data collection, research and program evaluation with respect to family violence, including in relation to CALD and faith-based communities.

Recommendation F2.vi. The Australian Government should support specialist services in building their capacity to collate data, research and document the experiences of CALD and faith-based communities experiencing DFV to support program and policy design efforts from a ground up approach.

Term G) The efficacy of perpetrator intervention programs and support services for men to help them change their behaviour.

Under Term G), DVNSW draw's the committee's attention to the submission and expertise of No To Violence and the need for continued funding and evaluation of Men's Behavioural Change Programs (MBCPs). There is also a greater need of investment in perpetrator programs for LGBTQ perpetrators.

Recommendation G1: Coordinated policy and funding commitment is required to grow evaluation of perpetrator intervention, at a broad National level (e.g. continued funding for the ANROWS Perpetrator Stream) and at the local level for individual Men's Behavioural Change Programs to evaluate outcomes of programs on the ground.

Recommendation G2: Provide ongoing state and national funding to develop, trial and implement tailored group behaviour change programs for LGBTQ people who use violence. These programs are best designed by or in partnership with LGBTQ community organisations.

Term H) The experiences of all women, including Aboriginal and Torres Strait Islander women, rural women, culturally and linguistically diverse women, LGBTIQ women, women with a disability, and women on temporary visas.

DVNSW outlines the importance of applying an intersectional approach to understanding and responding to women and LGBTIQ people's experiences of SDFV. DVNSW have particular expertise in this Term of Reference; working with the DVNSW Aboriginal and Torres Strait Islander women's Steering Committee to formulate policy responses, being members of the Building disability access in SDFV services project steering committee; working closely with victim-survivors of SDFV through the DVNSW Voices for Change group; and leading advocacy around women and LGBTIQ people on temporary visas experiencing SDFV through the National Advocacy group and state-based community of practice on the issue.

H1. Aboriginal and Torres Strait Islander Women

Recommendation H1.i. All specialist domestic and family violence workers receive mandatory training in cultural safety, with annual follow up training.

Recommendation H1.ii. Ensure that Aboriginal and Torres Strait Islander women and girls, men and boys have a seat at the table⁴⁹ when making decisions regarding SDFV, and that communities have the opportunity to create their own unique solutions.

⁴⁹ *The Warawarni-gu Guma (Healing Together) Statement*, 2018.

Recommendation H1.iii. We support the position of the National Aboriginal and Torres Strait Islander Women Alliance (NATSIWA) on the need to have further cooperation between government, domestic and family violence agencies, sexual assault services, Aboriginal Community Controlled Organisations, social workers, universities and legal services⁵⁰

Recommendation H1.iv. Adequate and sustainable funding is necessary for Aboriginal-owned and controlled organisations to undertake SDFV work, for Aboriginal Family Violence Prevention Legal Services, and the National Aboriginal and Torres Strait Islander Women Alliance.

Recommendation H1.v. Incorporate Our Watch’s *Changing the Picture* framework within primary prevention efforts to ensure that these are responsive to and take into account the experiences of Aboriginal and Torres Strait Islander women.

H2. Women in Prison

Recommendation H2.i. That women in prisons are addressed by the National Plan as having distinct needs and risks of revictimisation.⁵¹

Recommendation H2.ii. That the current processes for identifying female offenders at risk of or with a history of family violence are reviewed and therapeutic interventions and education programs are provided for women victims/survivors of violence in prison.⁵²

Recommendation H2.iii. That the Australian Government ensure therapeutic interventions such as individual counselling and group-based programs such as Out of the Dark are available for all women in prison who have experienced domestic and family violence.⁵³

Recommendation H2.iv. That the Australian Government provides sufficient funding to specialist women’s services and other relevant generalist services to ensure that all women who are/have experienced violence have access to services and justice that are competent and responsive to their needs,⁵⁴ including women in prison.

H3. Women with disability

Recommendation H3.i.: Ensure initiatives to respond to sexual, domestic and family violence and to prevent violence against women with disability are developed through co-design and strong consultation with women with disability and disability advocacy services.

⁵⁰ NATSIWA, *Submission to the UN Special Rapporteur on Violence Against Women*, 2007.

⁵¹ AWAVA, 2020, p.6.

⁵² AWAVA, 2020, p.6.

⁵³ AWAVA, 2020, p.6.

⁵⁴ AWAVA, 2020, p.6.

Recommendation H3.ii: Ensure that all people with disability have access to adequately resourced independent individual and peak body advocacy to assert and be accorded their human rights and fundamental freedoms.

Recommendation H3.iii: Continue to fund the Building Access program in NSW and explore implementation Nation-wide.

Recommendation H3.iv: Resource physical upgrades to SDFV services to ensure accessibility for women with disability.

H4. Culturally and Linguistically Diverse Women and LGBTIQ people

Recommendation H4.i. The Australian Government should provide long-term adequate funding to specialist services targeting CALD communities, to allow for effective engagement and collaboration and support from CALD communities for family violence initiatives, (which can often be undermined by shorter funding pools.)

Recommendation H4.ii. The Australian Government centres the needs of CALD women ensuring that DFV services provide access to culturally, linguistically and religiously appropriate support without perpetuating misconceptions often attached to the experiences of CALD women.

Recommendation H4.iii. That the National Telephone Interpreter Services be funded to provide free support for all victim-survivors of DFV.⁵⁵

Recommendation H4.iv. That the National Telephone Interpreter Services employ a team of specially trained sexual, domestic and family violence interpreters.

Recommendation H4.v. That settlement services are funded to provide coordination and case work roles to support victim-survivors and their children experiencing SDFV.⁵⁶

H5. Women and LGBTIQ people on Temporary Visas and their children

Domestic Violence NSW is a member of the National Advocacy Group for Women on Temporary Visas Experiencing Violence and endorses the following recommendations:

Recommendation H5.i. Immediate action to ensure that people on temporary visas experiencing violence have full and immediate access to:

1. Social security and Medicare benefits so people can access food, other essentials and healthcare to stay safe, healthy and well during the COVID-19 crisis,

⁵⁵ Women's Safety NSW, *Submission for the Federal Inquiry into family, domestic and sexual violence*, 2020.

⁵⁶ Settlement Services International (SSI), *Submission for the Federal Inquiry into family, domestic and sexual violence*, 2020.

2. Temporary, crisis, social and public housing, rental assistance and Safe at Home programs so people can socially isolate safely,
3. Free legal advice and representation so people can understand how the law can help keep them and their children safe under migration law, family law and domestic and family violence law,
4. Free interpreting services so people can understand how to stay safe and well during the COVID-19 crisis and access essential services, and
5. Roll out an equivalent of the Victorian flexible support packages across Australia so people can attend to their immediate material needs when escaping a violent perpetrator.

Recommendation H5.ii. The National Advocacy Group also recommended amending the Family Violence provisions in the Migration Regulations, creating a new temporary visa for people experiencing domestic, family and sexual violence and providing long term and sustainable funding to specialist domestic, family and sexual violence and legal services.

DVNSW calls on the Federal government to fully implement these and additional recommendations as set out in the *Blueprint for Reform: Removing Barriers to Safety for Victims/Survivors of Domestic and Family Violence who are on Temporary Visas*, which were developed and endorsed by the National Advocacy Group.

H6. LGBTIQ People

DVNSW endorses ACON's submission to this inquiry and supports the following recommendations:

Recommendation H6.i.: Specialist LGBTQ services should be funded nationally to provide support to LGBTQ people who are experiencing Sexual, Domestic and Family Violence, recognising barriers to access and the specialist skills provided by peer community organisations.

Recommendation H6.ii.: All funded mainstream Sexual, Domestic and Family Violence service providers should be required to access LGBTQ inclusivity training, with a focus on LGBTQ SDFV, from LGBTQ community organisations and that funding contracts provide additional funds for this purpose. KPIs should reflect how contracted organisations are being responsive to the needs of LGBTQ people experiencing SDFV.

Recommendation H6.iii: Ensure that brokerage funds are available nationally for LGBTQ men and non-binary people experiencing violence to access safety and support options in the absence of crisis accommodation for men and non-binary people.

Recommendation H6.iv: LGBTQ communities are acknowledged as priority populations in Sexual, Domestic and Family Violence strategies at all levels of government, and this acknowledgement is coupled with appropriate levels of funding and measurable targets.

Term I) The impact of natural disasters and other significant events such as COVID-19, including health requirements such as staying at home, on the prevalence of domestic violence and provision of support services.

The DVNSW submission highlights the disproportionate impact of natural disasters on women and the need for access to specialist SDFV support services to be improved during disasters. Lessons should be learnt from previous natural disasters, and investment made in long-term pandemic and natural disaster planning and responses which apply a gendered lens and incorporate the expertise of the SDFV sector.

I1. The Gendered Nature of Natural Disasters: Specialist Services need a Voice

Recommendation I1.i.: Integrate sexual, domestic and family violence programming into longer-term pandemic preparedness. Disaster response programs must be:

- A. Gender informed and violence informed,
- B. Ensure that women are included in the preparedness process and decision-making,
- C. Ensure that women are recognised as citizens with skilled contributions valuable to the response effort.

I2. The impact of the COVID-19 Pandemic on rates of Sexual, Domestic and Family Violence

Recommendation I2: Increase access to medical abortion via telehealth, protect access to surgical abortion, and increase support to women's specialist Sexual, Domestic and Family Violence services to respond to SDFV and reproductive coercion during and after the pandemic.

I3. Improving Access to Support Services during disasters

Recommendation I3.i.: Prepare for a significant increase in sexual, domestic and family violence during natural disasters through;

- A. Increasing staff or operations for existing sexual, domestic and family violence prevention and response hotlines/outreach centres,
- B. Increase communication and awareness of services,
- C. Target informal support persons including friends or family, with whom survivors may still be in contact even while isolated at home, who may be able to seek help on their behalf, and
- D. Attention should be given to inequality in access to internet infrastructure, particularly given the forced digitalisation of support services.

Recommendation I3.ii. Ensure that health care providers and first responders are prepared to address domestic violence within pandemic setting, including:

- A. Training to ensure that providers are equipped to identify persons at risk, and couple recommendations for 'self-quarantine' or 'shelter at home' with an assessment of the safety of doing so, and
- B. Consideration and adoption of relevant parts of the minimum care standards documented in the 'Inter-Agency Minimum Standards for Gender-based Violence in Emergency Programming'⁵⁷.

Recommendation 13.iii.: In addition to increasing support for people experiencing sexual, domestic and family violence, mental health and other supports should be made available to people working in the sexual, domestic and family violence community sector.

I4. The Effects of Natural Disaster on Children

Recommendation 14: That the 2020 *Children and Young People's Experience of Disaster Report* is acknowledged and the issues incorporated into disaster management.

Term J) The views and experiences of frontline services, advocacy groups and others throughout this unprecedented time.

DVNSW provides insight into the experiences of DVNSW member services during COVID19, and highlights the need for increased resourcing to frontline SDFV services and peak bodies.

Term K) An audit of previous parliamentary reviews focussed on domestic and family violence.

DVNSW supports the implementation of findings from previous inquiries, particularly the consistent call for adequate resourcing to specialist SDFV services. DVNSW also note the absence of such thorough inquiry into sexualised violence.

Recommendation K1. Implement recommendations from previous inquiries which support fully funding the specialist services that improve women and LGBTQ people's safety, and hold men who use violence to account.

Recommendation K2. Acknowledge, resource and implement recommendations from previous inquiries into domestic and family violence.

Recommendation K3. Fund an inquiry into the adequacy of legal, community and service responses to sexualised violence in Australia

⁵⁷ United Nations Population Fund (UNFPA), *The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*, 2019.

Term L) Any other related matters.

Under this term, DVNSW draws to the committee's attention the importance of working with people with lived expertise related to SDFV. DVNSW utilises expertise gained from the DVNSW Voices for Change lived expertise project. The impact of violence on children and young people is also discussed, and the need for children and young people's voices to be heard more succinctly and incorporated into improved policy responses.

L1. Lived experience expertise

Recommendation L1.i. Involve victim-survivors in the strategic development, design, implementation and evaluation of initiatives to respond to and prevent sexual, domestic and family violence in a safe and meaningful manner.⁵⁸

Recommendation L1.ii. Federal rollout of programs such as Voices for Change, creating platforms for lived expertise voice and advocacy.⁵⁹

Recommendation L1.iii. Implement a quarterly Survivor Advocate Forum or Advisory Group based on the Victorian Victim Survivor Advocacy Committee model in each jurisdiction allowing survivor advocates to provide lived expertise and consult on different Government issues and policies.⁶⁰

Recommendation L1.iv. Compulsory implementation of community consultation in all sexual, domestic and family violence projects.

Recommendation L1.v. Expand the Victorian Client Voice Framework for Community Services as a National Framework.

Recommendation L1.vi. Explore the efficacy of and provide seed funding for a national survivor advocates peak body.

L2. Children experiencing SDFV

Recommendation L2.i. The Australian Government ensures that all refuge and crisis accommodation services catering to families have adequate resources to meet the particular needs of the children they are accommodating, including access to expert advice and secondary consultations in supporting children.⁶¹

⁵⁸ State of Victoria, 2016.

⁵⁹ Formulated by survivor advocates of the DVNSW Voices for Change Program.

⁶⁰ Formulated by survivor advocates of the DVNSW Voices for Change Program.

⁶¹ State of Victoria, 2020, p. 51.

Recommendation L2.ii. The Australian Government should fund Aboriginal and Torres Strait Islander healing approaches as an ongoing, integral part of advocacy and support and therapeutic treatment service system responses for victims and survivors of child sexual abuse. These approaches should be evaluated in accordance with culturally appropriate methodologies, to contribute to evidence of best practice⁶²

Recommendation L2.iii. The Australian Government raises the age of criminal responsibility to 14 years.⁶³

Recommendation L2.iv. Governments should ensure the views and experiences of children and young people are taken into account in the scoping, design and evaluation of services and programs, where appropriate.⁶⁴

⁶² Commonwealth of Australia, Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report Recommendations*, 2020, p. 30.

⁶³ Change the Record, viewed on 19 July 2020, <https://changetherecord.org.au/RaiseTheAge>

⁶⁴ Commonwealth of Australia, COAG Advisory Panel on Reducing Violence against Women and their Children: *Final Report*, 2016, p. 69.

Introduction

Research demonstrates that sexual, domestic and family violence (SDFV) is gendered, therefore, measures to prevent violence must address the gendered drivers. The majority of SDFV is perpetrated against women, as demonstrated by victims of sexual assault in Australia increasing for the seventh consecutive year to 26,312 victims in 2018, with 84% of the victims being female⁶⁵. The majority of perpetrators are male: a study of the characteristics of incarcerated NSW Offenders shows that 95% of incarcerated domestic violence offenders are male.⁶⁶

Widespread research confirms the prevalent and gendered nature of SDFV, with approximately 1 in 4 women experiencing violence by an intimate partner, compared to 1 in 13 men⁶⁷. Women are 8 times more likely to experience sexual violence than men.⁶⁸ Given the existing DFV statistics in Australia, it is not surprising that DFV is prevalent in family law cases. Further in instances where 'parents who use courts to resolve their parenting issues, 85% report a history of emotional abuse and more than half (54%) report physical hurt from their former partner.'⁶⁹

A Working Definition

In order to establish appropriate immediate and long-term measures to prevent and respond to violence against women and LGBTQ people, it is crucial to acknowledge a working definition of violence against women, however no uniform definition is available across all Australian jurisdictions. For the purpose of this submission, DVNSW accepts the definition adopted and shared by the *National Plan to Reduce Violence against Women and their Children 2010–2022 (The National Plan)* and the *United Nations Declaration on the Elimination of Violence against Women (1993)*, as follows:

'any act of gender based violence that causes or could cause physical, sexual or psychological harm or suffering to women, including threats of harm or coercion, in public or in private life'.

This definition is inclusive of all forms of violence, comprising but not limited to physical, sexual, emotional, cultural, spiritual/religious violence and financial abuse, which are gender based. The gender-based element requires that the violence is either directed towards the women as a direct result of their gender, or that women are disproportionately affected by the violence. DVNSW also recognises that LGBTIQ people who do not identify as women also experience gender-based violence related to cissexism, rigid gender norms, stereotypes, masculinities and femininities.

⁶⁵ Australian Bureau of Statistics (ABS), *Recorded Crime - Victims*, Australia, 2019.

⁶⁶ ABS, *Corrective Services Family and Domestic Violence Data Project: Discussion of Findings*, Jul 2018.

⁶⁷ ABS, *Key findings Personal Safety Survey*, ABS Personal Safety Survey, 2016.

⁶⁸ ABS, 2016.

⁶⁹ ABS, 2016, p.16.

A Gendered Crime

SDFV needs to be understood within a social, political and economic context of gender inequality. For example, approximately 95% of all victims of violence experience violence from a male perpetrator.⁷⁰ Women are much more likely than men to experience violence from an intimate partner, and the violence is more likely to be more severe.⁷¹ In societies where violence against women is condoned, levels of violence are higher, men are more likely to perpetrate the violence and women are less likely to report it.⁷²

Term A) Immediate and long-term measures to prevent violence against women and their children, and improve gender equality.

DVNSW believes that gendered violence is preventable, and that with resourcing and community action we can create communities free from violence. Primary prevention of sexual, domestic and family violence (SDFV) aims to change social norms, structures and conditions (such as gender inequality and other forms of discrimination) that perpetuate and justify violence against women and their children.

Primary Prevention Mandates Improvement of Gender Equality

DVNSW supports the principles outlined in *Change the Story*, developed by Our Watch as an integral framework steering prevention efforts.⁷³ Gender equality must be achieved through an intersectional feminist framework. Whilst the *Change the Story* Framework is focused on the gendered drivers of violence against women, it is important that measures to prevent SDFV also address other intersecting drivers of violence including colonialism and discrimination based on factors such as class, age, race, migration status, sexuality, gender identity, religion, nationality, and disabilities.

Societal norms have impacts on everyone and had an impact on me. Attitudes that children have to each other result in children abusing other children. By the age of 14 I had been raped by my 14-year old boyfriend. He told me that he owned my body. What was he taught to do this to me at a very young age? I accepted this, he was a trusted person to me but also because how I as a woman had been raised in our society: not being taught consent and being taught to put up with unwanted attention.

Alison, DVNSW Voices for Change Advocate

⁷⁰ Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth, *Change the story: A shared framework for the primary prevention of violence against women and their children in Australia*, Our Watch, Melbourne, 2015, p. 20.

⁷¹ P. Cox, *Violence against women: Additional analysis of the Australian Bureau of Statistics' Personal Safety Survey, 2012*, ANROWS Horizons: 01.01/2016 Rev. ed., ANROWS, Sydney, 2016.

⁷² Our Watch, 2015.

⁷³ Our Watch, 2015.

Gender equality is not only a human right, but is also a necessary precondition to a society free from SDFV. **Gender equality is 'at the core of the problem and it is the heart of the solution'**⁷⁴. The goal is to ensure that women have equal opportunity and access to resources, that they are free from rigid gendered norms and are safe, respected and treated as equals in private and public life.

As described further in Term D5) *Women's Economic Independence*, currently, women experience gender inequality in social, economic and political terms: they are more likely than men to live below the poverty line⁷⁵ and are more likely to experience rental discrimination.⁷⁶ Women make up 59.9% of undergraduate completions,⁷⁷ yet the median starting salary for women is lower than men.⁷⁸ Currently, in Australia women working full-time earn an average of \$242.90 per week less than men.⁷⁹ Fathers are much less likely than mothers to need flexible work arrangements to care for children⁸⁰ and women take on significantly more unpaid care work. Lack of economic independence and financial security act as barriers for women seeking to escape SDFV and secure stable housing.

DVNSW refer you to the *National Gender Equality Plan* currently being developed by the Equality Rights Alliance, for an outline of a universal and inclusive approach to policy development to promote gender equality, and the need for consistency and sustainability.⁸¹ Australia needs a national gender equality strategy and plan if we are to prevent gender-based violence.

A1. Prevention Measures in the Immediate Term

The following actions proposed by Our Watch as part of the national framework for the primary prevention of violence against women are endorsed by DVNSW:

- A. Challenge condoning of violence against women;
- B. Promoting women's independence and decision-making in public life and relationships;
- C. Challenge gender stereotypes and roles;
- D. Strengthen positive, equal and respectful relations between and among women and men, girls and boys;
- E. Promote and normalise gender equality in public and private life.⁸²

Priority Settings for Primary Prevention

⁷⁴ Our Watch, 2015.

⁷⁵ Australian Council of Social Service & Social Policy Research Centre, *Poverty and Inequality in Australia: Poverty in Australia 2016*, 2016.

⁷⁶ Choice, *Unsettled: Life in Australia's private rental market*, February 2017, viewed on 18 July 2020 , <https://www.choice.com.au/money/property/renting/articles/choice-rental-market-report>

⁷⁷ Women NSW, *Women in NSW Report Series 2016: Education and Learning*, 2016.

⁷⁸ NSW Government, *NSW Women's Strategy 2018-2022: Advancing economic and social equality in NSW*, 2018, p. 10.

⁷⁹ Australian Bureau of Statistics, *Catalogue No. 6302.0 - Average Weekly Earnings, Australia*, 2019.

⁸⁰ NSW Government, 2018, p. 10.

⁸¹ Equality Rights Alliance, *National Gender Equality Plan*, 2016.

⁸² Our Watch, 2015, p. 33.

In order to maximise meaningful engagement and change, primary prevention techniques must occur in environments within which social and cultural values are '*produced and reproduced*'.⁸³ Primary prevention should be undertaken in a range of settings that will contribute to changing social norms, organisational practices and institutional structures. These include: education and care settings for children and young people, tertiary education institutions, workplaces, sports, recreation and leisure, the arts, health, family and community services, faith-based contexts, media, public spaces and transport, and legal, justice and corrections contexts.

Recommendation A1.i.: That more support is provided to local communities to take effective action to prevent gender-based violence, including support to schools and teachers to deliver age-appropriate and evidence-based whole of school approaches to respectful relationships to all children and young people.

An Intersectional and Culturally Safe Approach to Primary Prevention

While gender inequality is understood to be a key driver of violence, every person's experience of violence is individual and singular, as it is shaped by their position in regard to privilege and power. With respect to intersectionality, DVNSW aligns with AWAVA's submission on this term, noting that primary prevention efforts must do more than focus on '*heteronormative, Western-Anglicised understandings of gender, relationships and power & control*'.⁸⁴ While it isn't possible to speak about experiences of entire communities, there is a great need for primary prevention initiatives that are appropriate, co-designed, and led by priority populations. These initiatives should address systemic barriers to building a life without violence (which are expanded on under Term H), specific to certain experiences of marginalisation.

Furthermore, current and future prevention efforts must address the legacies and ongoing impacts of colonisation for Aboriginal and Torres Strait Islander people, families and communities, and non-indigenous people. The gendered drivers of violence against Aboriginal and Torres Strait Islander women and their children are considered in detail in *Changing the Picture*, which sets out the following guiding principles for primary prevention work:

- self-determination: community ownership, control and leadership
- cultural safety
- trauma-informed practice and practitioner self-care
- healing focused
- holistic
- prioritising and strengthening culture
- using strengths-based and community strengthening approaches
- adapting to different community, demographic and geographic contexts

⁸³ Our Watch, 2015, p. 38.

⁸⁴ AWAVA, 2020, p. 7.

- addressing intersectional discrimination
- non-Indigenous organisations working as allies in culturally safe ways.⁸⁵

In *Intersectionality Matters*, the Multicultural Centre for Women’s Health (MCWH) has applied the national framework proposed by Our Watch (*Change the Story*), to create a national guide to engaging immigrant and refugee communities to prevent violence against women using primary prevention techniques in a culturally sensitive way.⁸⁶ The following guidelines can be applied to other priority populations. As outlined by MCWH tailored prevention initiatives should:

1. Always puts safety first - this means consulting with leaders in the community to shed light on the forms of violence experienced,
2. Partner with experts – who are acquainted with the local dynamics, histories and social connections between people,
3. Don’t over-rule constructive efforts – by recognising existing efforts, avoiding unnecessary duplication and aiming to add value to existing work in the area, rather than hindering it,
4. Identify a clear purpose – this means targeting a specific group, a specific language group or a group identified by other means such as visa status, and
5. Avoid trying to be everything to everyone – and instead providing high quality targeted service, and identifying gaps for future assessment and re-strategising.⁸⁷

Rainbow Health Victoria, through their *Pride in Prevention* evidence guide⁸⁸, have provided a pathway for implementation of primary prevention techniques attuned to the experiences of LGBTIQ people. DVNSW applauds the efforts of Rainbow Health Victoria to extend the foundational primary prevention principles enunciated by Our Watch, and supports their proposal of the following actions:

- Engagement and inclusion of LGBTIQ people into planning, design and implementation of primary prevention efforts,
- Address structural drivers of violence against LGBTIQ people,
- Uphold and promote human rights,
- Ensure that universal prevention measures are LGBTIQ inclusive,
- Promote prevention measures that acknowledge and anticipate intersectionality, and responds to diversity accordingly,
- Identify with clarity, the target of specific prevention efforts;
- Adopt continuous reflective practice and re-evaluation;
- Encourage cooperation with other prevention efforts;

⁸⁵ Our Watch, *Changing the picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children*, Our Watch, Melbourne, 2018.

⁸⁶ Multicultural Centre for Women’s Health, *Intersectionality Matters: A guide to engaging immigrant and refugee communities to prevent violence against women*, 2017.

⁸⁷ Multicultural Centre for Women’s Health, 2017.

⁸⁸ Rainbow Health Victoria, *Pride in Prevention: A guide to primary prevention of family violence experienced by LGBTIQ communities*, La Trobe University, Melbourne, 2020.

- Design prevention efforts that are evidence based, and ‘evidence-building.’⁸⁹

Currently there is no national framework to guide gendered primary prevention work with respect to SDFV perpetrated against women with disabilities. As noted by People with Disabilities Victoria, primary prevention efforts with respect to violence against women with disability should:

- *Include Gender-Informed Training:* Department of Human Services and National Disability Insurance Agency standards of practice must acknowledge and address the gendered drivers of violence, and the ways in which SDFV plays out through coercion and control. Government funded training on risk assessment and understanding violence against women with disabilities is essential,
- *Give Women with Disabilities a Voice:* Government, social services and community organisation should engage with women with disabilities on an ongoing basis, ensuring participation in decision making and planning,
- *Promote Inclusivity:* General primary prevention programs should be inclusive of women with disabilities. Implementation of tailored prevention programs that both engage disability services in a gender-informed manner and provide education programs to women with disabilities (including the continued funding of Gender and Disability Workforce Development Program),
- *Understand the Drivers of Violence:* Additional research and enhanced data collection is required to prevent and better respond to violence, and
- *Promote Co-operation between Disability Services Sector and SDFV Services :* Government departments should fund SDFV services to provide face-to-face education and resources to disability and aged care workforces, promoting information sharing and co-training.⁹⁰

Recommendation A1.ii.: That the Australian Government provide comprehensive, secure and ongoing funding and institutional support for:

- C. Our Watch to lead implementation of *Change the Story, the Line, Changing the Picture* and *Counting on Change*, and**
- D. Local and state-based organisations and programs working in the area of violence prevention, including education about gender, to deliver the Our Watch frameworks across jurisdictions, ensuring that funding is not taken from response service funding to fund prevention initiatives.**

DVNSW endorses the following recommendation made by the Australian Women Against Violence Alliance:

⁸⁹ Rainbow Health Victoria, 2020, p. 17.

⁹⁰ Women with Disabilities Victoria, *Position Statement: Violence against women with disabilities*, 2014.

Recommendation A1.iii.: That the Australian Government increase funding for community-led intersectional and culturally-sensitive prevention and early intervention initiatives in diverse communities including Aboriginal and Torres Strait Islander, LGBTIQ, culturally and linguistically diverse, migrant and refugee communities and at risk cohorts including women with disability, women working in the sex industry, older women and young women.⁹¹

Recommendation A1.iv.: Continue sustainable, long term funding of the Gender and Disability Workforce Development Program, and People with Disability Australia’s Peer Education Respectful Relationships training.⁹²

Bystanders are people who witness SDFV or discriminatory behaviour firsthand, or later become informed of the incident. Mobilisation of bystanders is a ground level tool of primary prevention of violence that works to strengthen the social conditions/norms that prevent SDFV from occurring.⁹³ It encourages pathways for change, by mobilising individuals to challenge behaviours, attitudes and norms that feed SDFV against women. Existing bystander strategies engage men in positive roles whereby they are motivated and educated to ‘prevent violence against women by not personally engaging in violence, by intervening against the violence of other men and by addressing the causes of violence.’⁹⁴ Bystander intervention strategies should occur in priority settings, be embedded in education programs and employ strategies tailored to the target populations. Action plans developed to mobilise bystanders should involve a variety of pathways of messaging and communication, including but not limited to

I grew up in a family environment of Domestic Violence, which infused itself into my adult life. DFV was normalised, and at the time there were no services or education to inform us that what we were going through was not normal. The only people who knew were our family, however they sat on the outside and looked in. Even when they witnessed abuse, such as my cousin did one day, nothing happened. From then on, she did not want anything to do with my Dad. My story illustrates that DFV is hidden in many circumstances and that it is normalised. I've gone in and out of the mental health system. Because violence is normalised, I went back into abusive relationships until I learnt for myself that this is not normal. Only as an adult could I start my healing process.

Michele, DVNSW Voices for Change Advocate

‘face-to-face education, social marketing and communications, and policy and law.’⁹⁵

⁹¹ AWAVA, 2020, p.6.

⁹² AWAVA, 2020, p.6.

⁹³ A. Powell, *Review of bystander approaches in support of preventing violence against women*, Victorian Health Promotion Foundation (VicHealth), 2011, p. 8.

⁹⁴ A. Berkowitz, *Working With Men to Prevent Violence Against Women: An Overview. (Part One)*, National Resource Centre on Domestic Violence, 2004, p. 2. as cited by, Australian Human Rights Commission (AHRC), *Encourage. Support. Act! Bystander Approaches to Sexual Harassment in the Workplace*, 2012.

⁹⁵ Australian Human Rights Commission (AHRC), *Encourage. Support. Act! Bystander Approaches to Sexual Harassment in the Workplace*, 2012.

Evidence suggests that bystander programs increase the likelihood of positive bystander intervention during the incident of SDFV, equip male bystanders with the skills and confidence to intervene, and increase the overall willingness of male bystanders to intervene.⁹⁶

There is a current call to expand the operation of bystander strategies to target antisocial attitudes that discriminate against LGBTIQ people. At the societal level, rigid genders norms and the prevalence of ideology centred on cisnormativity and heteronormativity are driving family violence against LGBTIQ people.⁹⁷ It is proposed that a *gender-transformative approach* is required to tackle rigid gender norms, acknowledge their proximity to heteronormativity, and address homophobia, biphobia, transphobia and intersexphobia.

At an organisational and community level, drivers of family violence towards LGBTIQ people include perpetuation of norms and stereotypes and devaluation of relationships, identities and bodies. Such drivers lead to stigma, discrimination and normalisation of inequality.⁹⁸ Rainbow Health Victoria recommend, and DVNSW endorse, the following prevention actions targeted at supporting positive and equal LGBTIQ relationships, promoting pride in LGBTIQ identities and bodies, and raising community awareness:

- LGBTIQ community-led prevention campaigns,
- Development of whole-of-organisation gender equality strategies (for example in workplaces, schools, etc),
- Community mobilisation, to improve awareness and encourage access to support, and
- Bystander programs.

It is strongly recommended that efforts should prioritise the mobilisation of bystanders in the community to challenge homophobic, biphobic, transphobic and intersexphobic behaviour and perspectives that lead to violence against LGBTIQ people (when safe to do so). As identified above, bystander programs are not a novel tool in countering gender-based violence, and DVNSW supports action to expand the program to include safe and appropriate discouragement of LGBTIQ-phobic behaviours.

DVNSW endorses the following recommendation from the Australian Women Against Violence Alliance:

Recommendation A1.v.: That the Australian Government allocate adequate additional funding to build upon and extend the ‘Stop it at the Start’ campaign, including bystander capacity-building, and to build further representations of diversity.⁹⁹

⁹⁶ AHRC, 2012.

⁹⁷ AHRC, 2012, p. 18.

⁹⁸ AHRC, 2012, p. 20.

⁹⁹ AWAVA, 2020, p.19

Recommendation A1.vi.: Resource community education and bystander interventions for LGBTIQ people, codesigned and run by specialist LGBTIQ organisations.

A2. Long Term Prevention Measures

DVNSW endorse the submission and recommendations of the Australian Women Against Violence Alliance (AWAVA) under this term. We agree that the second *National Plan to Reduce Violence against Women and their Children* needs to include planning and funding models that achieve ‘sustainable prevention capacity and the ability to build on progress’ already made, by investing in and improving current initiatives and ‘moving away from ad hoc grants and projects funding to integrated and ongoing funding’.

Recommendation A2.i: That the Australian Government expand secure funding both for prevention and for response services, within a commitment to a comprehensive society-wide effort to end sexual, domestic and family violence.

Monitor Gendered-Drivers and Strive for Continuous Improvement

This submission highlights areas in which gaps in the research have prevented SDFV specialists and industry stakeholders from embarking on continuous re-evaluation and improvement of the primary prevention efforts. For example, you are referred to Term I) of this submission. In the same manner that research is required to understand how gendered drivers play out in various contexts, active monitoring of the known gendered drivers is crucial to assessing the efficacy of existing efforts. DVNSW endorse the following recommendation from AWAVA:

Recommendation A2.ii: That the Australian Government invest to measure the incremental change taking place that will allow for the goal of the National Plan to be met. Governments should commit to a national monitoring framework aligned with the National Plan and *Counting on Change*.¹⁰⁰

Embed Long Term Community Engagement and Leadership

DVNSW jointly made the following recommendation as a member of the NSW Women’s Alliance in A *Safe State*, and continues to endorse the recommendation for the purposes of this terms:

Recommendation A2.iii.: Develop a long-term Aboriginal and Torres Strait Islander people led strategy to prevent violence. The strategy should be underpinned by the principle of self-determination and where appropriate, be integrated through initiatives such as the Aboriginal Affairs’ OCHRE initiative for

¹⁰⁰ AWAVA, 2020.

Local Decision Making in NSW. The strategy should outline standards for primary prevention initiatives and set out how Governments will adequately resource the implementation of the strategy.¹⁰¹

A3. Now, and Tomorrow: Recommendations that are required both in the Immediate and Long Term

Eliminating SDFV by creating meaningful and pivotal societal, economic and political change requires significant immediate and sustained efforts. Secure funding must be sustained and increased.

A National Gender Equality Strategy

Presently, there is a vacuum where there should be an overarching, national gender equality strategy aimed at dismantling harmful attitudes towards women and promoting gender equality. Some state governments have modelled their own gateways for addressing gender inequality, including *Safe and strong: A Victorian Gender Equality Strategy*¹⁰² and the *NSW Women's Strategy 2018-2022*.¹⁰³ DVNSW commends the efforts of both campaigns, however strongly calls on the Commonwealth government to coordinate efforts and lead this work.

DVNSW endorses the following recommendation from AWAVA under this term:

Recommendation A3.i.: That the Australian government commits to and adequately resources a sustainable, comprehensive and intersectional, evaluated Gender Equality Strategy.¹⁰⁴

Supporting Existing Prevention Efforts

The government focus should include expanding, improving and working towards the long term sustainability and funding of existing primary prevention efforts that have already proven effective.

A 2018 survey of DFV specialist services conducted by AWAVA confirmed that the most common challenges faced by organisations currently engaged in primary prevention efforts are; a lack of funding, backlash against gender inequality work and workers alike, and the unsuitable short-term nature of the programs.¹⁰⁵ Although the primary prevention sector is underfunded, immediate short term redress would act merely as a band-aid. Primary prevention efforts need to be adequately funded immediately, with long-term commitments to enable sustainable long term change and to be able to monitor drivers of gender inequality in the long term. See recommendation A1.ii.

Cross-Jurisdictional Primary Prevention

¹⁰¹ NSW Women's Alliance, *Safe State; Acting to End Sexual, Domestic and Family Violence*, 2019.

¹⁰² Victorian Government, *Safe and strong: A Victorian Gender Equality Strategy: Preventing violence against women through gender equality*, 2016.

¹⁰³ NSW Women, *NSW Women's Strategy 2018-2022: Advancing economic and social equality in NSW*, 2017.

¹⁰⁴ AWAVA, 2020, p.6

¹⁰⁵ AWAVA, *Consulting on the Fourth Action Plan of the National Plan to Reduce Violence Against Women and their Children. Summary of Results*, 2020, Respondent 185.

Although the National Plan¹⁰⁶ was received positively by DFV specialist bodies, it is still the general view that, *'ongoing, integrated resourcing and funding across all jurisdictions is crucial in order to effect long-term change.'*¹⁰⁷ Changing the social settings that perpetuate SDFV is a, *'difficult problem requiring complex and coordinated responses, not one-off, sporadic initiatives and funding commitments... Integrating responses and initiatives across the community, all jurisdictions and all levels of government is the best way to promote equality and reduce this form of violence'*¹⁰⁸ It is crucial that primary prevention initiatives integrate cross-jurisdictional service provision, resourcing, and evaluation.

DVNSW endorse the following recommendation from AWAVA in response to this term:

Recommendation A3.ii.: That the Australian Government invest in the cross-jurisdictional coordination of primary prevention across Australia.¹⁰⁹

Term B) Best practice and lessons learnt from international experience, ranging from prevention to early intervention and response, that could be considered in an Australian context.

B1. Well resourced Sexual, Domestic and Family Violence services

DVNSW endorse the submission and recommendations of the Australian Women Against Violence Alliance (AWAVA) under this term. We agree that there is substantial Australian and International evidence regarding the need for well resourced sexual, domestic and family violence services in order to provide safety and support for victim-survivors. The AWAVA submission also draws attention to and reinforces the 2018 Committee on Elimination of Discrimination Against Women (CEDAW). Concluding observations recommendation to: *'Allocate adequate resources for the implementation of outcome 4 of the National Plan to Reduce Violence against women and their children and enhance efforts to ensure the availability of women-only and women-led support services for victims of gender-based violence.'*¹¹⁰

Recommendation B1.i.: That Governments ensure comprehensive, secure and ongoing funding of specialist women's service services with minimum 3-5 year funding cycles.

DVNSW endorses the following recommendation made by the Australian Women Against Violence Alliance:

¹⁰⁶ The National Plan to Reduce Violence against Women and their Children 2010 – 2022.

¹⁰⁷ Parliamentary Library, Department of Parliamentary Services, *Research Paper: Domestic violence: issues and policy challenges*, 2015, p. 29.

¹⁰⁸ Parliamentary Library, Department of Parliamentary Services, 2015, p. 27.

¹⁰⁹ AWAVA, 2020, p. 6.

¹¹⁰ Committee on Elimination of Discrimination Against Women, *Concluding observation on the eight periodic report of Australia*, 2018, paragraph 28d.

Recommendation B1.ii.: That the Australian Government proactively builds the capacity of specialist women’s services as demand for services rises, including for their response, early intervention and prevention work, not only through resourcing but also by supporting meaningful structures to enable coordination across jurisdictions.¹¹¹

B2. Strengthen Response-Based Practice

The work of the Centre for Response-Based Practice in Canada should be considered in an Australian context. The Centre promotes socially just and effective responses to violence and other forms of oppression and adversity, through direct counselling services, education, research, supervision and advocacy¹¹². *‘Response-Based Practice is one of the most elegant, hopeful, generative, and respectful approaches that I have been privileged to come to know over a long number of years... It was so simple yet so profound. I say this not only as a professional who has been able to pass on this knowledge with clients but also as someone who has benefited first hand in my own recovery from a traumatic attack that I subsequently wrote about.’¹¹³*

Response-based practice provides simple yet effective guidance for effective responses to violence which uphold dignity. The core tenets of Response-Based Practice are centred around interaction and language:

1. Humans are best understood as social actors,
2. Dignity is central to individual and collective well-being,
3. Violence is social and unilateral,
4. Violence is, with rare exceptions, deliberate,
5. Resistance is ever-present,
6. Social responses are crucial,
7. Details of social interaction in context,
8. Fitting Words to Deeds: There are no neutral descriptions,
9. Misrepresentation: Verbal deception is central to most forms of violence, and
10. Four Operations of Language: (a) conceal or reveal violence, (b) obscure or clarify perpetrator responsibility, (c) conceal or elucidate victim responses and resistance, (d) blame and pathologize, or contest the blaming and pathologizing of victims.¹¹⁴

Response-based practice works strongly with intentional use of language, and is built on the knowledge that effective responses can ensure safety and healing, whereas negative responses can lead to

¹¹¹ AWAVA, 2020, p. 25.

¹¹² Centre for Response-Based Practice, viewed on 17 July 2020, <https://www.responsebasedpractice.com/>

¹¹³ I. McCarthy, *A Traumatic Intrusion with Transgressive Possibilities: Power as a Relational and Discursive Phenomenon*, Context. Oct, 2010, pp. 21-24.

¹¹⁴ Domestic Violence Service Management (DVSM), Insight Exchange, *PX Practice Exchange*, 2019.

compounding of harm. The practice has been utilised with resounding success in a number of countries internationally including Canada, Sweden and New Zealand.¹¹⁵

Response-Based Practice has been integrated into some elements of Australian practice with great success, including pilots in the child protection system and women’s criminal justice system in NSW. Insight Exchange is a DVSM program dedicated to listening to those with lived experience and to provide a platform (Insight Exchange Platform) through which those insights can be used, ‘*to further inform prevention and improved social, service and system responses*’.¹¹⁶ Since its inception in 2017, Insight Exchange has involved 1081 people with lived experience to share their knowledge in different ways.¹¹⁷ 606 Individuals from 179 contexts (e.g. Advertising & Entertainment, Tertiary Education Institutes, Human Resources, EAP Providers etc.) have interacted with that knowledge showing the immense interest in accessing victim-survivor informed and led programs.¹¹⁸ A variety of resources have been developed, including a safety planning tool called ‘*Follow My Lead*’ which speaks from the voices of people with lived experience who need the professionals and their social networks to be more prepared to respond effectively. There is more that can be done to implement Response-Based Practice in the Australian context, and provide wide-spread training to the SDFV sector on this method of working.

Recommendation B2: Invest in training for the Sexual, Domestic and Family Violence sector and bystander training in response-based practice.

B3. Coercive Control Legislation

Coercive control legislation has been seen as a way to remedy failings of the current criminal justice system in addressing sexual, domestic and family violence (SDFV) (More on legal responses under Term D)). A description of the experience of coercive control is offered under Term E). Legislation introduced in the UK offers important lessons for future legislative reform in Australia, where Tasmania is the only jurisdiction to have introduced legislation covering this offence. In 2015, coercive control legislation was introduced into England and Wales in 2015 and Scotland in 2018. Although there was an increase in the convictions of coercive control in England and Wales, there were substantial inconsistencies between jurisdictions and a lack of adequate police training and response.¹¹⁹ An empirical review into the implementation in England found that although there was an improvement in the ability to convict according to patterns of abuse experienced, there were also substantial concerns including that; the gender-neutral version of the legislation required revision; that there was a need for greater resourcing and training to improve understandings of the nature and impact of coercive control at all points of

¹¹⁵ M. Hydén, A. Wade, D. Gadd, *Response Based Approaches to the Study of Interpersonal Violence*, Springer, 26 Jan 2016.

¹¹⁶ DVSM Insight Exchange, *Engagement Report*, 2020.

¹¹⁷ DVSM Insight Exchange, 2020.

¹¹⁸ DVSM Insight Exchange, 2020.

¹¹⁹ M. McClenaghan & C. Boutard, *Questions raised over patchy take-up of domestic violence law*, The Bureau of Investigative Journalism, 2017.

contact within the criminal justice process; and that effective responses to domestic abuse need to be genuinely holistic.¹²⁰ DVNSW draws the committee's attention to a comprehensive review of coercive control legislation in various jurisdictions conducted in 2020 by Vanessa Bettinso which favours the Scottish model, and notes the shortcomings of other coercive control legislation including, greater evidentiary barriers for prosecution, limitation periods and a failure to factor in the consequences caused by the prohibited behaviour.¹²¹

SDFV sector experts as well as academics in Australia have questioned whether the introduction of coercive control offences will achieve its aims if resourcing and attention is not also paid to the practice and implementation of legislation.¹²² The current criminal justice system utilises an incident framework which is a substantially different paradigm than that of patterned coercive control offences. As noted in the *Systems Abuse* section of this submission under Term E), perpetrators of violence frequently utilise systems to inflict further harm upon victim-survivors, so the accompanying response must ensure that the primary aggressor is correctly identified. *'It is vital that frontline police officers truly understand coercive control and the impact it has on victims. These officers must be routinely provided with information and details about any previous incidents prior to attending any domestic abuse incident.'*¹²³ DVNSW supports efforts to improve justice responses to SDFV by considering the introduction of coercive control legislation upon the premise this is accompanied by a strong implementation plan including resourcing for police and the judiciary to better understand coercive control and for frontline services to support victim-survivors.

Recommendation B3.i: Building on the lessons from Scotland and the UK, state and territory Governments (excluding Tasmania) should conduct reviews into the efficacy of coercive control legislation in the Australian context prior to adapting or implementing.

Recommendation B3.ii: The introduction of coercive control legislation is accompanied by thorough training of all professionals in the justice system including police, and accompanying funding for Sexual Domestic and Family Violence services which will experience an increase in volume of workload.

¹²⁰ C. Barlow, K. Johnson, S. Walklate & L. Humphreys, *Putting Coercive Control into Practice: Problems and Possibilities*, The British Journal of Criminology, Volume 60, Issue 1, 2020, pp. 160–179, <https://doi.org/10.1093/bjc/azz041>

¹²¹ V. Bettinson, *A Comparative Evaluation of Offences: Criminalising Abusive Behaviour in England, Wales, Scotland, Ireland and Tasmania* in M. McMahon and P. McGorrery (eds), *Criminalising Coercive Control: Family Violence and the Criminal Law* (Springer, 2020), pp. 197-217.

¹²² J. Wangmann J., *Coercive Control as the Context for Intimate Partner Violence: The Challenge for the Legal System*. In: McMahon M., McGorrery P. (eds) *Criminalising Coercive Control*, Springer, Singapore, 2020.

¹²³ P. Neate, *Women's Aid welcomes coercive control law*, 29.12.2015, viewed on 19 July 2020, <https://www.womensaid.org.uk/womens-aid-welcomes-coercive-control-law/>

Term C) The level and impact of coordination, accountability for, and access to services and policy responses across the Commonwealth, state and territory governments, local governments, non government and community organisations, and business.

C1. Accountability and Transparency

Presently, there is a widespread lack of accountability, structures and mechanisms to enable the community to hold governments accountable for preventing and ending sexual, domestic and family violence. Peak bodies such as DVNSW exist in part to provide information and recommendations to the government, as well as to increase accountability and must continue to receive recurrent funding. Transparency and accountability must be a key element of improvements to system responses, with clear and transparent reporting mechanisms built into all levels of response.

Although some jurisdictions including Victoria have standards for specialist family violence service providers, there are no guidelines in NSW and other states and territories which ensure the accountability of DFV services. The DVNSW *Good Practice Guidelines* were developed in 2016 (reviewed in 2020), with thorough consultation with the DFV sector, providing good practice direction to all services working in the domestic and family violence sector in NSW on the fundamental operational aspects for effective service delivery to victim-survivors of domestic and family violence.¹²⁴ We believe that guidelines based on the DVNSW *Good Practice Guidelines* should be implemented in NSW, to ensure accountability and quality of service, and that all standards or guidelines for family violence service providers should be implemented in all other states and territories without this accountability measure.

Recommendation C1.i.: Implement standards for specialist sexual, domestic and family violence service providers (including men’s behaviour change programs) in all states and territories, consulting with key stakeholders and people who have experienced DFV in the development.

A consultative, transparent approach

In establishing the Safe State¹²⁵ policy platform, the NSW Women’s Alliance agreed that the work of government requires specialist guidance of representatives from non-government organisations and academia. Safe State invites the government to engage with the sector in a 'meaningful and effective way that values their skills and experience and enables them to genuinely influence and shape policy'.

¹²⁴ DVNSW, *Good Practice Guidelines for the Domestic and Family Violence Sector in NSW*, viewed on 17 July 2020, <http://dvns.org.au/wp-content/uploads/2017/08/DFV-Practice-Guidelines.pdf>

¹²⁵ Safe State, 2019, p. 39.

Recommendation C1.ii.: Ensure that each jurisdiction has accountability and participatory bodies which include NGO, government and importantly, lived expertise representatives.

A coordinated approach

DVNSW supports a holistic response to SDFV, including from state, territory and federal courts, police, health, community and government services, all tiers of government, non-government and charity services. Currently, we have a '*complex and fragmented human services system*',¹²⁶ that in essence acts as a barrier to access to services and justice. In NSW programs have been described as '*often ad hoc, short term and lacking coordination*',¹²⁷ and this experience is not inconsistent with responses in other jurisdictions. Across the nation and within states and territories, government initiatives and departments are not connected, leading to a lack of coherency and coordination. As an example, many DVNSW members do not frequently receive referrals from 1800 RESPECT despite their high volume of calls. Victim-survivors frequently '*fall through the gaps*' and are unable to access the support services they require, leading to poor health outcomes, compromising safety, injury and death¹²⁸.

The purpose of the National Plan to Reduce Violence against Women and their Children (The National Plan) is to establish and foster a coherent response to the problem of violence against women and their children.¹²⁹ Since 2008, there has been movement towards a whole-of-government level solution to the system fragmentation, including senior government representation in the identification and ownership of shared objectives and goals and the establishment of a specific advisory panel to COAG.

In 2016, the COAG Advisory Panel on Reducing Violence against Women and their Children delivered a final report to the COAG members on the implementation of the 2008 Plan of Action, that questioned the efficacy of existing efforts.¹³⁰ Eight years on from the publication of the Plan of Action, the COAG final report identified a continuing lack of national leadership to challenge gender inequality and transform community attitudes (being the root causes of violence against women). DVNSW endorses the following recommendations from the COAG Advisory Panel on Reducing Violence against Women and their Children specifically directed towards achieving gender equality and promoting cultural change:

All Commonwealth, state and territory governments should:

- A. demonstrate national leadership through a shared commitment to building a culture that challenges gender inequality and social norms that support violence against women,

¹²⁶ Australian Government, Department of Social Services, *Time for Action: The National Council's Plan for Australia to Reduce Violence against Women and their Children 2009-2021*, 2012, p. 149.

¹²⁷ Safe State, 2019, p. 38.

¹²⁸ NSW Government, *NSW Domestic Violence Death Review Team Report 2017-2019*, 2019.

¹²⁹ Australian Government, Department of Social Services, 2012.

¹³⁰ COAG Advisory Panel on Reducing Violence against Women and their Children, *Final Report*, 2016.

- B. work with *corporate* Australia to establish a national corporate alliance to take collective action to address gender inequality and violence against women and their children,
- C. commit to a *long-term national primary prevention strategy*, drawing on the shared framework for the primary prevention of violence against women and their children in Australia,
- D. work with education institutions and professional bodies to ensure that professionals likely to come into contact with victims and perpetrators of violence can identify and respond to violence against women and their children, and understand the impacts of gender and social inequality.

¹³¹

DVNSW endorses the following recommendations from the Australian Women Against Violence Alliance submission to this Inquiry:

Recommendation C1.iii.: To adequately resource all initiatives under the National Plan, ensuring funds can be tracked and monitored.¹³²

Recommendation C1.iv.: Establish an adequate, timely, well-funded, independent monitoring and evaluation mechanism for the Second National Plan, which incorporates accountability and governance mechanisms.¹³³

Recommendation C1.v.: Identify robust short and mid-term indicators for longer-term change under the plan, drawing on Our Watch's *Counting on Change* guide.¹³⁴

Recommendation C1.vi.: Provide for the comprehensive evaluation of all the initiatives the National Plan resources, ideally 'built in' to program design. These should be in line with the UN Women's Handbook for National Action Plans on Violence against Women standards and be:

- A. Time specific and measurable indicators and targets,
- B. An institutional multi-sectoral mechanism to monitor implementation,
- C. Meaningful participation of civil society and other stakeholders, and
- D. Evaluation of practice and system.¹³⁵

Additionally DVNSW recommends that:

¹³¹ COAG Advisory Panel on Reducing Violence against Women and their Children, 2016.

¹³² AWAVA, 2020, p.28

¹³³ AWAVA, 2020, p.28

¹³⁴ AWAVA, p.28

¹³⁵ UN Women, *Handbook for National Action Plans on Violence against Women*, 2012.

Recommendation C1.vii.: The second National Plan is developed to align with other current National plans and strategies including the 2020-2030 Women’s Health Strategy and Closing the Gap.

C2. Domestic Violence Legislation

Overall, federal, state and territory governments share responsibility for working towards an end to domestic and family violence (DFV). Currently, DFV legislation is largely the jurisdiction of the state and territories (apart from its role in the Family Law framework).

The Family Law Council in its 2015 Interim Report, described a case study that was reflective of numerous cases currently falling through the jurisdictional gap, as follows:

‘There were competing applications for parenting orders, allegations of extreme family violence, and multiple notifications to the Department of Community Services resulting in steps being taken in the Children’s Court to remove the children from both parents. As at the date of the Interim Report, the family had been involved in litigation for four years, proceedings had taken place in the Family Court, the Children’s Court, and other state courts, and the matter had variously come before six different judicial officers.’¹³⁶

This case study is common of client experiences from DVNSW member services. The potentially unnecessary duplication comes at a high cost to the welfare of children and parties at the centre of the litigation. The example is *‘illustrative of structural and systemic problems that are not conducive to resolving disputes at the lowest financial, emotional, psychological costs.’¹³⁷*

At the moment, there is neither a) a streamlined process for dealing with domestic violence, protection of children and family law, in one place; nor is there b) an effective information sharing protocol between the federal family courts and the state/territory courts.

DVNSW partially endorses recommendations 2 and 3 of the Australian Law Reform Commission (ALRC)’s Final Report on An Inquiry into the Family Law System¹³⁸, which specifically targeted the lack of information sharing between the state court/systems and the federal courts, and the substantial jurisdictional divide, due to reasons below. However, DVNSW does not support a blanket adoption of the ALRC recommendations on the basis that information sharing must be tempered by domestic violence risk analysis, and safeguards must be built into the system to uphold the safety of women, children and LGBTQ people experiencing violence. Women’s Legal Services Australia (WLSA) has raised

¹³⁶ Family Law Council, *Families with Complex Needs and the Intersection of the Family Law and Child Protection System: Interim Report*, 2015, pp. 37-39.

¹³⁷ Commonwealth of Australia, *Australian Law Reform Commission Report 135*, 2019, p. 37.

¹³⁸ Commonwealth of Australia, *Australian Law Reform Commission Report 135*, 2019, p. 15.

concerns regarding: the ability to analyse and interpret the shared information; the privacy of sensitive and personal records; and access to the records when parties do not have legal representation.¹³⁹

DVNSW supports the restricting of sharing of information to risk-relevant information and to ensuring there are safeguards against any inappropriate use. Further, information must not be shared with perpetrators in cases where SDFV has been identified and consent should always be provided before victims-survivors' information is shared. DVNSW recommends that the Australian Government, and state and territory governments, develop an appropriate framework that crosses over the family law system and other federal, state and territory systems, include family support services and the family violence and child protection systems. The framework must prioritise the safety of women and children.

Recommendation C2.ii.: A careful and considered adoption of the Australian Law Reform Commission's Recommendations 1, 2, and 3 regarding increased information-sharing, with particular focus on safeguarding the privacy of victims of sexual, domestic and family violence.

Term D) The way that health, housing, access to services, including legal services, and women's economic independence impact on the ability of women to escape domestic violence.

D1. Health Services

Sexual, Domestic and Family Violence (SDFV) has profound, short and long-term health consequences on women, children and LGBTQ people. The Australian Longitudinal Study on Women's Health found that women who have experienced intimate partner violence have poorer mental and physical health throughout their lives, and are likely to experience post-traumatic stress disorder (PTSD) and complex PTSD.¹⁴⁰ DFV contributes to more death, disability and illness in women aged 15 to 44 than any other preventable health risk factor.¹⁴¹

The National Women's Health Strategy 2020-2030 names the health impacts of violence against women and girls as one of five key priorities.¹⁴² Within this priority area the National Strategy calls on Governments to:

1. Raise awareness of the health impacts of violence against women and girls
2. Address health and related impacts of family and sexual violence

¹³⁹ Women's Legal Service Australia, *Submission to the ALRC's Issues Paper on Review of the Family Law System*, 2018.

¹⁴⁰ D. Loxton, X. Dolja-Gore, A.E. Anderson & N. Townsend, *Intimate partner violence adversely impacts health over 16 years and across generations: A longitudinal cohort study*. PLoS ONE 12(6), 2017.

¹⁴¹ VicHealth, *The health costs of violence: Measuring the burden of disease caused by intimate partner violence, A summary of findings*, Victorian Health Promotion Foundation, Melbourne, 2004.

¹⁴² Commonwealth of Australia (Department of Health), *The National Women's Health Strategy 2020-2030*, 2018.

3. Co-design and deliver safe and accessible services for women experiencing family, intimate partner and/or sexual violence.¹⁴³

Evidence demonstrates that victim-survivors of DFV often first seek support through a health service, with 1 in 5 disclosing DFV for the first time to a GP.¹⁴⁴ Women recovering from SDFV may require various support services, depending on their circumstances, including counselling, social support, parenting support, peer-support, financial advice and support and/or legal support. Health services do not have uniform approaches or commonly have specialised, evidence-based responses to disclosures of SDFV. A review of women's health services commissioned by the NSW Ministry of Health noted that 'it was sometimes difficult for women in NSW to access mainstream health services, especially women who have complex needs, women living on limited means and women who have experienced gender-based abuse.'¹⁴⁵ In NSW, 21 Women's Health Centres (WHCs) provide an avenue for these women to access health-related care and support. The 2017 review has identified that there are real benefits experienced by women as a result of the services offered through the WHCs, and it appears that the centres contribute to the following NSW health priorities:

- reducing intimate partner violence-related burden of disease,
- reducing mental health related burden of disease,
- reducing cancer-related burden of disease, and
- preventing or delaying chronic disease.

Recommendation D1 i: Ensure resourcing and training for the healthcare workforce to appropriately respond to disclosures of violence and support victims/survivors with care and referrals.

Recommendation D1 ii: Adequately fund Women's Health Centres to provide specialist health and therapeutic programs for women experiencing violence.

DVNSW endorses the following recommendation made by the Victorian Royal Commission into Family Violence:

Recommendation D1 iii : To increase investment in programs to ensure that people who have been affected by family violence have timely access to group-based or individual counselling for as long as they need, delivered by practitioners with appropriate training.¹⁴⁶

Trauma Recovery Centre

¹⁴³ Commonwealth of Australia (Department of Health), 2018.

¹⁴⁴ J. Spangaro & A. Zwi, *After the Questions: Impacts of Routine Screening for Domestic Violence in NSW Health Services*, School of Public Health and Community Medicine, The University of New South Wales, 2010, p. 22.

¹⁴⁵ NSW Government, *Mapping of NSW Women's Health Centres*, 2017.

¹⁴⁶ NSW Government, *Mapping of NSW Women's Health Centres*, 2017, Recommendation 104.

In the NSW Illawarra region, the Illawarra Womens' Health Centre is proposing a state-of the art, purpose-built, Women's Trauma Recovery centre where the various health needs of women who have experienced SDFV can be addressed under one roof. This holistic trauma recovery support is currently not available anywhere in Australia. The proposed Women's [domestic and family violence] Trauma Recovery Centre in the Illawarra will be a specialised evidence-based Centre of Excellence, focusing on the emotional, mental and physical impacts of trauma. The Trauma Recovery Centre proposal aligns closely with National Priority Five of the the *Fourth Action Plan for the National Plan to Reduce Violence against Women and their Children 2010–2022*: improve support and service systems responses and its associated action to, '*collaborate across services, sectors and workforces to ensure responses to women affected by domestic, family and sexual violence are coordinated, meet women's needs, avoid women having to retell their story and promote their recovery,*'¹⁴⁷ The Trauma Recovery Centre also speaks directly to the *National Women's Health Strategy 2020-2030* and the key measures of success to increase the number of services available and the number of women accessing these services and to reduce the gap in mental and physical health trajectories between women who have and have not experienced violence.¹⁴⁸

A lot of people in these [abusive] relationships, especially women with disabilities, are too afraid to get out because they're afraid that the guy might chase them. This is where we need the trauma centre. We need a place that they can go to and feel safe and feel that they're not going to get hurt any more and not get killed.

Jacquie, DVNSW Voices for Change Advocate

Recommendation D1 iv: Invest \$10 million in a Women's [domestic and family violence] Trauma Recovery Centre in the NSW Illawarra region, over the next 3 years with a view to rolling out nationally following successful evaluation.¹⁴⁹

Acquired Brain Injury

More work is needed to address the issue of acquired brain injury (ABI). A Victorian study demonstrated that 2 in 5 victims of family violence over a decade had sustained a brain injury; nearly 1 in every 3 of the victims of family violence were children, and, of those, 1 in every 4 had sustained a brain injury¹⁵⁰. DVNSW members note that in most hospitals, women with an ABI (or suspected or potential, through choking for example) are not referred to the Brain Injury Unit unlike sports people or kids who are routinely and systematically referred and given high quality support. ABI may be identified at the time of

¹⁴⁷ Commonwealth of Australia, *Fourth Action Plan—National Plan to Reduce Violence against Women and their Children 2010–2022*, 2019, p. 6.

¹⁴⁸ Commonwealth of Australia, Department of Health, *National Women's Health Strategy 2020-2030*, 2019.

¹⁴⁹ Women's Trauma Recovery Centre, viewed on 19 July 2020, <https://womenstraumacentre.wordpress.com/>

¹⁵⁰ Brain Injury Australia, *The prevalence of acquired brain injury among victims and perpetrators of family violence*, 2018.

injury or in the weeks and months following, and can have serious long-term health consequences if untreated¹⁵¹. More work is needed to ensure that specialist SDFV practitioners and health practitioners are trained to assess for risk of ABI and refer for treatment as necessary.

DVNSW endorses the following recommendation from Brain Injury Australia's 2018 report:

Recommendation D1 v: Develop and distribute information and resources on brain injury; including additional screening questions for brain injury in family violence risk assessments; pilot an integrated brain injury and family violence service; and mapping and developing services and supports for all people with a brain injury, including those at increased risk of perpetrating of family violence.¹⁵²

D 2. Housing and Homelessness:

It is widely known and accepted that domestic and family violence is a leading cause of homelessness amongst women.¹⁵³ DFV is also a prevalent cause of homelessness amongst LGBTQ people.¹⁵⁴ In NSW accommodation and support provided by Specialist Homelessness Services (SHS) remains the principal response for people experiencing homelessness. SHS (including women's refuges) are distinctive services that enable women and their children to relocate to escape violence and enable them to relocate to a place of safety. In 2018/19 SHS providers assisted 73,500 people in NSW. Significantly, DFV accounted for the largest cohort of people seeking assistance at 34%, with the next largest group 31.7% being those experiencing mental health difficulties. Of the overall homeless population seeking assistance from SHS providers, 36% of all people assisted by the SHS were categorised as single parent families with children.¹⁵⁵

Prior to COVID-19, research indicated that despite the investment in SHSs, thousands of vulnerable women with dependent children were experiencing homelessness every year in NSW as a result of DFV.¹⁵⁶ Whilst SHSs are able to move women seeking assistance into temporary housing, very few move into stable, long-term, appropriate accommodation due to a lack or absence of suitable housing. Analysis of SHS data for 2018-19 research conducted by the Australian Institute of Health and Welfare (AIHW) illustrates this problem.¹⁵⁷ In NSW, 5.4% of persons experiencing domestic and family violence had no

¹⁵¹ D. Ayton, E. Pritchard, & T. Tsindos, T., *Acquired Brain Injury in the Context of Family Violence: A Systematic Scoping Review of Incidence, Prevalence, and Contributing Factors*, Trauma, Violence, & Abuse, 2019, doi.org/10.1177/1524838018821951.

¹⁵² Brain Injury Australia, 2018, p. 43.

¹⁵³ Commonwealth of Australia, *The Road Home: A National Approach to Reducing Homelessness*, 2018, p. viii.

¹⁵⁴ Australian Institute for Health and Welfare (AIHW), *Specialist Homelessness Services Annual Report annual report 2018-19*, 2019.

¹⁵⁵ Australian Housing and Urban Research Institute (AHURI), *Housing outcomes after domestic and family violence, Final Report Number 311*, 2009.

¹⁵⁶ AHURI, 2009.

¹⁵⁷ AIHW, 2019.

shelter or were living in improvised dwellings, 14% were ‘couch surfing’ with no tenure plan and 20% remained in short-term temporary accommodation at the end of a SHS support period.¹⁵⁸

Even more alarming is that these shocking figures do not represent true homelessness numbers due to the hidden nature of women and LGBTQ people’s homelessness, and frequent misconceptions of their realities in homelessness. Women tell DVNSW member services that they will often stay with friends or family, as opposed to seeking support from SHSs. In 2017 almost 2 in 3 (64%, or 392,000) women who temporarily separated from their most recently violent previous partner moved out of home during one or more temporary separations, and 4 in 5 (81%, or 319,000) of those women stayed at a friend or relative’s house.¹⁵⁹

Women experiencing homelessness as a result of domestic and DFV have different housing needs, in terms of the size or configuration of their home, how accessible it needs to be, how much they can afford to pay for it, and where they want to live. Services and women impacted by domestic and family violence tell us that many women prefer to remain in their local area where they have connections and links. The decision they make about their housing is often based on complex and dynamic judgements arising from the needs and safety for themselves, and their children.

Safe at Home Programs

Staying in their own homes is the preference for some women and children experiencing DFV, preventing victim-survivors from experiencing homelessness and from having to leave work, schools and other support networks. Safe at home programs such as Staying Home Leaving Violence (SHLV) in NSW can provide the level of support and safety that women require to be safe after the perpetrator of violence leaves¹⁶⁰. Despite positive evaluations¹⁶¹ SHLV is not available in all jurisdictions of NSW, and there are similarly not Safe at Home programs available in all regions of Australia.

Crisis Accommodation

Many women escaping violence spend time in women’s refuges (crisis accommodation) whilst they deal with practical and emotional issues in a safe space. Refuges are an important element of the service system, supporting women’s recovery after violence and abuse. The last decade has seen a range of provision develop, with different models of accommodation and support, for example refuges core and cluster models and communal facilities. These different models can provide very different experiences for the women and their children who live there. Whilst an average stay at a refuge in NSW is somewhere between 6-13 weeks, this will depend on the individual circumstances of a woman. Many women are forced to stay in crisis accommodation longer than their safety needs require due to an

¹⁵⁸ AHURI, 2009.

¹⁵⁹ ABS, *Personal Safety Study, Australia, 2016*. ABS cat. no. 4906.0. Canberra, ABS, 2017.

¹⁶⁰ R. Edwards, *Staying Home Leaving Violence: Listening to women’s experiences*, SPRC Report 4/11, report prepared for the NSW Department of Human Services, Community Services, University of New South Wales Sydney, 2011.

¹⁶¹ Edwards, 2011.

absence of appropriate medium to long-term housing options. For women on temporary visas this problem is further exacerbated by the absence of housing options outside of the private rental market.

Women's challenges in securing support at refuges are created through a number of structural barriers and inequalities within the current system e.g. location (isolation associated with either distance from community networks or the need to avoid proximity of perpetrators). Acute shortages in crisis, transitional and long-term housing particularly in regional and remote areas mean Indigenous women and children are turned away from refuges because they are at capacity.¹⁶² Where there are no safe crisis accommodation options, women are forced to stay living with or return to people using violence. The NSW Domestic Violence Death Review Team has repeatedly reported on homicides which occurred due to a lack of crisis accommodation.¹⁶³ Additionally, there are limited specialist DFV crisis accommodation options which are safe and accessible for LGBTQ people.

Agency responses (eligibility criteria relating to issues such as mental health and drug and alcohol use) and government policy restricting access to housing products to women who are permanent residents or have Australian citizenship create additional barriers, as DVNSW expand upon under term H). Whilst some services offer supported housing to women on temporary visas, many services tell us they are forced to limit the number of women they take on because they are not adequately funded to provide places.

The private rental market

A key NSW Government policy response to the growing demand for housing for victim-survivors of violence has been the introduction of the Rent Choice (Start Safely) product. The growing reliance on private rental subsidies as a way to achieve long term housing outcomes has become increasingly problematic as rent assistance has failed to keep pace with the increases in rent, leaving the private rental market largely unaffordable and out of reach for many people who have experienced DFV. A major contributing factor to the affordability of private rental properties for people receiving rental assistance stems from this assistance being indexed to the Consumer Price, whilst average rents have increased by much higher rates.

In 2016, 231,000 low-income households were living in rental stress (i.e. paying more than 30 per cent of their income in rent).¹⁶⁴ Findings from the Australian Housing and Urban Research Institute in December 2019 highlights an acute, and increasing national shortage of private rental dwellings for low income households. This relates to households whose annual earnings fall within the bottom quintile (0-20%) of Australia income distribution. Of these households 80% were paying unaffordable rents (89 per cent in metropolitan areas and 92 per cent in Sydney).¹⁶⁵

¹⁶² K. Cripps & D. Habibis, *Improving housing and service responses to domestic and family violence for Indigenous individuals and families*, AHURI Final Report 320, Melbourne, 2019, doi: 10.18408/ahuri-7116201.

¹⁶³ NSW Government, *Domestic Violence Death Review Team Report 2015-2017*, 2017.

¹⁶⁴ ABS, *Catalogue 4130.0 - Housing Occupancy and Costs, 2017-18*, Canberra, ABS, 2019.

¹⁶⁵ K. Hulse, M. Reynolds, C. Nygaard, S. Parkinson & J. Yates, J., *The supply of affordable private rental housing in Australian cities: short-term and longer-term changes*, AHURI Final Report 323, 2019.

A snapshot survey of over 69,000 rental listings across Australia, conducted by Anglicare Australia in April 2009, made similar findings. This report cites a chronic shortage of affordable rentals across Australia, with only 0.5% of available properties identified as affordable for single parents on parenting payment. This report concluded that over the past decade the private rental market has failed to provide affordable housing for Australians on low incomes. There is no evidence that this will change.¹⁶⁶

Overall the private rental market provides a limited solution to women and LGBTQ people experiencing, or at risk of, homelessness as a result of DFV due to; the high cost of rent, more demand than supply for the Q1 quintile of the private rental market and a failure of the market to produce more affordable properties, low income through income support streams and rental assistance linked to CPI and not to market conditions.

Social housing and affordable housing

For many women and children and LGBTQ people who have escaped family and domestic violence, social or community housing would be the most suitable option to support them at this critical time. In the DVNSW 2019 Private Rental survey, DVNSW members reported that less than a fifth of clients 18.4% accessing the Start Safely rental subsidy had previously rented and wanted to continue to continue renting in the private market whereas over three quarters of women (76.3%) were doing so because there was no suitable social or community housing available.¹⁶⁷

Over the past ten years, social housing as a proportion of overall New South Wales housing has declined, which is a major contributing factor to the problem of homelessness. The Auditor General reported in 2016 that Land and Housing Corporation (LAHC) had been disposing of more properties than it had added in recent years (except during the National Economic Stimulus Building years 2009 to 2012).¹⁶⁸ In 2016 there was a wait list of 50,000 people for social housing in NSW.¹⁶⁹ It is critical to the growing number of women and LGBTQ people experiencing homelessness as a result of DFV that the quantity, location and timing of the supply of social housing is considered as a priority when considering the provision of housing.

Research highlights how dependence on social housing is markedly high for Aboriginal and Torres Strait Islander women due to the extent to which Aboriginal women are excluded from the private rental market due to racism and the factors that comprise the intersectionality of Aboriginal women (i.e poverty, gender, ethnicity).¹⁷⁰ It is essential that the needs of Aboriginal women and their preferred choice of suitable housing are considered as paramount. Acute shortages of crisis accommodation and

¹⁶⁶ Anglicare Australia, *Rental Affordability Snapshot, National Report*, April 2019.

¹⁶⁷ Domestic Violence NSW (DVNSW), *Specialist Homelessness Services Members Survey*, 2019.

¹⁶⁸ Audit Office of New South Wales, *New South Wales Auditor-General's Report, Making the best use of public housing NSW*, NSW Land and Housing Corporation, 2013.

¹⁶⁹ P. Davidson, P. Saunders, B. Bradbury & M. Wong, *Poverty in Australia 2020: Part 1, Overview*. ACOSS/UNSW Poverty and Inequality Partnership Report No. 3, Sydney: Australian Council Of Social Services, 2020.

¹⁷⁰ K. Cripps & D. Habibis, 2019.

long-term housing options (particularly in regional areas) means that Aboriginal women often experience repeated abuse and further periods of homelessness.

A holistic approach to addressing homelessness

Overall, it is evident that the current system is not working effectively and that a more holistic approach is needed. An absence of appropriate exit accommodation and housing pathways means that SHS assistance is not able to function as a mechanism for moving people into long term sustainable housing. For many women and especially those with young and/or traumatised children there are inherent problems with the current system including; a chronic shortage of social housing and the availability of affordable private rental housing in suitable areas i.e.; near community and/or family or other kinship and support networks, services and schools. There is a lack of options for LGBTQ people.

Supporting the construction of new buildings or purchasing existing developments (impacted by the COVID-19 economic downturn) will go a long way to providing a concrete solution to assist the 40% of women experiencing domestic and family violence who have no long term housing at the end of an SHS support period. Undertaking an analysis of available housing data will inform the type and location of construction which is a key component to ensuring sufficient housing exists.

Recommendation D2 i: Construct new social and affordable housing.

An opportunity exists to reduce the demand for private rental properties through the Government working with developers to build homes for low income workers on rent-to-buy or similar schemes. This will enable increased participation in home ownership for suitable low income households and therefore result in removing these households from the private rental market as well reducing demand for social and community housing.

Recommendation D2 i.i: Introduce Government backed home buying schemes.

There has been a tendency from both state and federal governments over recent decades to incorporate services for homeless people into mainstream services and systems despite evidence of the effectiveness of specialist women's services (See Term B). This coupled with an approach to commissioning that has led to creating unnecessary insecurity in communities and services has contributed towards a fragmented service system. Funding SDFV services based on rolling contracts, prioritising effectiveness over efficiency, with funding agreements that provide flexibility to respond to community need will result in a genuine collaboration where honest conversations can take place about what is working and what isn't.¹⁷¹ Experimenting with different forms of community engagement is required to embrace communities ready to lead decision making whilst recognising in other communities it might be more natural for the Government to design structures with a view to

¹⁷¹ Sydney Policy Lab, *Building Great Communities: A collective vision for service design and delivery in NSW*, The University of Sydney, 2019.

supporting community leadership. This approach is critical to support Indigenous women to make informed choices through culturally appropriate services enabling communities to decide on the types of properties, location and support models they require.

Good human service design involves removing barriers that discriminate against particular sections of society and embracing cultural diversity. This will require the removal of the permanent residency or Australian citizenship requirements from the eligibility criteria for social housing, and for rental assistance products and subsidies.

Recommendation D2 i.ii: Establish agreement from Government on overarching principles for good human service design and delivery.

Services providing support to women and LGBTQ people experiencing homelessness as a result of DFV have continued to provide high quality support despite increasing demand and working within an environment of funding uncertainty. An immediate 20% increase in funding, coupled with rolling contracts (or a minimum 5 year contract), would provide greater certainty whilst enabling services to provide a much needed continuum of support. This would be a strength based approach to working with women impacted by domestic and family violence to sustain their accommodation, as well as providing NSW Government with baseline data on homeless women which to compare the long term outcomes for women exiting SHS. There is a need to support women and LGBTQ people who have experienced violence whilst in social housing and levels to be proportionate to need and supply.

Recommendation D2 i.iii.: Increase funding of Specialist Homelessness Services by 20%

Whilst there are accreditation systems in place in the Homelessness Services system in many states these accreditation systems cover specific aspects of service delivery but do not consider the unique way that specialist DFV services support women and LGBTQ people experiencing violence. Improving local provision and quality of services through a set of criteria through which dedicated specialist services can evidence their quality. Embodying the principles outlined in the Domestic Violence NSW Good Practice Guidelines and translating feminist front line practice to a set of practice standards is key to ensuring consistent equality of access and best practice responses. Awarding a Quality Kite Mark to services meeting the standards will also support commissioners to make choices about how public money is spent.

Recommendation D2 i.iv: Implement minimum National Standards for Sexual, Domestic and Family Violence Service, building on available guidelines such as the DVNSW Good Practice Guidelines

D3. Access to Sexual, Domestic and Family Violence services (SDFV services)

Across Australia, there is a lack of adequate funding allocated to specialist SDFV services, which impedes the ability of women, children and LGBTQ people experiencing violence to access support and safety. The call for adequate funding to the sector in an open letter to the Women's Safety Minister by Fair Agenda, has been unanimously agreed to and was signed by over 80 groups.¹⁷² The need for additional resourcing was included as a recommendation by the Victorian Royal Commission into Family Violence¹⁷³ and the NSW Women's Alliance.¹⁷⁴ In the 2020 DVNSW COVID member survey, lack of adequate funding was routinely named as a concern to member organisations.

In the 2020 AWAVA survey on the standards of service provision for victims-survivors of gender-based violence,¹⁷⁵ victim-survivors demonstrated appreciation and recognition of the importance of specialist DFV services to increasing safety. The lack of funding was also apparent to victim-survivors in their responses to the survey. Resource reduction in areas critical to community resilience will cost more in the future. Resourcing should not be guaranteed through philanthropic donation but must be appropriately viewed as a government obligation.

DVNSW endorses the Australian Women Against Violence Alliance's recommendations to:

Recommendation D3.i :Prioritise funding and resourcing of the specialist women's services in prevention and response to all forms of violence against women and where appropriate to generalist services that are competent in responding to the needs of women and their children facing violence¹⁷⁶.

Recommendation D3.ii : Enhance coordination and integration between essential service providers ie. health, welfare, justice, police and financial institutions to minimise number of visits and streamline referral pathways for victim-survivors of violence.¹⁷⁷

As outlined in Term H), there are specific and complex issues which LGBTQ people face in accessing services. DVNSW endorses the submission to this inquiry from ACON outlining concerns to access of SDFV services for LGBTQ people. In NSW as in many other jurisdictions, there is a shocking lack of specialist services for this demographic, although there is a demonstrated need. We refer to our recommendations under Term H) for LGBTQ people.

¹⁷² R. Carr, *Joint letter to Women's Safety Ministers: five urgent safety actions to lock in*, 5 March 2020, viewed on 17 July 2020, https://www.fairagenda.org/blog_womenssafetyministers

¹⁷³ State of Victoria, *Royal Commission into Family Violence: Summary and recommendations*, Parl. Paper No 132 (2014–16), 2016.

¹⁷⁴ NSW Women's Alliance, *Safe State: Acting to End Sexual, Domestic and Family Violence*, 2019.

¹⁷⁵ AWAVA, *The role of the specialist women's services: Survey on the standards of service provision for victims/survivors of gender-based violence*, 2020.

¹⁷⁶ AWAVA, 2020, p.27.

¹⁷⁷ AWAVA, 2020, p.27.

There is a need for an increase in the specialist SDFV workforce. In NSW, a survey of specialist homelessness services workers revealed that the age profile of specialist domestic violence services was higher than staff in other SHS services, with 27.4% of the staff being aged 55 or over.¹⁷⁸ The age profile of NSW SHS workers suggests a need for domestic and family violence services to plan for workforce sustainability in the context of the likely retirement of large proportions of staff in the next decade. In order to increase the skilled workforce, access to education is critical, however DVNSW shares the concerns of the Australian Association of Social Workers (AASW), Australian Services Union and other groups that social work and other human services degrees will increase in costs under changes proposed by the Federal Government. *'Social workers are essential, frontline services that are currently under-resourced, with a predominantly female workforce. A disproportionately large higher education debt for a profession that is there to assist the most vulnerable in society, and which is not a high-earning profession is not a policy position that is acceptable.'*¹⁷⁹ DVNSW believes that in order to increase the workforce capacity of the SDFV sector, continued education must be accessible, and that workforce capacity plans must be implemented.

Additionally there is a high level of vicarious trauma and burn-out in the SDFV sector. A 2017 Victorian family violence workforce census revealed that almost 1 in 3 specialist practitioners were considering leaving their job due to burn out.¹⁸⁰ Burn-out and vicarious trauma can be reduced and managed through supervision, support and organisational policies, however these require resourcing.

Recommendation D3.iii. Develop a plan to increase the workforce capacity of the specialist SDFV and Men's Behavioural Change sectors through close consultation with Sexual, Domestic and Family Violence peak bodies and No To Violence.

D4.1. Access to legal services and the impact of this

Women, children and LGBTQ people's access to legal services and protection from police are not consistent across Australia, and these varied responses contribute to victim-survivors ability to escape DFV. Eight in ten women in Australia who experience violence from a current partner don't contact the police.¹⁸¹ *'The criminal legal system and social attitudes about gender and sexual violence minimise the perspective of survivors, and do not provide just outcomes.'*¹⁸² Beyond access to legal services, people experiencing SDFV require more comprehensive, innovative, non-traumatic and culturally appropriate options to support them.

¹⁷⁸ N. Cortis & M. Blaxland, *Training and workforce development in Specialist Homelessness Services*, Social Policy Research Centre, 2018.

¹⁷⁹ C. Smith, *Statement from AASW CEO Cindy Smith on proposed fee changes to higher education*, 20 June 2020, viewed on 21 July 2020

<https://www.aasw.asn.au/social-policy-advocacy/higher-education-proposed-fee-changes-2020>

¹⁸⁰ Victorian Government, *Family Violence Workforce Census*, 2017.

¹⁸¹ AIHW, 2018.

¹⁸² Elizabeth Evatt Legal Centre, *'The Cicada Project'*, viewed on 19 July, <https://www.eelc.org.au/cicada-project>

Restorative Justice focuses upon acknowledging and repairing the harm caused by criminal behavior. It can be accomplished through cooperative processes that allow victim-survivors, perpetrators and affected friends and family members to meet, leading to the transformation of people, relationships and communities. The restorative justice process can empower people harmed, by providing an avenue through which their voices can be clearly heard, and an opportunity for the person responsible to be accountable for their actions.¹⁸³ The safety and agency of Victim-Survivors must remain central in restorative justice practice. There is a growing body of Australian and International evidence supporting the efficacy of restorative justice practice to address SDFV.¹⁸⁴

Recommendation D4.1.i.: Investigate and invest in alternative dispute resolution solutions to Sexual Domestic and Family Violence such as restorative justice, acknowledging that the majority of victim-survivors do not access the legal system.

Increasing Women's Access to Legal Services

As outlined in term A) of this submission, historical and continuing gender inequalities have resulted in women suffering economic, health, social and political disadvantage. These intersectional drivers of SDFV also place women in a position of disadvantage when seeking to access the legal system. They face a lack of information about their rights, difficulty balancing access with child-minding duties, financial limitations and disadvantage in accessing a court system that is the product of a patriarchal society. Women who experience SDFV suffer particular systemic discrimination when accessing the courts, and if this is coupled with being from a marginalised group, the barriers are even more prominent. Marginalised groups such as women with disabilities, Culturally and Linguistically Diverse (CALD) women, Aboriginal and Torres Strait Islander women, LGBTIQ people and women in prison all face their own additional barriers to accessing justice.

Women's legal services provide a gender-informed and safe space for women to obtain assistance, information and advice, yet these services are underfunded and generally operating at capacity. Women's legal services operate within the realms of family law, child protection and domestic violence (civil law claims) and discrimination law, to provide referrals, advice and continuing legal assistance (in and out of court). These services address crucial social issues that if not addressed, have the potential to generate significant and detrimental economic consequences in the future.

Recommendation D4.1.ii: That the Australian, state and territory governments ensure secure, long-term, increased funding to women's legal centres

¹⁸³ Elizabeth Evatt Legal Centre, *The Cicada Project*, viewed on 19 July <https://www.eeclc.org.au/cicada-project>

¹⁸⁴ Elizabeth Evatt Legal Centre, *Restorative justice practice and research*, viewed on 19 July <https://www.eeclc.org.au/cicada-project>

The need for additional SDFV training for Police

In NSW, frontline services including the Women's Legal Services and the Women's Domestic Violence Court Advocacy services frequently support women who are cross-applicants in applying for a protection order. *The use of the law against victims of IPV [Intimate Partner Violence] is rarely depicted as part of their continuing experience of violence, yet it is seen that way by victims and clearly evidences a type of act that is directed at exerting control (or reasserting control).*¹⁸⁵ As noted in the discussion of Systems Abuse under Term e), legal systems are frequently abused by perpetrators of violence to further harm towards victim-survivors. Frontline workers have observed that perpetrators of violence use the protection order system to commit 'systems abuse' by encouraging police officers to apply for a protection order against the genuine victim-survivor.¹⁸⁶ There is a strong need for a greater recognition of systems abuse within the police and the judiciary and training to enable the correct identification of the primary aggressor.

A review of the progress of various Australian states and territories on shifting police attitudes and skills to promote a holistic and victim-centric approach, whereby police '*consider the wider circumstances and relationship dynamic rather than simply attending an isolated 'incident,'*¹⁸⁷ revealed that there is a lack of consistency between the states/territories. Police officers report limited training and low confidence in applying the current risk assessment tools.¹⁸⁸ Research demonstrates that, '*nearly 60 percent of police surveyed indicated their belief that 'often' victims assisted a perpetrator to breach a Domestic Violence Protection Order, affecting enforcement.*¹⁸⁹ National Family Violence Prevention Legal Services Forum raised concerns that police may '*disbelieve, minimise or trivialise*¹⁹⁰ SDFV experiences of Aboriginal and Torres Strait Islander people.

Successive NSW Domestic Violence Death Review Team (DVDRT) Reports also call for the need for continuous improvements to police training and support when attending DFV incidents. DVNSW endorses recommendation 2.1 of the DVDRT Report 2015-2017, being:

'That the NSW Police Force reviews how it captures, records and displays data on domestic violence events with a view to making appropriate changes that would support operational police to view the incident holistically and in the context of the history of the parties and relationship. This will assist police

¹⁸⁵ J. Wangmann, *Gender and Intimate Partner Violence: A Case Study from NSW*, University of New South Wales Law Journal 94, 2010.

¹⁸⁶ E. Reeves, *Family violence, protection orders and systems abuse: views of legal practitioners*, Current Issues in Criminal Justice, 32(1), 2020, pp. 91-110, doi: 10.1080/10345329.2019.1665816

¹⁸⁷ Newcastle Domestic Violence Committee, *Preventing systemic harm to victim survivors of Domestic and Family Violence. Submission with Recommendations for improved Local Court practice and enhanced police responses in New South Wales*, 2020, p.35.

¹⁸⁸ Newcastle Domestic Violence Committee, 2020, p. 35.

¹⁸⁹ Safe State, 2019, p. 32.

¹⁹⁰ Safe State, 2019, p. 32.

to make informed decisions as to what action to take in the context of the incident they are dealing with.'

¹⁹¹

DVNSW endorses the following recommendations from *Safe State* to enhance SDFV police training:

Recommendation D4.1.iii: Improve training into Sexual, Domestic and Family Violence for police officers including training police officers to respond appropriately and consistently to breaches of protection orders and training police officers on correctly identifying a person who is the predominant aggressor of domestic and family violence.¹⁹²

D4.42 Trauma and violence informed legal systems

Research demonstrates that domestic and family violence constitutes a high proportion of workload for judicial officers, and although the judicial officers are confident in their own ability to perform the work well, they acknowledge a limited level of training in SDFV available.¹⁹³ Although there is some specialist training available and the high quality *Domestic and Family Violence Bench Book*,¹⁹⁴ DVNSW encourages the Committee to consider the appointment of a cohort of specialist domestic and family violence magistrates operating in criminal courts, the Family Law Court and the Federal Circuit Court. This ought to include the appointment of a specialist Deputy Chief Justice. Domestic and family violence specialist courts, or specialist workers in local and family courts would assist in addressing some of the issues outlined in this section. It is critical that the judiciary and all other relevant professions have an understanding and competency in family violence, as well as cultural competency, trauma informed practice, and disability awareness.

DVNSW welcomes improved performance and monitoring of professionals, particularly in relation to DFV and the impacts of it on children. Funding of the family law system needs to be improved, with funding to trauma informed, culturally competent and disability aware specialist DFV support services, family dispute resolution services, and legal services. There should be adequate funding for people employed within the court system to address the lack of specialised legal aid grant pathways for DFV victims/survivors in family law matters. Further, awareness of the existing programs and social resources must increase amongst legal practitioners. Legal practitioners are often the first point of contact for litigants in the family law system, and practitioners should be equipped and able to refer vulnerable clients to relevant support services.

DVNSW strongly supports the improvement of core competencies for professionals working in the sector, including the need for an understanding of:

- family violence;

¹⁹¹ NSW Government, NSW Domestic Violence, *Death Review Team Report 2015-2017*, 2017, p. Xviii.

¹⁹² NSW Women's Alliance, 2019.

¹⁹³ S. Wakefield, & A. Taylor, *Judicial education for domestic and family violence: State of Knowledge Paper*, ANROWS, 2015.

¹⁹⁴ Australasian Institute of Judicial Administration, *The Domestic and Family Violence Bench Book*, 2020.

- trauma-informed practice;
- the impact on children being exposed to ongoing conflict;
- cultural competency and disability awareness;
- the family violence and child protection systems and their intersections with the family law system; and
- sexual violence, as sexual violence often intersects with DFV.

DVNSW is a signatory to the joint letter submitted by the Australian Women Against Violence Alliance (AWAVA) which calls for the immediate implementation of the following actions which aim to make family law supportive of, and courts safe for, victims/survivors of DFV:

- Making sure courts identify and measure safety risks that should be considered in any court decision, by implementing consistent screening and risk assessment process to protect children and parents at risk of violence;
- Ensuring the courts have access to all relevant information by establishing a national information sharing framework to ensure information from state jurisdictions can be considered where relevant, and the courts are supported to make informed decisions that prioritise child safety and wellbeing;
- Ensuring victim/survivors of family violence are appropriately supported and are not forced to go through the court process alone - by providing social and legal supports for all parties to family law matters involving family violence or child abuse;
- Prioritising matters where people are at high-risk by creating a specialist case management stream for family violence matters involving children and parents at serious risk of harm, and
- Requiring those who influence court proceedings to have competency in identifying and responding to DFV in diverse family contexts by implementing an accreditation framework for all court officials and family law practitioners and professionals, starting with court report writers and supervised contact centre workers.

DVNSW endorses the following recommendations made by Women's Legal Services Australia:

Recommendation D4.2. i: The Australian Government fund options to ensure regular and consistent training on family violence, cultural competency, LGBTIQ awareness and disability awareness for all professionals in the system, including for family law judicial officers, lawyers and interpreters. This training should be comprehensive, ongoing and tailored. It also must address unconscious bias and the unique needs and experiences of diverse communities.¹⁹⁵

Recommendation D4.2.ii: Establish a national accreditation and monitoring scheme for all professionals who prepare family reports and for children's contact services. The scheme should

¹⁹⁵WLSA, 2019.

include mandatory training on family violence, working with victims/survivors of trauma, cultural competency, LGBTIQ awareness and disability awareness.¹⁹⁶

Recommendation D4.2.iii: Legislate to ensure that judicial appointments have adequate family violence and family law expertise, as well as ongoing training.¹⁹⁷

D4.3. Improving Access to Justice in The Family Law System

Access to justice in the Family Law System is a pressing concern for victim-survivors of SDFV and their children. This inquiry must consider the range of substantive recommendations made to previous inquiries regarding the Family Law System, in particular: *Safety First in Family Law; 5 Steps to creating a family law system that keeps women and children safe*. Further, the findings and recommendations of other inquiries remain outstanding. For instance:

- In December 2017, a House of Representatives committee published its report³ into domestic violence and family law. Beyond the funding of some Family Advocacy and Support Services, most of the 33 recommendations have not been acted on.
- Over a year ago, the Australian Law Reform Commission (ALRC) tabled its long-awaited Family Law Inquiry report.¹⁹⁸ None of the 60 recommendations have so far been implemented in a meaningful way.

The four Family Advocacy Support Services in NSW have been extremely well received and applauded by DVNSW members. In 2018 the Commonwealth Government commissioned an evaluation of the Family Advocacy Support Services (FASS) offered in major justice precincts¹⁹⁹. The findings confirmed that 'FASS was an effective and important program that fills a gap in legal and social service provision to family law clients with family violence matters'²⁰⁰. This is because FASS clients are more likely to be self represented, vulnerable due to ongoing SDFV, experiencing 'complex social issues' intensifying their experience of SDFV and they are more likely to be involved in other legal matters in state jurisdictions. FASS has successfully contributed to increasing awareness of family violence among clients, increasing the level of support available to those clients, and increasing the willingness and confidence of clients to seek help. Overall, FASS is credited with contributing to 'positive legal and social outcomes' for their clients.²⁰¹

¹⁹⁶ WLSA, 2019.

¹⁹⁷ WLSA, 2019.

¹⁹⁸ Commonwealth of Australia, *ALRC Report 135*, 2019.

¹⁹⁹ Inside Policy, *An Evaluation of the Family Advocacy and Support Services: Final Report*, 2018.

²⁰⁰ Inside Policy, 2018, p 4.

²⁰¹ Inside Policy, 2018.

It was also found that despite the positive outcomes generated by FASS, alone it cannot 'address the holistic legal needs of its clients or the systemic factors impacting the experience of family law clients with family violence matters'²⁰². For this, broader changes to the family law system (as outlined in this submission) are required.

Recommendation D4.3.i.: Roll out and adequately fund Family Advocacy Support Services (FASS) across Australia

The family law system must ensure that victims/survivors and their children have access to specialised sexual, domestic and family violence responses at each juncture of the court process and on their engagement with it. Responses must be client-centred, trauma informed, culturally-safe and acknowledge that domestic violence is a gendered crime.

Unfortunately, victims-survivors and DVNSW member services indicate that SDFV is not addressed as a fundamental concern in matters brought before the family law courts. The interaction and information sharing between the family law system and state and territory child protection systems, and DFV jurisdictions do not work effectively and can often put children and victims/survivors at significant risk.

Additionally, barriers to receiving fair property outcomes in the family law system need to be addressed. The difficulties in obtaining proper financial disclosure by uncooperative partners is a serious and identified problem, despite the law requiring mandatory disclosure. There also needs to be better recognition of DFV in property matters. SDFV can result in a family law litigant experiencing greater future needs for which they will require financial support, and it can also negatively impact their earning capacity. Family law property proceedings are so complex and expensive that they are unaffordable for many disadvantaged families.²⁰³

I share care with my Ex-wife who uses Family Court orders to facilitate ongoing abuse. Me and my children have no protection or support: there's no information or support on continuing in relationship with your perpetrator.

Jayke, DVNSW Voices for Change Advocate

Recommendation D4.3.ii. Implement Women's Legal Services Australia's recommendation for Safety First in Family Law:

- 6. Strengthen family violence response in the family law system,**
- 7. Provide effective legal help for the most disadvantaged,**

²⁰² Inside Policy, 2018.

²⁰³ See Women's Legal Services Victoria, *Small Claims, Large Battle; Achieving economic equality in the family law system*, (Term of Reference: rules and legal principles for parenting and property matters; family violence and child abuse – Issues Paper questions 2, 17, 22, 23, 24, 41-42), 2018.

8. Ensure family law professionals have real understanding of family violence,
9. Increase access to safe dispute resolution models, and
10. Overcome the gaps between the family law, family violence and child protection systems.²⁰⁴

Family Law and Child Protection

As noted in Term C) DVNSW members and DVNSW survivor advocates report the inconsistency between the family law system and child protection jurisdictions. Federal orders are frequently made removing the children from the protective parent where the protective parent who has followed state 'child safe' requirements is considered to have constituted risk to the relationship of the perpetrator and their children by the family court.²⁰⁵ The perpetrator obtains sole parental responsibility in these circumstances. Further, in a number of instances, DVNSW has heard directly from victims-survivors where the family court has not taken AVOs, criminal records or disclosures by the victims-survivors (including the children) into consideration when this evidence is presented and the offending parent has gained access to the children through family court orders. Disturbingly, in some circumstances, even when DFV or sexual abuse has been raised, the offending parent has gained full parental custody and the protective parent is only allowed access to their children in a contact centre.

DVNSW believes that the preference for shared parental responsibility should be challenged where there is evidence of SDFV. Shared parenting arrangements causing the child to spend substantial and significant time with both parents where DFV has been identified, can lead to life altering and unnecessarily traumatic parenting arrangements where violence and abuse is ignored or minimised to maintain parental contact. While the nature of a 50/50 shared parenting arrangement can be positive in principle, 50/50 co-parenting requires a high level of parental cooperation that is often not present in the parental relationship where there is a history of DFV. DVNSW has gathered a number of case studies where the court has ordered children to live with the abusive parent and the protective parent is given supervised visits even when children and young people have clearly and consistently expressed their desire not to have contact with the abusive parent. The following case studies articulate how a decision to allow shared custody has impacted on the wellbeing of a child in a significant way and how it can contribute to an ongoing experience of DFV creating further harm.

²⁰⁴ WLSA, 2019.

²⁰⁵ J. Hill, *See What You Made Me Do: Power, Control and Domestic Abuse*, Black Books, 2019.

Through the children the perpetrator continues his emotional and systematic abuse. The perpetrator of violence and I were given equal parental responsibility. I didn't know I could get sole parental responsibility. I had great Legal Aid lawyers, but they didn't explain that point. Now I have to go back and fight for sole parental custody, which is hard. The ICL [Independent Children's Lawyer] has been on-board for last 5 yrs. They know the full story, has even witnessed the abuse in mediation, but deem 'communication' to be the main issue between the parents. They decided on joint responsibility.

Rachael, DVNSW Voices for Change Advocate

Despite having previously been charged with acts of FV, and breaching AVO's, the Family Court ordered access visits for the perpetrator with my then 10-year old son (alternating weekends, school holidays, birthdays etc.). That was the day my son lost his right to be protected. Even though I was a single parent, financially stable, and living independently, I could not protect my son from violence, because I would have been charged with contempt by court. Year later, my son confided in me that he was assaulted during those visits to his father. The Duty of Care of Child Protection was completely breached by the Courts when they ordered unsupervised access visits.

Mine and my son's life has been damaged by the trauma of the abuse. I lost my independence lost my job, the family home and car. For 20 years we have been living beneath the poverty line and experience incredible health problems. The resulting cost is enormous, and it is the Human Services are the one who are supporting us financially.

Catalina, DVNSW Voices for Change Advocate

Survivor advocates lived experience expertise of Legal Services

Through the Voices for Change and LGBTIQ Voices for Change Program, survivor advocates share their immense and invaluable lived experience expertise with the community and with DVNSW. Survivor advocates have repeatedly highlighted their experiences in regard to the legal system often resulting in an extension of violence. An overarching problem is the inconsistency in managing Safe Practices for Children: protective parents are not believed, their experiences minimised, survivors are advised by lawyers not to mention family abuse or they could lose their children. Existing laws aimed at protecting, such as section 61DA(2) Family Law Act 1975 (Cth) (rebutting shared parental) are rarely applied: it has been the experience of survivor advocates that despite DFV existing in relationship, judges frequently order shared parental rights and don't protect the protective parent. The court is not equipped with investigative powers and independent Children's Lawyers do not always act protectively.²⁰⁶ The Family Court and the Federal Circuit Court have failed to effectively manage the risk towards children, in

²⁰⁶ ALRC Review in 2014 indicates serious flaws in the conduct of Independent Children's Lawyers in DFV cases.

particular the risk of sexualised abuse despite recommendations in 2017 in the Parliamentary Inquiry into a better family law system to support and protect those affected by family violence.²⁰⁷

The experiences of victim-survivors should be central in developing and implementing necessary policy changes to more effectively respond to violence. (For more on incorporating lived expertise, see Term L).

DVNSW Voices for Change survivor advocates have formulated recommendations, which DVNSW endorses:

Recommendation D4.3.iii: Harmonise the exercise of welfare provisions across state and federal jurisdictions.

Recommendation D4.3.iv: Develop a Memorandum of Understanding between the state and federal Family Court /Federal Circuit court that directs effective management of risk in relation to DFV and child sexualised abuse.

D4.4 Access to Justice and marginalised communities

Marginalised groups such as Aboriginal and Torres Strait Islander people overwhelmingly experience systemic racism through the justice system. The experience of dispossession, colonisation and intergenerational trauma results in mistrust of legal and support services: *'[...] the impact of past government practices and more recent experiences of incarceration, child removal and systemic racism prevent many Indigenous Australian victims from reporting violence and seeking help from police and other services'*²⁰⁸. Any future reform should focus on the substantial barriers in the legal system that unfairly disadvantage Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CALD) communities.

The reports *Improving the family law system for Aboriginal and Torres Strait Islander clients*²⁰⁹ and *Improving the family law system for clients from culturally and linguistically diverse backgrounds*²¹⁰, by the Family Law Council 2012, extensively explored how the family law system could be improved for Aboriginal and Torres Strait Islander and CALD clients. DVNSW members' submissions consistently echo the barriers to accessing the system as well as the specific challenges these groups face if engaged including:

- Lack of access to safe services that meet their needs and are trusted,
- Lack of culturally diverse workforces,

²⁰⁷ Commonwealth of Australia, *A better family law system to support and protect those affected by family violence*, 2017.

²⁰⁸ Commonwealth of Australia, 2019, p. 24.

²⁰⁹ Commonwealth of Australia, Family Law Council, *Improving the family law system for Aboriginal and Torres Strait Islander clients*, 2012.

²¹⁰ Commonwealth of Australia, Family Law Council, 2012.

- The complexity of language used within courts, and
- A lack of gender and cultural safety throughout the system.

Recommendation D4.4.i: Implement the recommendations from the Family Law Council’s 2012 and 2016 *Families with Complex Needs* reports about improving the family law system for Aboriginal and Torres Strait Islander families.

Recommendation D4.4.ii: Fund culturally tailored models of family dispute resolution which are co-designed and led by Aboriginal and Torres Strait Islander communities and organisations.

DVNSW endorse recommendations from the Family Law Council’s (FLC’s) 2016 report :

Recommendation D4.4.iii.: Embed workers from Aboriginal and Torres Strait Islander services in the family courts and Family Relationship Centres as family liaison officers and Aboriginal Liaison Officers.

²¹¹

Recommendation D4.4.iv.: Work with Aboriginal and Torres Strait Islander communities and organisations to develop and deliver culturally appropriate post-separation parenting programs and family dispute resolution services.²¹²

Recommendation D4.4.v: Develop and resource tailored education programs about the family law and child protection systems for Aboriginal and Torres Strait Islander communities to enhance understanding of legal rights and awareness of how the family law system works.²¹³

Recommendation D4.4.vi: Ensure ongoing cultural competency training for family law system professionals, including judicial officers, that builds an understanding of the multiple and diverse factors contributing to the high levels of family violence in Aboriginal communities, and an understanding of Aboriginal and Torres Strait Islander family structures and child rearing practices.²¹⁴

²¹¹ Commonwealth of Australia, Family Law Council, *Final Report on Families with Complex Needs and the Intersection of the Family Law and Child Protection Systems – Terms 3, 4 & 5*, 2016.

²¹² Commonwealth of Australia, Family Law Council, 2016.

²¹³ Commonwealth of Australia, Family Law Council, 2016.

²¹⁴ Commonwealth of Australia, Family Law Council, 2016.

DVNSW supports the following recommendations made by Women's Legal Services Australia:

Recommendation D4.4. vii: Expand the Aboriginal and Torres Strait Islander list in consultation with local Aboriginal and Torres Strait Islander communities, with designated Aboriginal and Torres Strait Islander liaison positions.²¹⁵

Recommendation D4.4. ix: That the Australian Government funds culturally tailored models of family dispute resolution which are co-designed and led by Aboriginal and Torres Strait Islander communities and organisations and migrant and refugee communities and organisations.²¹⁶

D.5 Women's Economic Independence

A lack of access to income is a primary contributor to women being unable to leave DFV relationships. Financial abuse or economic abuse is extremely prevalent in DFV relationships, and involves behaviours that control a person's ability to acquire, use and maintain economic resources, threatening their economic security and potential for self-sufficiency.²¹⁷ Victorian research has identified that economic abuse occurs alongside other forms abuse, including: rape and sexual abuse; trafficking and malicious abuse of the immigration system; exploitation and manipulation of legal, social welfare, financial, disaster relief and insurance systems; and life threatening forms of physical violence²¹⁸. Legal systems fail to address financial abuse and perpetrator abuse of systems can in fact enable further abuse.

Economic insecurity has been repeatedly linked to multiple types of violence against women and children.²¹⁹ On a individual level, economic insecurity has been connected to poor coping strategies²²⁰. Negative coping strategies in the face of economic insecurity result in severe and chronic stress, which is a trigger for conflict and intimate partner violence.²²¹ In a cross-border study across 31 countries last year, it was found that:²²²

- a 1 percent increase in male unemployment correlated with 2.5 percent in physical intimate partner violence for women, and

²¹⁵ WLSA, 2019.

²¹⁶ WLSA, 2019.

²¹⁷ A.Adams, *Development of the Scale of Economic Abuse*, Violence Against Women, 14, 2008, pp. 563-588.

²¹⁸ M. Ulbrick, 'A man's home is his castle. And mine is a cage': a feminist political economy analysis of economic abuse in Victoria. PhD Thesis. Melbourne, Monash University, 2020.; D. Parkinson, *Women's experience of violence in the aftermath of the Black Saturday Bushfires*. PhD Thesis. Melbourne, Monash University, 2015.

²¹⁹ M. Ulbrick, 2020., p. 6.

²²⁰ J. Doyle. & A. Aizer, *Economics of Child Protection: Maltreatment, Foster Care and Intimate Partner Violence*. The Annual Review of Economics. 10, 2018, pp. 87-108.

²²¹ Peterman et al, 2020, p. 6.

²²² S. Bhalotra, U. Kambhampati, S. Rawlings, & Z. Siddique. *Intimate Partner Violence: The Influence of Job Opportunities for Men and Women*. The World Bank Economic Review, 2019.

- increases in female unemployment correlated with decreases in intimate partner violence by similar magnitudes (about 2.75 percent).

Many women and children and LGBTQ people leaving violence are reliant on the Newstart Allowance (\$335 per fortnight prior to the introduction of the Jobseeker payment in March 2020). This means that for the many women and children who were living below the poverty line the housing options available to them are significantly reduced and rental assistance does not fill the gap.

Income inequality and financial abuse are key contributors to poverty as a result of domestic and family violence. Financial stress, unemployment, poor physical and mental health and low quality of life are sadly issues that co-exist. Experiences of domestic and family violence and child care responsibilities often continue long after separation, and can disrupt a woman's ability to obtain and/or sustain employment and maintain secure housing.

DVNSW consultation with DVRE/SHS sector and lived experience subject matter experts demonstrated the following:

- Women with children were largely excluded from full-time participation in the workforce due to lack of free or affordable child care and before and after school care.
- Mothers face discrimination in the workforce and are perceived as less reliable than male counterparts (women are the ones that have to leave work for a sick child, are not available for overtime etc.).
- Lack of part-time availability of jobs (flexible hours and within school hours).
- Geographical availability of affordable housing reduced workforce participation as women were further away from employment opportunities (lack and cost of public transport and travel time were huge barriers).
- Impact of ongoing trauma as a result of SDFV.
- Ongoing harassment from ex-partners.
- Attending specialist appointments (for self and children) and court appearances reduced capacity to engage in employment.

The challenges faced by women are further compounded by a lack of free or affordable pre-school childcare and before/ after school care, a lack of available employment options and underemployment (due to gender inequality, child care needs and responsibilities and issues with the benefits system). Frontline DFV service providers report that many women will decide to return to an abusive partner because they consider this to be a safer option than the alternatives due to absence of money, family, financial support or stable housing.²²³

²²³ Commonwealth of Australia, *The Road Home: A National Approach to Reducing Homelessness*, 2008.

Compounding the above factors is that women in Australia earn less than men. Although women comprise approximately 47 per cent of all employees in Australia, in 2018 they took home on average \$251.20 less than men each week. The national gender 'pay gap' in 2018 was 15.3 per cent and it has remained between 15 per cent and 19 per cent for the past two decades²²⁴ Income support prior to 2020 was below the poverty line. *'The single rate of Youth Allowance (plus Rent Assistance and Energy Supplement) is \$168pw below the poverty line, Newstart (plus these supplements) is \$117pw below, while the single pension (plus Pension and Energy Supplements) is closer to the poverty line, but still \$10pw below.'*²²⁵ The Australian welfare system does not offer people leaving DFV options for economic stability and safety. In order to leave violence situations, women need access to income.

A recent survey commissioned by the National Council of Single Mothers & their Children posed the question *'How has the extra \$550 affected you?'*

- Nearly 9 in 10 mothers (87%) said the additional income reduced stress and anxiety as they can now pay their household bills,
- 7 in 10 (69%) said their family is healthier due to having enough food to eat and healthier options, and
- 2 in 3 (65%) say they are sleeping better, not waking up due to money stress.²²⁶

550 has given myself and my two young children the opportunity to escape severe domestic violence, not only having enough to fill up the car to get away but also enough to purchase fresh food and needed medical items. I didn't have to choose between our safety or food. This has been a life changer and also may of been a life saver. My children for the first time ever can have fresh food in a safe home surrounded by love.

Christine*

227

Permanent increases to income support will allow women and children experiencing violence to improve safety and wellbeing.

Recommendation D5.i.: The Australian Government maintains the JobSeeker subsidy as a permanent increase to Newstart payments.

²²⁴ ABS, 6202.0 - Labour Force, Australia, Table 01: Labour force status by sex, 2017.

²²⁵ P. Davidson, P. Saunders, B. Bradbury, & M. Wong, 2020, p.9.

²²⁶ National Council of Single Mothers & their Children Inc, 2020 *Income Support Survey*, in Susan Maury, 550 *Reasons to Smile: Why single mothers are so happy these days*, viewed on 21 July 2020, <http://www.powertopersuade.org.au/blog/550-reasons-to-smile-why-single-mothers-are-so-happy-these-days/20/7/2020>

²²⁷ 550 Reasons to Smile, 2020, *Safety*, <https://www.550reasonstosmile.com/smiles/safety>

Recommendation D5.ii.: The Australian Government expands eligibility for Special Benefit to include people who are on all types of temporary visas and have experienced domestic and family violence. The rates of Special Benefit should be increased to make it liveable.

DVNSW endorses the following AWAVA recommendation:

Recommendation D5.iii.: That the Australian Government amends the Guide to Social Security Law:

- F. to allow a claim for Crisis Payment within 14 days;**
- G. to allow Crisis Payment to be paid to any person suffering severe financial hardship who has recently experienced family and domestic violence: removing the nexus of ‘home’;**
- H. that Crisis Payment be extended to victims of family and domestic violence who are not receiving income support but are experiencing or anticipating severe financial hardship resulting from their efforts to leave a violent relationship;**
- I. that Crisis Payment be increased to the equivalent of ‘four weeks’ single rate pension: approximately \$1640; and**
- J. that eligibility for Crisis Payment be extended to allow Crisis Payment to be paid up to six times per year.²²⁸**

E) All forms of violence against women, including, but not limited to, coercive control and technology-facilitated abuse.

DVNSW is unable to detail all forms of violence against women and LGBTQ people due to time constraints. Notably absent are technology facilitated abuse, stalking and monitoring, physical abuse, social abuse and emotional abuse. We draw the committee’s attention to the submissions of AWAVA and Women’s Safety NSW in these areas. Below we will elaborate on a number of common and serious forms of sexual, domestic and family violence. Under Term H) types of violence utilised against particular groups of victim-survivors such as Aboriginal and Torres Strait Islander women, women on temporary visas, women with disability and LGBTQ people will be elaborated upon.

E1. Domestic and family violence experienced by animals and people

Perpetrators use DFV against animals to exert power and control and to harm animals and people. Perpetrators of DFV against animals are rarely held accountable, due to inadequate recognition of this issue by the justice and DFV systems. Yet the safety and lives of animal and human victims-survivors are inextricably connected. Victims-survivors with animals may delay leaving a perpetrator due to a fear or threat that their animals will be harmed, and due to a lack of services that support people with animals experiencing DFV. LGBTIQ people and people with disability with animals may face compounded systemic and service barriers to accessing the support they need when experiencing DFV.

²²⁸ AWAVA, 2020, p.35

DVNSW Surveys on Animals and People Experiencing DFV

In July 2020, DVNSW conducted two surveys on animals and people experiencing DFV to ascertain and draw on the knowledge of service providers on this issue. The survey designed for service providers supporting victims-survivors received 100 responses. The survey designed for service providers working in Perpetrator Interventions/Men's Behaviour Change Programs received 7 responses, perhaps reflecting the smaller size of the sector. This submission refers to 'n' as the number of survey respondents, which varied slightly depending on the survey question as some respondents skipped certain questions.

Survey respondents work in organisations providing the following services (please note some organisations provide more than one type of service):

Types of services provided	Number of respondents
Domestic and Family Violence Service	67
Homelessness Service	51
Women's Domestic Violence Court Advocacy Service	6
Women's Health Centre	3
Community Legal Centre	2
Perpetrator Intervention/ Men's Behaviour Change Program	7
Other (Indigenous Trauma and Recovery Support/ Case Management/ Early Intervention/ Family Support/ Mental Health Support/ Local Government)	29

55% of respondents said victims-survivors have disclosed the perpetrator **killed** an animal or animals in the context of DFV (n=99).

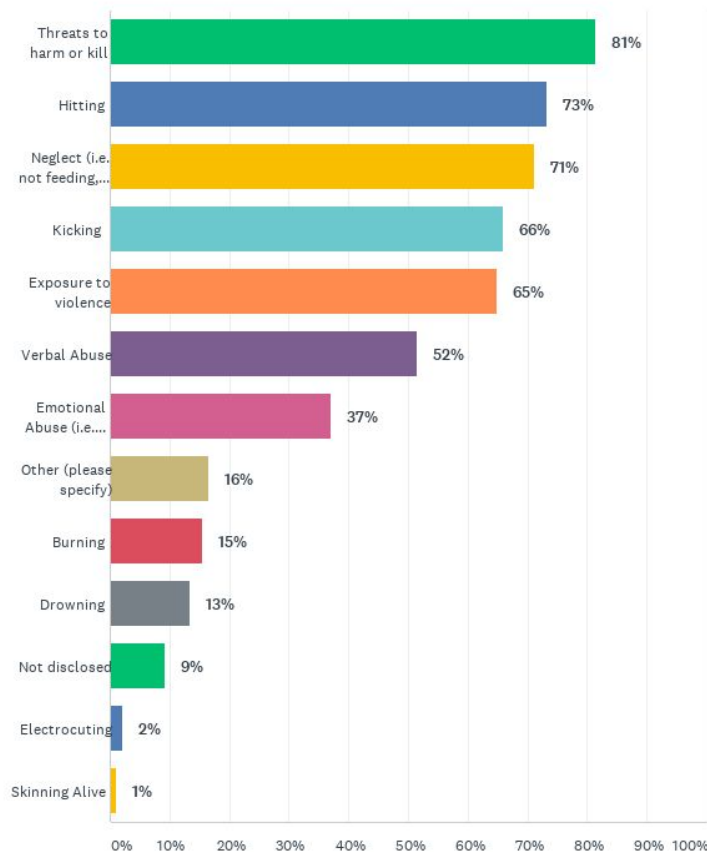
81% of respondents said victims-survivors have disclosed the perpetrator **threatened to harm or kill** animals (n=97).

Victims-survivors disclosed many types of violence perpetrated against animals including hitting, neglect, kicking, exposure to violence, verbal abuse, emotional abuse, burning, drowning, electrocuting and skinning alive (n=97). Other types of violence included killing (9 mentions), strangulation (3 mentions), shooting (3 mentions), bludgeoning, poisoning, drugging, stealing, **[graphic violence warning]** "filming the [perpetrator]'s animal eating the victim's pet then sending it to them via the phone", "holding an animal over a balcony railing by the back legs", "putting acid in a fish tank

which housed a fish”, “holding small dog by the throat out of a high window”, “deliberately putting a rubber band around dogs muzzle so it couldn’t eat or drink or bark”, “snapping of neck” and “a woman threatened to leave a male partner so he killed her dog.” [end warning]

It should be taken into account that 5% of survey respondents working with victims-survivors (n=98) ‘never’ ask about animals experiencing violence in conversations with clients about DFV, 17% ‘rarely’ ask, and 23% ask ‘sometimes’. This may have increased the likelihood of clients who experienced DFV not disclosing the violence perpetrated against animals to these workers.

Q12 What types of violence perpetrated against animals have clients who experienced DFV disclosed to you?



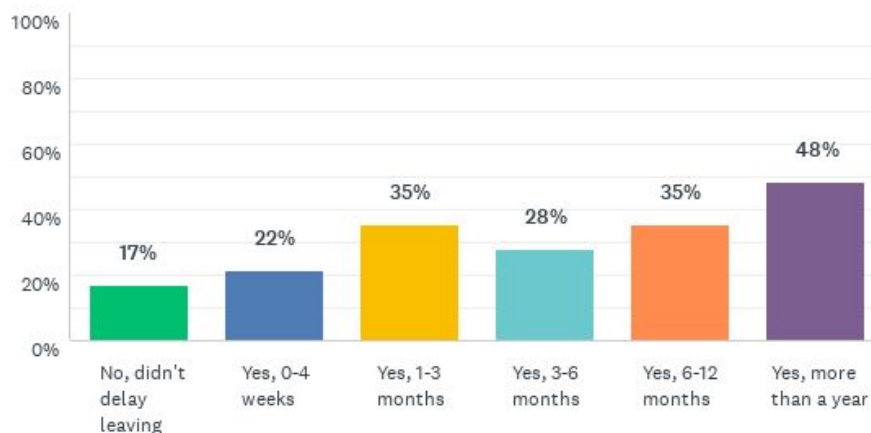
(n=97)

Perpetrators may force victims-survivors including adults, children or animals to witness or participate in violence against animals, which is harmful and highly traumatising. Exposure to violence is a form of violence itself, for animals and for people.

Respondents have witnessed a range of impacts of animals experiencing DFV on clients, their children and other family members including:

- Trauma: hypervigilance, inability to sleep, nightmares, panic attacks and withdrawal
- Psychological harm: post-traumatic stress disorder (PTSD), depression, anxiety
- Emotional harm: fear, guilt, distress, grief and loss, shame, hopelessness, powerlessness
- Physical harm: perpetrators may harm victims-survivors if they try to protect the animals
- Victims-survivors may delay leaving the perpetrator due to fear of the animals being hurt or killed, particularly if there are large animals on rural properties.
- Financial costs of veterinary treatment and for animals who are injured by the perpetrator
- Particular impacts on children include: long term trauma, not wanting to disclose the violence for fear they will leave the pet, and perpetrating violence they have witnessed against animals

Respondents also noted the important role of animals in providing feelings of safety and love for victims-survivors, particularly for children and young people, and supporting client wellbeing by reducing feelings of isolation and preventing suicide and self harm.



DFV and community worker responses to

'Have clients delayed leaving a perpetrator of DFV due to fear or threat of an animal being harmed?'

(n=93)

48% of respondents stated that clients have delayed leaving a perpetrator by more than a year due to fear or threat of an animal being harmed.

Barriers to accessing support for clients

DFV and community workers stated that people with animals experiencing DFV face multiple barriers to accessing support.

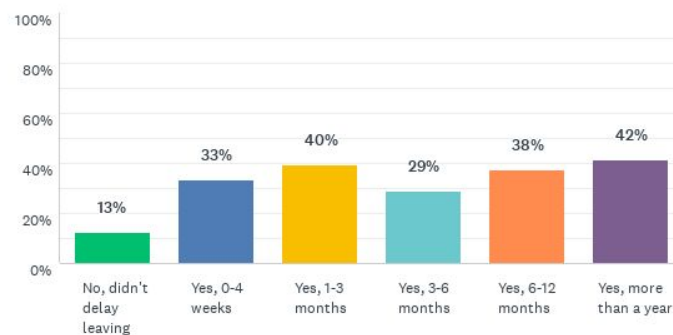
Barriers to accessing support for clients with animals experiencing DFV	Respondents (n=99)
Lack of animal friendly rental accommodation	93%
Lack of animal-friendly emergency and crisis accommodation	92%
Lack of animal-friendly transitional and long term accommodation	85%
Lack of funds to pay for interim solutions such as boarding for animals	89%
Fear of separation from the animals (for clients or their children)	85%
Logistical reasons (i.e. being unable to transport animals)	59%
Fear of animal abuse not being taken seriously	47%
Animal being registered in the perpetrator's name (microchip or with council)	48%

DFV and community workers also explained that:

- Clients feared their pets would be euthanised, adopted out, or be further traumatised due to separation, if placed with a shelter.
- There is a lack of understanding from other people that companion animals can also be support animals, including for people with disability.
- For people with disability, there are additional barriers including not being believed and not having immediate access to a phone, transport and services or other support.
- Women in regional and rural areas face significant barriers when leaving because the farmed animals are also their livelihood.

- There may be no animal friendly outdoor or indoor spaces or the animals can be at risk from other clients or children in shared crisis accommodation.
- Some animal boarding facilities will not accept animals who have not been desexed or vaccinated, and there are costs for these veterinary procedures.

Q16 Have clients delayed leaving a perpetrator of DFV due to barriers to accessing support related to their animals? (Can select multiple)



42% of respondents said that victims-survivors had delayed leaving a perpetrator for more than a year due to barriers to accessing support related to their animals. 38% of respondents said that victims-survivors had delayed leaving a perpetrator by 6-12 months. Only 13% of respondents stated victims-survivors did not delay leaving a perpetrator due to barriers to accessing support related to their animals. (n=96)

What would assist your organisation to support clients with animals experiencing DFV?	Respondents (n=97)
Additional specific funding to accommodate animals, including to provide appropriate shelter and care for animals	70%
Training on how to identify and respond to people with animals experiencing violence, including referral pathways and safety planning	61%
Guidance on how to support people with animals experiencing violence tailored to your service model, including risk management	56%
Support to build networks and relationships with local RSPCA/shelter/vets to secure boarding and healthcare for animals	81%

Resources to increase victim-survivor and community awareness of animals experiencing DFV and how people with animals experiencing DFV can access supports	73%
--	-----

Based on these recent survey findings, DVNSW recommends:

Recommendation E1.i: Resources and education should be provided to community members, including people at risk of, or experiencing DFV and people with disability and LGBTIQ people who are peer advocates, about the rights and options for animals and people experiencing DFV including how and where they can access support.

Resources and education should be culturally safe, accessible and appropriate to Aboriginal and Torres Strait Islander people, people of immigrant and refugee backgrounds, people with disability, LGBTIQ people and children and young people. Specific resources should be made available in different styles, formats and languages.

Recommendation E1.ii: Resources and training should be provided to the following groups to build an understanding of the multiple forms of DFV perpetrated against animals and how this can be used as a form of DFV perpetrated against people:

- DFV and community workers including disability support workers,
- Lawyers (including lawyers working in DFV, family, child protection and disability law),
- Police officers (including Domestic Violence Liaison Officers and police who respond to incidents of violence against animals, such as neglect),
- Government and NGO workers across the health, housing and child protection sectors,
- Victims support services and other government services workers, and
- Animal welfare agencies and veterinarians.

Recommendation E1.iii: Animal welfare organisations, veterinarians and local council animal management officers should receive specialised training and resourcing to recognise, respond to, and refer animals and people experiencing DFV to support services. This training should recognise that animals and humans co-experiencing DFV can be a sign of severe DFV and lethality risk.

Animal welfare organisations, veterinarians and local council animal management officers should be cross-trained with law enforcement and social services to promote collaboration and a shared understanding of each others' roles and responsibilities in responding to DFV. The training and resourcing should be focused on providing support to animals and people experiencing DFV to improve their safety, and not solely on reporting as a way to comply with legal or professional obligations.

The Animal-3Rs training that has been developed by EDVOS and its preliminary evaluation should be considered when developing or implementing a similar program for animal welfare organisations, veterinarians and local council animal management officers across NSW.

Recommendation E1.iv: Fund and resource organisations and services supporting animals and people experiencing DFV through:

- Additional specific funding to accommodate animals in the short and medium term, including to provide appropriate shelter and care for animals,
- Guidance on how to support people with animals experiencing violence tailored to their service model, including risk management,
- Training on how to identify and respond to people with animals experiencing violence, including referral pathways and safety planning (including for Men's Behaviour Change and Perpetrator Interventions Programs),
- Support to build networks and relationships with local RSPCA, animal shelter and veterinary clinics to secure boarding and healthcare for animals (including for Men's Behaviour Change and Perpetrator Interventions Programs), and
- Resources to increase victim-survivor and community awareness of animals experiencing DFV and how people with animals experiencing DFV can access supports (including for Men's Behaviour Change and Perpetrator Interventions Programs).

The development of any new initiatives, or expansion of existing initiatives, should be informed by the work of West Connect and DVSM, RSPCA NSW Community Domestic Violence Program, Paws and Recover, Lucy's Project, EDVOS, Safe Pets Safe Families, and other relevant organisations.

Recommendation E1.v: Expand the Safe at Home program to ensure that it is accessible to people with animals experiencing DFV across Australia, including in rural, regional and outer metropolitan areas.

E2. Religious and Spiritual Abuse

Research on the topic is sparse, even though spiritual abuse is now more widely accepted as a form of DFV. There are many different definitions of spiritual abuse and/or religious abuse. While some researchers use the terms interchangeably, others draw clear distinctions between them. The 2011 Australian government paper on Domestic Violence defines spiritual abuse as '*denial and/or misuse of religious beliefs or practices to force victims into subordinate roles and misusing religious or spiritual traditions to justify physical violence or other abuse*'²²⁹ Spiritual abuse may also describe a '*specific form of abuse that aims to attack the religious or spiritual nature of that person*'.²³⁰ Many authors highlight, that spiritual abuse often is perpetrated in combination with other forms of DFV, as well as clergy sexual abuse and cult violence.²³¹ Religious and spiritual abuse in the context of DFV occurs in many religious traditions and through various tactics.²³² Data from the UK shows that women were more than twice as likely as men to report experiencing spiritual abuse several times a year²³³.

Religious and spiritual beliefs and practices can have an immense importance in a person's life, in the search for purpose and meaning, providing a moral compass and addressing issues of injustice, death and the afterlife.²³⁴ Research has shown an important distinction between spiritual and other types of abuse, including psychological and emotional abuse, is that using a person's spirituality against them results in 'damage occur[ing] at the transcendental level'²³⁵ Research in spiritual abuse in Christian groups, has found following distinguishing factors of spiritual abuse:

- the notion of divine position
- the use of scripture and the pulpit to enforce agendas and challenge behavior;
- the spiritual context within which spiritual abuse occurs;
- the threat of spiritual consequences for individuals who do not conform;

²²⁹ L. Mitchell, *Domestic Violence in Australia - an overview of the issue*, Background Note, Parliamentary Library, Canberra, 2011, p.2.

²³⁰ M. Davis, & M. Johnson, *Exploring Black Clergy Perspectives on Religious/Spiritual Related Domestic Violence: First Steps in Facing those Who Wield the Sword Abusively*, Journal of Aggression, Maltreatment & Trauma, 2020, p. 2.

²³¹ K. Keller, *Development of a Spiritual Abuse Questionnaire*, 2016, p. 73.

²³² M. Davis & M. Johnson, 2020, p. 3.

²³³ K. Aune & R. Barnes, *In Churches Too: Church Responses to Domestic Abuse – A case study of Cumbria Coventry*, 2018, p. 33, viewed on 20 July 2020 https://restored.contentfiles.net/media/resources/files/churches_web.pdf

²³⁴ K. Aune & R. Barnes, 2018, p. 33.

²³⁵ K. Keller, 2016, p. 62.

- the impact upon core faith beliefs following spiritual abuse.²³⁶

Religious or spiritual beliefs can be used by perpetrators to silence victims or to control their partners through their skewed interpretation of the spiritual beliefs, laws and traditions. Perpetrators use religious or spiritual beliefs to legitimize their violence. Research into three diverse communities of faith in the African American community has found that perpetrators may tell victims they have been forgotten by God, denied victim-survivors the right to go to church or emphasised the need for forgiveness of the violence based on faith.²³⁷

At the same time research has found that spiritual and religious beliefs contribute positively to mental wellbeing and being part of a community offers great support to victim-survivors.²³⁸ Training for religious leaders could contribute to more effective responses to SDFV. Proposed training packages should build on existing work, reflect leading practice in responding to sexual, domestic and family violence, and include information about referral pathways for victim-survivors and perpetrators. Training should be included as part of the pre-service learning in various faith training institutes, as well as the ongoing professional development of faith leaders.

Building on the recommendations made by the 2016 Royal Commission into Family Violence, DVNSW recommends:

Recommendation E2.i: That Australian Government in partnership with expert family violence practitioners, develop training packages on family violence and sexual[ised] assault for faith leaders and communities.²³⁹

Recommendation E2.ii: Faith leaders and communities establish processes for examining the ways in which they currently respond to family violence in their communities and whether any of their practices operate as deterrents to the prevention or reporting of, or recovery from, family violence or are used by perpetrators to excuse or condone abusive behaviour²⁴⁰.

DVNSW endorses the submission of the Muslim Women Association submission, particularly the following recommendations:

²³⁶ L. Oakley, *Spiritual abuse is abuse*, p. 73, in L. Oakley & K. Kinmond (eds.), *Breaking the silence on spiritual abuse*. New York: Palgrave Macmillan, 2013, pp. 56 –82.

²³⁷ T. Bent-Goodley & D. Fowler, *Spiritual and Religious Abuse Expanding What is Known About Domestic Violence*. Affilia-Journal of Women and Social Work vol. 21, 2006, pp. 282-295.

²³⁸ A. Cares & G. Cusick, *Risks and Opportunities of Faith and Culture: The Case of Abused Jewish Women*, Journal of Family Violence. 27, 2012.

²³⁹ State of Victoria, 2016, Recommendation 163.

²⁴⁰ State of Victoria, 2016, Recommendation 165.

Recommendation E2.iii: The Australian Government supports specialist services in community led development of prevention and early intervention programs for men from CALD communities, and particularly faith-based groups.²⁴¹

Recommendation E2.iv: The Australian Government should support the establishment of specialist crisis refuge services for Muslim women experiencing DFV, utilising models that are holistic, integrated, culturally and religiously appropriate, across Australia in strategically determined settings, particularly across NSW and VIC, to meet the needs of Australian Muslim women.²⁴²

Recommendation E2v: The Australian Government should support the establishment of a National Muslim Women Advocacy Service which works to support Muslim women navigate concurrent systems seeking Australian and Islamic divorce, while also providing holistic support for pre-marital counselling, family restoration and conflict resolution.²⁴³

E3. Coercive Control

There has been increasing recognition of coercive control as a defining aspect of domestically abusive relationships. Coercive control is extremely prevalent, with one study finding that 95 out of 100 domestic abuse survivors reported experiencing coercive control.²⁴⁴ Coercive control can be defined as, *'an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. This controlling behaviour is designed to make a person dependent by isolating them from support, exploiting them, depriving them of independence and regulating their everyday behaviour.'*²⁴⁵ The work of Dr Evan Stark must be acknowledged, who describes coercive control as a liberty crime.²⁴⁶ This way of understanding DFV is very different from the current criminal code in Australia which identifies acts of violence rather than a pattern of abuse. Examples of convicted cases in England and Wales include offenders who have:

- threatened to expose private photographs of their partner or ex-partner,
- prevented their partner from ending the relationship by threatening to, or actually engaging in, self-harm,
- confiscated or destroyed their partner's mobile phone,

²⁴¹ Muslim Women's Association (MWA), *Submission for the Federal Inquiry into family, domestic and sexual violence*, 2020

²⁴² MWA, 2020.

²⁴³ MWA, 2020.

²⁴⁴ L. Kelly, N. Sharp & R. Klein, *Finding the Costs of Freedom: How women and children rebuild their lives after domestic violence*. London, Child and Woman Abuse Studies Unit and Solace Women's Aid, 2014, p.19.

²⁴⁵ Women's Aid Federation of England, *What is Coercive Control?*, 2019, viewed on 18 July 2020, <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/coercive-control/>

²⁴⁶ E. Stark, *Coercive Control: How Men Entrap Women in Personal Life*, Oxford University Press, 2007.

- deleted all male contacts on their partner's social media,
- threatened to or actually harmed their partner's pets,
- demanded that their partner sleep on the floor,
- prohibited their partner from seeking or continuing employment,
- controlled their partner's finances, with one giving his partner an allowance out of her own income, and
- conducted regular inspections of their partner's home or body for evidence of infidelity.²⁴⁷

A member of the DVNSW LGBTIQ Voices for Change Group describes his experience:

She would yell for hours and spend that whole time telling me what a horrible person I was. When I'd confront her about it the next day, she'd deny saying any of it or say, 'You don't remember that you did this or said this'. It was all lies. Even when I had AVOs preventing her seeing me and police would see her at my house and come and take her away, they would say: 'She's just hurting, can you just be nicer?'.

Jayke, DVNSW Voices for Change Advocate

Coercive control legislation has been seen as a way to remedy failings of the current criminal justice system in addressing sexual, domestic and family violence (SDFV) (More on legal responses under Term D)). Legislation introduced in the UK offers important lessons for future legislative reform in Australia. In 2015, coercive control legislation was introduced into England and Wales in 2015 and Scotland in 2018. Although there was an increase in the convictions of coercive control in England and Wales, there were substantial inconsistencies between jurisdictions and a lack of adequate police training and response.²⁴⁸ An empirical review into the implementation in England found that although there was an improvement in the ability to convict according to patterns of abuse experienced, there were also substantial concerns including that; the gender-neutral version of the legislation required revision; that there was a need for greater resourcing and training to improve understandings of the nature and impact of coercive control at all points of contact within the criminal justice process; and that effective responses to domestic abuse need to be genuinely holistic.²⁴⁹

SDFV sector experts as well as academics in Australia have questioned whether the introduction of coercive control offences will achieve its aims if resourcing and attention is not also paid to the practice and implementation of legislation.²⁵⁰ Tasmania is the only Australian state or territory that has a specific criminal offence to cover this form of family violence. Additional legislation has not been the recommendation of major reviews in the sector including the Victorian Royal Commission into Family

²⁴⁷P. McGorrrery & M. McMahon, *It's time 'coercive control' was made illegal in Australia*, 2019, viewed on 29 July 2020, <https://theconversation.com/its-time-coercive-control-was-made-illegal-in-australia-114817>

²⁴⁸ M. McClenaghan & C. Boutard, *Questions raised over patchy take-up of domestic violence law*, The Bureau of Investigative Journalism, 2017.

²⁴⁹ C. Barlow, K. Johnson, S. Walklate & L. Humphreys, *Putting Coercive Control into Practice: Problems and Possibilities*, The British Journal of Criminology, Volume 60, Issue 1, 2020, p. 160–179.

²⁵⁰ J. Wangmann J., *Coercive Control as the Context for Intimate Partner Violence: The Challenge for the Legal System*. In: McMahon M., McGorrrery P. (eds) *Criminalising Coercive Control*. Springer, Singapore, 2020.

Violence (2016) and the Queensland Special Taskforce (2015). The current criminal justice system utilises an incident framework which is a substantially different paradigm than that of patterned coercive control offences. As noted in the *Systems Abuse* section of this submission under Term E), perpetrators of violence frequently utilise systems to inflict further harm upon victim-survivors, so legislation the accompanying response must ensure that the primary aggressor is correctly identified. *'It is vital that frontline police officers truly understand coercive control and the impact it has on victims. These officers must be routinely provided with information and details about any previous incidents prior to attending any domestic abuse incident.'*²⁵¹

DVNSW supports efforts to improve justice responses to SDFV by introducing coercive control legislation with the caveat that this must be accompanied by a strong implementation plan including resourcing for police and the judiciary to better understand coercive control within a SDFV context and for frontline services to support victim-survivors.

Recommendation E3.i: Building on the lessons from Scotland and the UK, inquiries should be commenced into the implementation of coercive control legislation with careful consultation from the SDFV sector and victim-survivors.

Recommendation E3.ii: The introduction of coercive control legislation must be accompanied by thorough training of all professionals in the justice system including police, and accompanying funding for SDFV services which will experience an increase in volume of workload.

E4. Sexualised Abuse

Levels of sexualised violence in Australia are concerningly high. The 2019 recorded sexual assault rate in NSW was the highest recorded since 1990.²⁵² It is important to note that rates of actual sexualised violence in the community are likely to be substantially higher as people who have experienced sexualised violence often do not disclose until years later, many never disclose, and even fewer pursue a criminal justice outcome. The ABS Personal Safety Study demonstrated that women were more than four times as likely as men to have experienced sexualised violence, with approximately one in five women experiencing sexual assault since the age of 15.²⁵³ 99% of women had been sexually assaulted by

²⁵¹ P. Neate, 'Women's Aid welcomes coercive control law', 29.12.2015, viewed on 19 July 2020, <https://www.womensaid.org.uk/womens-aid-welcomes-coercive-control-law/>

²⁵² D. Goh & J. Holmes, *An update of long-term trends in property and violent crime in New South Wales: 1990-2019*, Issue paper no.144, March 2020.

²⁵³ Cox, 2016.

a man.²⁵⁴ Criminal convictions of sexualised abuse are low both in Australia and internationally, and the lack of effective justice for victim-survivors must be addressed.²⁵⁵

Women and LGBTQ people from marginalised communities experience higher rates of sexualised violence. Aboriginal and Torres Strait Islander women are up to 3.7 times more likely than other women to experience sexualised violence.²⁵⁶ Rates of sexualised violence towards children are also high,²⁵⁷ and require specific strategies to be addressed (more on children under Term L). Women from CALD backgrounds can face additional barriers to reporting and to accessing support including the need for appropriate interpreters when reporting sexualised violence, a preference for female police officers, concern for the protection of complainants, and the lack of information on how the criminal justice system processes sexual assault cases.²⁵⁸ There is a clear need to address fundamental attitudes and beliefs within the Australian community, and specific communities within it about sexualised violence as noted in Term A).

An intersectional approach is required to address sexualised violence, as discussed further under Term H). Approaches must be developed in collaboration with specific communities and with people with lived experience. In NSW, Aboriginal and Torres Strait Islander women have championed excellent initiatives including *Breaking Silent Codes*²⁵⁹ and *Hey Sis, We've Got Your Back*²⁶⁰ to address the specific needs of victim-survivors in the community, however there is a concerning lack of funding for such community controlled and run initiatives addressing sexualised violence. A further example of a community led resource is the *My Dignity* resource which provides excellent information for first responders, supports reflection, and shares lived experience insight from victim-survivors of sexualised violence.

²⁵⁴ Cox, 2016.

²⁵⁵ L. Kelly, *Routes to (In)justice: A research review on the reporting, investigation and prosecution of rape cases*, London, UK: Her Majesty Crown Prosecution Services Inspectorates (HMCPSI), 2001.

²⁵⁶ AIHW 2006.

²⁵⁷ Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia: continuing the national story 2019*, Cat. no. FDV 3. Canberra, AIHW, 2019.

²⁵⁸ N. Taylor & J. Putt. *Adult sexual violence in Indigenous and culturally and linguistically diverse communities in Australia*. Trends & issues in crime and criminal justice no. 345, Canberra: Australian Institute of Criminology, 2007.

²⁵⁹ Breaking Silent Codes, <http://www.breakingsilentcodes.com.au/>

²⁶⁰ Hey Sis We've Got Your Back <https://rlc.org.au/article/hey-sis-weve-got-your-back>

My body is mine. But sometimes it doesn't seem so.

Other people, even people I love or people I live with use my body for their pleasure or their power.

I don't like to talk about it ... but I would like to talk about it with the right person.

I don't know how to talk about it in a way that will ensure I am treated with respect by the people I tell.

I'm not sure who to trust ... but pretty sure about who not to trust.

I have to figure out what's next ... to avoid, reduce, escape, stop the violence.

So, I want to know more...

**Anonymous victim-survivor*

DVNSW supports the following recommendations from AWAVA:

Recommendation E4i: That the Department of Social Services takes an intersectional lens in preventing and addressing sexual[ised] violence against diverse groups of women including being attentive to different ages, as well as includes it in the second National Plan.²⁶¹

Recommendation E4ii: That the Australian Government funds dedicated long-term initiatives to strengthen services, education and prevention activities for Aboriginal and Torres Strait victim-survivors of sexual[ised] assault (both as children and adults).²⁶²

Recommendation E4iii: That the Department of Social Services develops communication strategies to disseminate information in different languages and formats, about sexual[ised] violence against women, what it is and practical advice about what can be done to prevent and report it.²⁶³

Recommendation E4iv: That the Australian Government undertakes community-controlled research and data collection about prevalence, reporting rates and service provision in relation to sexual[ised] violence against women from culturally and linguistically diverse backgrounds..²⁶⁴

²⁶¹ AWAVA, 2020, p.45.

²⁶² AWAVA, 2020, p.45.

²⁶³ AWAVA, 2020, p.45.

²⁶⁴ AWAVA, 2020, p.45.

Recommendation E4v: That the Australian Government sufficiently funds sexual assault services, including adequate funding to ensure cultural competency of their support.²⁶⁵

E5. Reproductive Abuse

Reproductive coercion describes a deliberate control-based violence which can be defined as, ‘any interference with a person’s reproductive autonomy that trie[s] to control if and when they become pregnant, and whether the pregnancy was maintained or terminated.’²⁶⁶ Tactics include preventing access to contraception, forcing pregnancy, forcing or not allowing access to abortion. Intimate partner violence, when carried out in the form of sexualised violence, is more likely to lead to poor reproductive health, including unplanned pregnancies, poor pregnancy outcomes and sexually transmitted infections.

²⁶⁷

The cost of the procedures is prohibitive, and there is a prevailing shortage of providers. Abortion costs are substantial, increase at later gestations, and are a financial strain for many women. Poor knowledge, geographical and financial barriers restrict method choice.²⁶⁸ Reproductive coercion needs to be considered in domestic and family violence screening. Screening within abortion provision settings are integral in order to connect women whose lives are impacted by reproductive coercion to the supports they need.

Recommendation E5: Increase access to medical abortion via telehealth, protect access to surgical abortion, and increase support to women’s specialist Sexual, Domestic and Family Violence services to respond to reproductive coercion.

E6. Systems abuse

The term ‘systems abuse’ describes the abuse which victim-survivors experience either by perpetrators of violence employing legal, welfare or other systems to continue the abuse towards the victim-survivor, or by the failure of support systems to respond in a trauma-informed manner.

²⁶⁵ AWAVA, 2020, p.45.

²⁶⁶ L. Price in A. Stevenson, *Reproductive coercion affects one in three female domestic violence victims, study shows*, 24 June 2019, viewed on 23 July
<https://www.abc.net.au/news/2019-06-24/reproductive-coercion-affecting-domestic-violence-survivors/11223778>

²⁶⁷ E. Miller & J. Silverman, *Reproductive coercion and partner violence: implications for clinical assessment of unintended pregnancy*, *Expert Rev Obstet Gynecol*; 5(5), 2010, pp. 511–515.

²⁶⁸ M. Shankar, L. Black, P. Goldstone, et al. *Access, equity and costs of induced abortion services in Australia: a cross-sectional study*. *Aust N Z J Public Health*. 2017; 41(3) 2017, pp. 309–314.

Perpetrators of violence are well known to utilise a variety of government and non-government systems to further harm towards victim-survivors, in particular after they have separated.²⁶⁹ This behaviour attempts to continue asserting control over the victim-survivor, as well as to harass and intimidate them. This form of systems abuse is well documented within the legal system, with perpetrators causing harm through tactics which include submitting illegitimate cross-applications, failing to appear in court, calling irrelevant witnesses, personally cross-examining victim-survivors, requesting frequent adjournments or otherwise increasing the length and cost of proceedings.²⁷⁰ Examples from DVNSW member services of other forms of systems abuse include perpetrators misrepresenting income and thus reducing their child support payments, making vexatious complaints to various bodies, creating debt which is owned by the victim-survivor, putting children on the International Travel Watch list and making non-legitimate reports regarding the victim-survivor to immigration.

Unfortunately some women and LGBTQ people who have experienced violence who reach out for support experience further harm through the lack of trauma-informed and specialist support they receive.^{271, 272} Systems of power and control utilised in SDFV relationships can be knowingly and unknowingly replicated by professionals, *'there is a vulnerability in looking to others for help, who have the power to help, or ignore, or harm.'*²⁷³ There is limited Australian research on this topic, however in a 2018 British study of women seeking support for DFV, all participants described forms of power by individuals or systems used against them.²⁷⁴ In addition to active harm perpetrated by 'support systems', all participants spoke of a sense of passive harm done to them by being ignored or neglected by those who had the power to help them and did not.²⁷⁵ The following testimony attests to the similarities of Australian victim-survivors to those in Britain. The lack of well funded, trauma-informed support provided by Australian Government services such as housing, Centrelink and health services, can be re-triggering to victim-survivors and too often parallels the violence they have sought to escape.

²⁶⁹ Parliament of Victoria, Law Reform Committee, *Inquiry into Vexatious Litigants: Final Report of the Victorian Parliament Law Reform Committee*, Parl. Paper No. 162, 2008.

²⁷⁰ H. Douglas, Legal Systems Abuse and Coercive Control, *Criminology & Criminal Justice*, 18(1), 2018, pp. 84 - 99.

²⁷¹ M. Rogers, *TransForming Practice: understanding trans people's experiences of domestic abuse and social care agencies*, PhD Thesis, University of Sheffield, 2013.

²⁷² J. Keeling, C. Fisher & F. Colleen, *Health professionals' responses to women's disclosures of domestic violence*. *Journal of Interpersonal Violence*, 30(13), 2014, pp. 2363 - 2378.

²⁷³ E. Eassom, *How Do Women Experience Navigating Support After Domestic Abuse?* Prof.Doc Thesis, University of East London School of Psychology, 2018, p. 59.

²⁷⁴ Eassom, 2018, p. 67.

²⁷⁵ Eassom, 2018, p. 69.

I experienced systemic abuse by Centrelink, Department of Communities and Justice, Workers Compensation and the NDIS. Over the years I experienced threats, intimidation, gas lighting, stand over tactics, being threatened with court, lied to, falsified information, victim-blaming, bullying and generally traumatising behaviour. I even called the police; all of this after leaving DFV, experiencing homelessness, multiple surgeries and more. I left domestic and family violence to experience the same behaviour as my perpetrators by systems that were meant to help me. This experience has been more than a decade and has had a huge impact. I was so traumatised by this that I had physical reactions which was greatly impacting on my life, emotional health and wellbeing, my disabilities were worsening and I was not able to attend to my body which was massively deteriorating. Housing, Centrelink and the NDIS have pushed me to the brink of nearly breaking and I am incredibly strong.

Talie, DVNSW Voices for Change Advocate

DVNSW draws the Committee's attention to the recommendations under Term C) which if undertaken would substantially improve quality and coordination of supports available to victim-survivors of SDFV.

Recommendation E6: Fund research to increase the knowledge base regarding victim-survivor experiences of systems abuse.

Term F) The adequacy of the qualitative and quantitative evidence base around the prevalence of domestic and family violence and how to overcome limitations in the collection of nationally consistent and timely qualitative and quantitative data including, but not limited to, court, police, hospitalisation and housing.

F1. Data and Evidence: Filling the gaps

There is a range of qualitative and quantitative data regarding Sexual, Domestic and Family Violence (SDFV) available, however there are also substantial gaps which impede efforts to address and to prevent SDFV in Australia.²⁷⁶ The Australian National Research Organisation for Women's Safety (ANROWS) is acknowledged as contributing a wealth of high-quality evidence to the field and of providing evidence in areas where there was previously little available data. ANROWS should be funded ongoingly to allow their research efforts to continue.

Information gaps on various aspects of SDFV are primarily due to; inconsistent identification, capturing and counting procedures between different data sets and jurisdictions, lack of information about

²⁷⁶ AIHW, 2019.

marginalised priorities (see following section) and a lack of available data about pathways, impacts and outcomes for victim-survivors, perpetrators and their children.²⁷⁷ DVNSW acknowledge that the Australian Institute of Health and Welfare (AIHW) is undertaking a range of activities to improve the identification and collection of SDFV data in the National Minimum Data Set (NMDS) and other data sets, and encourage this work to be expedited.

As one of the largest data sources available, DVNSW believe that recording mechanisms in the Health System could be improved to more accurately ascertain pathways to support and the public cost of violence. DVNSW endorses the following recommendation from the Victorian Royal Commission into Family Violence:

Recommendation F1.i Establish a Medicare item number or a similar mechanism that will allow medical practitioners, including GPs, nurses and social workers in the Health system to record a family violence–related consultation or procedure.²⁷⁸

As noted under Term H) housing and homelessness is deeply interlinked with women and LGBTQ people’s experiences of SDFV. The following recommendations are aligned to speak to the interrelated themes of housing and support as they relate to the barriers faced by people escaping DFV. It is essential that Australian, state and territory Governments are able to accurately capture the housing needs of women, children and LGBTQ people made homeless as a result of domestic and family violence, the different points in the system in which this occurs, and the barriers encountered. Robust data and analysis is essential to informing that the appropriate housing is available where it is needed and that the right type of support is provided.

Recommendation F1.ii. Invest in the capability of Government to gather and analyse housing and homelessness data

There is a noticeable lack of longitudinal data available in the SDFV field. All ANROWS projects are less than 4 years due to funding restrictions. There are minimal longitudinal studies available. Longer funding security and the conducting of longitudinal research into SDFV would substantially increase the body of knowledge available.

Recommendation F1.iii. Recommendation: Fund ANROWS and other specialist researchers to conduct longitudinal research into SDFV.

The Personal Safety Study (PSS) is a valuable piece of research conducted by the Australian Bureau of Statistics (ABS) with an impressively large cohort and thorough methodological approach. Of note is also

²⁷⁷ AIHW, 2019.

²⁷⁸ State of Victoria, 2016, Recommendation 105.

the additional findings on the PSS data undertaken by ANROWS in 2016 which offered several hundred additional findings related to violence against women and supported the DFV sector to better understand the available data and the statistical findings.²⁷⁹

There are however some issues with the PSS data, including the up to 4 year delay in releasing findings from the data. Quantitative data does not always show the whole picture. For example, in April 2020, a BOCSAR report was released about the rates of reporting of DFV which varied substantially from DVNSW member feedback from frontline services. *'It is very difficult to use quantitative research methods to get information about the quality of an experience. While the PSS is very good for counting things, it is less helpful in understanding the reasons why the pattern of numbers exists in the first place.'*²⁸⁰ Qualitative research must continue to be funded to fill these gaps. A 2010 study into gender and intimate partner violence by Wangmann demonstrates this concern; *'This study confirmed, and actively demonstrated, the limitations of a purely quantitative approach to comparing men's and women's allegations about IPV [Intimate Partner Violence], and, in turn, illustrated the more complex picture acquired via qualitative analysis. Through the combined quantitative and qualitative data, a picture emerged that suggested some differences between men and women.'*²⁸¹

Furthermore the PSS can make subpopulation analysis difficult because it quickly becomes too unreliable.²⁸² There are also substantial data gaps including data collection on reproductive coercion and LGBTQ people. Data collection for people with disability is likely to be underrepresented due to the additional requirements for collecting data from this group, and the lack of inclusion of people with disability in group homes.

Recommendation F2.iv. Continue to fund the PSS and additional analysis of the PSS Violence against Women data by ANROWS, and include additional questions on reproductive coercion, LGBTIQ people and women with disability.

F2. Data and Evidence: Marginalised Communities

There are significant large gaps in the data collection for people from marginalised groups, many of which are described more fully under Term H). A lack of reliable data makes it extremely challenging to plan and to deliver effective services. There is limited information about vulnerable populations who come into contact with justice, health, welfare and other support services (for example, primary health care; emergency department care; drug and alcohol services; mental health services; corrections, or income support).²⁸³ The submissions of ACON, Muslim Women's Association and People With Disability Australia to this inquiry note the lack of reliable data available about LGBTQ, CALD women and women

²⁷⁹ Cox, 2016.

²⁸⁰ Cox, 2016, p. 140.

²⁸¹ J. Wangmann, 2010, p. 33.

²⁸² Cox, 2016, p. 140.

²⁸³ AIHW, 2019.

with disability. Religious data of CALD communities across DFV, court, hospital, housing services is not collated at all, and is not consistent when it is.

Data collection is currently unable to document victim-survivor's journeys between different points in the service system, and the long term outcomes for women, children and LGBTQ people accessing housing and other support products. The current focus of data collection such as the 'housing pathways' focus in NSW fails to understand that women and LGBTQ people experiencing DFV access housing in many different ways resulting from individual context and circumstance. Victim-survivor's experiences of SDFV and homelessness are not based on a linear process and current frameworks and analysis do not examine journeys through the services system through a lens of intersectionality (barriers faced by gender, race, sexuality, religion, class, ability as discussed under Term H). Adopting an intersectional approach will support the development of policy and systems that support strong evidence based strategy, and allow different areas within the service system services to reach agreement as to the factors that accentuate problems within the SDFV support system.

Recommendation F2.i. Develop a framework of analysis that enables Governments to map data, in particular housing and homelessness data based on an understanding of intersectionality.

As noted, violence is under-reported in Australia with the majority of women not reporting violence.²⁸⁴ This issue is exacerbated for people from marginalised communities who do not feel confident reporting violence to police due to lack of trust in the system. For example, Aboriginal and Torres Strait Islander communities frequently don't disclose violence for reasons including concern about child removals, racism and deaths in custody. Until the systemic issues are addressed, violence experienced by Aboriginal and Torres Strait Islander peoples and other marginalised groups will continue to be under-reported.

Data sovereignty is integral for Aboriginal and Torres Strait Islander communities. Data about Aboriginal and Torres Strait Islander communities must be owned and controlled by Aboriginal and Torres Strait Islander peoples. Systems must be created where Aboriginal peoples have access to data and stories about them and transparency in who is using the data and how the data is being used.²⁸⁵ 'It is not okay to continue to compare us and our data to the data from non-Indigenous people. A more valid way to use our data is to track our progress, to tell the story of our journey over time.'²⁸⁶

The mainstream definition of what is considered good practice/performance/outcomes must be reshaped for Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander communities and services collect data differently. Government perspectives about outcomes and KPIs

²⁸⁴ AIHW, *Family, domestic and sexual violence in Australia*, 2018.

²⁸⁵ *The Warawarni-gu Guma (Healing Together)* Statement, ANROWS 2nd National Research Conference on Violence against Women, 2018.

²⁸⁶ *The Warawarni-gu Guma (Healing Together)* Statement, 2018.

are not necessarily meaningful for Aboriginal and Torres Strait Islander people, and a co-design process is necessary to ensure that the outcomes recorded are meaningful.

We endorse the following recommendations from ACON's submission to this inquiry:

Recommendation F2.ii. Introduce national requirements for government and non-government bodies such as police, health services, specialist homelessness services and other funded organisations to collect and report on the sexuality and gender of clients.

Recommendation F2.iii. Fund training and capacity building support for services to understand, screen for and record sexual, domestic and family violence in LGBTQ communities.

Recommendation F2.iv. Provide a set of precise requirements and guidelines for asking about sexuality and gender and experiences of violence within government-funded research and service provision to collect accurate data about the prevalence and experiences of LGBTQ people who have experienced SDFV. Fund specific research into the experiences of LGBTQ people who have experienced SDFV and effective responses.

We endorse the following recommendations from Muslim Women Association submission to this inquiry:

Recommendation F2.v. The Australian Government should support enhanced data collection, research and program evaluation with respect to family violence, including in relation to CALD and faith-based communities.

Recommendation F2.vi. The Australian Government should support specialist services in building their capacity to collate data, research and document the experiences of CALD and faith-based communities experiencing DFV to support program and policy design efforts from a ground up approach.

Term G) The efficacy of perpetrator intervention programs and support services for men to help them change their behaviour.

DVNSW endorses the submission of No To Violence, and acknowledges their expertise in this area. We recommend that continued investment and evaluation is necessary in this area to ensure best-practice.

Recommendation G1: Coordinated policy and funding commitment is required to grow evaluation of perpetrator intervention, at a broad National level (e.g. continued funding for the ANROWS

Perpetrator Stream) and at the local level for individual Men’s Behavioural Change Programs to evaluate outcomes of programs on the ground.

DVNSW commends the work of ACON in piloting behavioural change programs for the LGBTQ community. As noted under Term H), SDFV in LGBTQ communities is nuanced and requires specialist interventions. DVNSW endorses ACON’s recommendation from their submission to this inquiry to:

Recommendation G2: Provide ongoing state and national funding to develop, trial and implement tailored group behaviour change programs for LGBTQ people who use violence. These programs are best designed by or in partnership with LGBTQ community organisations.

Term H) The experiences of all women, including Aboriginal and Torres Strait Islander women, rural women, culturally and linguistically diverse women, LGBTIQ women, women with a disability, and women on temporary visas.

DVNSW welcomes the opportunity to highlight the diversity, as well as the resilience and strength of women and marginalised communities in Australia - despite experiencing ongoing oppression and enormous barriers when seeking support and safety. The experiences of girls will be explored under Term L). We also describe the experiences of LGBTIQ people rather than only LGBTIQ women so as not to exclude members of the LGBTIQ community who experience SDFV. DVNSW believes that the best way to understand women and LGBTIQ people’s experiences and design service responses accordingly is not only through qualitative research but through formalised feedback mechanisms and co-design approaches, as we explore in Term L). The *Family Violence Experts by Experience Framework*²⁸⁷ offers excellent guidelines to enable policy makers and service providers to best apply the knowledge gained through victim-survivor experience.

To better understand the experiences of all women as well as LGBTIQ people who have experienced violence, DVNSW works on consistently applying the framework and analysis of *Intersectionality*, a phrase first coined by the Black feminist and legal scholar Kimberlé Crenshaw. For a long time black feminist theory and activism criticised white feminists, as their view of feminism as a single issue movement centred around gender did not encompass the experiences of black women. *‘Instead, many black feminists argued for a need ‘to combat the manifold and simultaneous oppressions that all women of colour face’ (Combahee River Collective, 1977), including systems of oppression such as colonialism, class oppression, racism, ableism, homophobia, ageism and patriarchy.*²⁸⁸

²⁸⁷ University of Melbourne and Domestic Violence Vic, *The Family Violence Experts by Experience Research Report and Framework*, 2020.

²⁸⁸ J. Chen, *Intersectionality Matters: A guide to engaging immigrant and refugee communities in Australia*, Multicultural Centre for Women’s Health. Melbourne, 2017.

'[I]ntersectionality refers to how systems of power and oppression co-construct each other to create complex and unique forms of systemic harm and injustice.'²⁸⁹ In other words: people's experience of oppression differs greatly from one another, depending on the individual's social location, as multiple forms of oppression intertwine and interact with each other. Intersectional analysis has long challenged us to move away from single-axis social justice movements, and towards understanding and deconstructing power relationships within society, illustrating the complexities of identities. Used as a tool to analyse oppression and marginalisation, the focus often lies on the way race, class and gender interlock, to create individual experiences of power and oppression. Many scholars have extended intersectional analysis to include other categories.²⁹⁰

While gender inequality is understood to be a key driver of violence, every person's experience of violence is singular, as it is shaped by their position in regard to privilege and power. While it isn't possible to uniformly speak about experiences of entire communities, we want to use this section to highlight specific experiences of systemic violence experienced, and barriers to building a life without violence, specific to certain experiences of marginalization.

We have been unable to speak about all sub-populations of women, most significantly older women, and regional/rural women who have significant and specific experiences both of violence and of accessing support. Women in regional, rural and remote Australia are more likely than women in urban areas to experience domestic and family violence.²⁹¹ In addition, regional, rural and remote women experience specific barriers related to their geographical location, including the availability of services, and the cultural and social characteristics of living in small communities and the high prevalence of firearms. We endorse the Women's Safety NSW submission to this inquiry regarding those sub-groups.

H1. Aboriginal and Torres Strait Islander Women

DVNSW acknowledges the strength of Aboriginal and Torres Strait Islander peoples and the diversity of experiences amongst women and communities. It is impossible to describe the experiences of all Aboriginal and Torres Strait Islander women as they are diverse and varied, representing women from hundreds of nations.

Experiences of sexual, domestic and family violence are deeply interlinked with experiences of colonisation, genocide and dispossession of land. Within Aboriginal and Torres Strait Islander communities is a continual, strong, concerted resistance to colonisation. *Changing the Picture* (2018) demonstrates the central importance of addressing the legacies and ongoing impacts of colonisation for Aboriginal and Torres Strait Islander people, families and communities in order to prevent violence

²⁸⁹ S. Coles & M. Pasek, *Intersectional Invisibility Revisited: How Group Prototypes Lead to the Erasure and Exclusion of Black Women*, Translational Issues in Psychological Science, 2020.

²⁹⁰ M. Deckha, *Animal Advocacy, Feminism and Intersectionality*, DEP, vol. 23, 2013, pp. 48 - 65.

²⁹¹ M. Campo & S. Tayton, *Domestic and family violence in regional, rural and remote communities An overview of key issues*, Child Family Community Australia, 2015.

against Aboriginal and Torres Strait Islander women and their children.²⁹² Aboriginal and Torres Strait Islander Communities need real acknowledgement by governments and community that the disproportionately high rates of violence experienced by Aboriginal women, families and communities is directly connected to discriminatory policy and practice including child removal, the breakup of families and traditional family structures, dispossession of land, disconnection from culture, genocide, state sanctioned violence and intergenerational trauma.

As an Aboriginal woman I experienced systemic racism, through government bodies like Department of Justice and Communities, the police and the Health System. There are other layers that add complexity to experiencing DV and seeking help and assistance for me and other Aboriginal women. Being an Aboriginal person and having an Aboriginal ex-partner, calling the police on him meant a high risk of him experiencing police brutality, and Aboriginal deaths in custody.

Kowana, DVNSW Voices for Change Advocate

We must address the intersections between domestic and family violence, homelessness, child protection, and out of home care if there is to be a reduction in the levels of violence in communities. Aboriginal and Torres Strait Islander women are six times more likely than a non-Aboriginal woman to experience DFV, are 11 times more likely to die as a result of the assault, and 32 times more likely to be hospitalised as a result of the physical injuries.²⁹³ With DFV a leading cause of homelessness for women, the high overall statistics puts Aboriginal women at a higher risk of homelessness. Unstable housing also means there is a greater chance of Aboriginal and Torres Strait Islander families having children removed by child protection services. The safety and wellbeing of Aboriginal and Torres Strait Islander children is vital. Since the National Indigenous Reform Agreement was created in 2007, there has been little progress in Closing The Gap in numerous measures,²⁹⁴ despite annual reporting and widespread community support. Family violence is the primary driver for the removal of Aboriginal and Torres Strait Islander children into out of home care. With this in mind, the majority of violence against Aboriginal and Torres Strait Islander women is likely not to be reported.

Significant reform is required to improve support, as well as access to justice for Aboriginal and Torres Strait Islander women. We refer you to the joint AWAVA, National Aboriginal and Torres Strait Islander Women's Alliance and Harmony Alliance Migrant and Refugee Women for Change submission to the ALRC's comprehensive review of the family law system.²⁹⁵ The Warawarni-gu Guma (Healing Together) Statement outlines an important framework for healing and change.²⁹⁶ Unfortunately Aboriginal and

²⁹² Our Watch, 2018.

²⁹³ Our Watch, 2018.

²⁹⁴ Australian Government, *Closing the Gap Report*, 2020.

²⁹⁵ AWAVA, National Aboriginal and Torres Strait Islander Women's Alliance (NATSIWA) and Harmony Alliance, *Joint Submission in response to the Australian Law Reform Commission's Review of the Family Law System Issues Paper*, 2018.

²⁹⁶ *The Warawarni-gu Guma (Healing Together) Statement*, 2018.

Torres Strait Islander peoples are often engaged in ways that feel tokenistic and non-Aboriginal people who are DFV experts are often called upon to play an 'expert' role in Aboriginal and Torres Strait Islander DFV. Further, members of the DVNSW Aboriginal and Torres Strait Islander Women's Steering Committee note that they want to work with the Government to change their thinking and influence future processes to embed our ideas. 'Women are experts of their own lives; so are Aboriginal women.'

²⁹⁷

Solutions must be co-designed, led and run by Aboriginal and Torres Strait Islander communities. Coordination of supports also needs to be enhanced to ensure victim-survivors are receiving the highest quality support.

Recommendation H1.i. All specialist domestic and family violence workers receive mandatory training in cultural safety, with annual follow up training.

Recommendation H1.ii. Ensure that Aboriginal and Torres Strait Islander women and girls, men and boys have a seat at the table²⁹⁸ when making decisions regarding SDFV, and that communities have the opportunity to create their own unique solutions.

DVNSW endorses the following recommendation made by AWAVA:

Recommendation H1.iii. We support the position of the National Aboriginal and Torres Strait Islander Women Alliance (NATSIWA) on the need to have further cooperation between government, domestic and family violence agencies, sexual assault services, Aboriginal Community Controlled Organisations, social workers, universities and legal services²⁹⁹

Recommendation H1.iv. Adequate and sustainable funding is necessary for Aboriginal-owned and controlled organisations to undertake SDFV work, for Aboriginal Family Violence Prevention Legal Services, and the National Aboriginal and Torres Strait Islander Women Alliance.

Recommendation H1.v. Incorporate Our Watch's *Changing the Picture* framework within primary prevention efforts to ensure that these are responsive to and take into account the experiences of Aboriginal and Torres Strait Islander women.

H2. Women in prison

²⁹⁷ Steering Committee Member, DVNSW Aboriginal and Torres Strait Islander women's Steering Committee.

²⁹⁸ *The Warawarni-gu Guma (Healing Together) Statement*, 2018.

²⁹⁹ NATSIWA, *Submission to the UN Special Rapporteur on Violence Against Women*, 2007.

Research demonstrates that a remarkably high number of criminalised women in prison are survivors of SDFV.³⁰⁰ This includes trans-gender women who face additional challenges. The women's prison population represents a vulnerable group that faces a high number and complexity of barriers, as well as high risk of further victimisation and lack of support services when leaving prison. DVNSW endorse the submission and recommendations of the Australian Women Against Violence Alliance under this term. AWAVA highlights the need in particular for an examination of the over-representation of Aboriginal and Torres Strait Islander women in the Australian criminal justice system which needs, *'to involve an analysis of the historical processes and structural conditions of colonisation, social and economic marginalisation, systemic racism, and specific practices of criminal justice agencies. There is also a pressing need for research to be conducted on the viability of alternatives to incarceration for Aboriginal and Torres Strait Islander women.'*³⁰¹ DVNSW is a member of the NSW Women's Advisory Council for corrective services regarding women in prisons, for whom the current priorities are supporting women as mothers and justice reinvestment.

DVNSW endorse the following recommendations from AWAVA:

Recommendation H2.i. That women in prisons are addressed by the National Plan as having distinct needs and risks of revictimisation.³⁰²

Recommendation H2.ii. That the current processes for identifying female offenders at risk of or with a history of family violence are reviewed and therapeutic interventions and education programs are provided for women victims/survivors of violence in prison.³⁰³

Recommendation H2.iii. That the Australian Government ensures therapeutic interventions such as individual counselling and group-based programs such as Out of the Dark are available for all women in prison who have experienced domestic and family violence.³⁰⁴

Recommendation H2.iv. That the Australian Government provides sufficient funding to specialist women's services and other relevant generalist services to ensure that all women who are/have experienced violence have access to services and justice that are competent and responsive to their needs,³⁰⁵ including women in prison.

³⁰⁰ A. Day, S. Casey, A.D. Gerace, C. Oster & D. O'Kane, *The forgotten victims: Prisoner experience of victimisation and engagement with the criminal justice system (Research report)* Sydney, ANROWS, 2018.

³⁰¹ AWAVA, 2020.

³⁰² AWAVA, 2020.

³⁰³ AWAVA, 2020.

³⁰⁴ AWAVA, 2020.

³⁰⁵ AWAVA, 2020.

H3. Women with disability

Women with disability experience higher rates of violence than those without disabilities.³⁰⁶ Those with cognitive disabilities are particularly vulnerable to abuse, with some studies suggesting that this risk may be some 40% higher.³⁰⁷ In Australia, 1 in 5 women have a disability, and the prevalence of violence is extremely high. '*[More than] one third of women with disability experience domestic and family violence and up to 90 per cent of women with intellectual disability have been sexually assaulted.*'³⁰⁸ Women with disabilities are more likely to experience a control-focussed forms of family violence, manifesting in acts of abuse such as withholding or denial of equipment, food and medication; restrictions on their access to communication devices; and threats of institutionalisation.³⁰⁹ Women with disability may also experience abuse perpetrated by institutions such as group homes. More research is needed into the experiences of women and LGBTQ people with disability experiencing SDFV, as well as consistent data collection as discussed in Term F).

Recommendation H3.i.: Ensure initiatives to respond to sexual, domestic and family violence and to prevent violence against women with disability are developed through co-design and strong consultation with women with disability and disability advocacy services.

The following case example Case Review 3628 from the NSW Domestic Violence Death Review Team provides a harrowing account which is indicative of the barriers and varieties of abuse that women with disability experience. *The victim had an intellectual impairment and struggled with daily activities. After her parents died, she was defrauded out of a large portion of her inheritance by a relative, and as a consequence a financial guardianship order was put in place. The woman received daily support for personal and domestic assistance from an NGO service provider to assist her with living independently. She began a relationship with a man who was violent and controlling and she disclosed episodes of violence to service providers, and was observed with injuries caused by the abuser. NGO service providers did not report these injuries to police. Eventually the abuser began refusing to allow the NGO provider access to the woman's home. After several missed appointments, all services involved with the woman*

³⁰⁶ DVNSW acknowledges that disability is an outcome of, "misconceptions, discrimination, inaccessible environments, buildings, communications and information and lack of appropriate supports that prevent full participation by people with disabilities in all aspects of community life." in: L. Dowse, K. Soldatic, A. Didi, C. Frohmader, & G. van Toorn, *Stop the Violence: addressing violence against women and girls with disabilities in Australia. Background paper*. 2013.

³⁰⁷ VicHealth, *Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria*, 2007.

³⁰⁸ Safe State, *Acting to End Sexual, Domestic and Family Violence*, 2019, viewed on 27 July 2020, https://d3n8a8pro7vhmx.cloudfront.net/safensw/pages/41/attachments/original/1540514938/A_Safe_State_-_Final_Policy_Platform_%28Oct_2018-Mar_2019%29.pdf?1540514938

³⁰⁹ VicHealth, 2007, p. 55.

determined to place her services on hold. Shortly after the services stopped engaging with the woman, she was killed by the abuser.³¹⁰

It's really hard for women with intellectual disabilities. When you're up against someone powerful like the person I dealt with, you don't understand, you get trapped and you don't know how to get out.

Jacquie, DVNSW Voices for Change Advocate

The needs of women and girls with a disability are complex, and DVNSW endorses the submissions of People with Disability Australia and Women With Disabilities Australia as experts in this field. In particular, we draw your attention to the concerns regarding the implementation of the National Disability Insurance Scheme. The advocacy of both organisations as well as independent advocacy for people with a disability is extremely valuable and substantially contributes to the safety and wellbeing of women with disability. Unfortunately funding is uncertain for advocacy groups and individual advocates, with advocacy group funding being provided on short-term contracts which greatly impedes the ability to advocate for women with disability.

Recommendation H3.ii: Ensure that all people with disability have access to adequately resourced independent individual and peak body advocacy to assert and be accorded their human rights and fundamental freedoms.

The Australian response to violence against women with a disability is characterised by inadequate recognition of the depth of the problem, poor and untimely responses and limited data about either the experiences of victim-survivors or the services response.³¹¹ Specialist SDFV services may not have specialised training in Disability, and disability support services are under-resourced to address presentations of SDFV. To address this issue in the SDFV sector in NSW, The Building Access Project commenced as a four year pilot that in 2017 and is currently being rolled out by PWDA in partnership with DVNSW and Women's Community Shelters, *The Building Access Project* aims to increase accessibility to SDFV services across NSW for women with disability by inviting these services to audit their accessibility and develop plans to address barriers in order to better meet the needs of women with disability. The interim report demonstrates positive improvements in attitudes and support provided due to the training provided as part of this project.³¹² A limitation for DFV service providers involved in the project has been restrictions and resource constraints relating to the physical

³¹⁰ NSW Government, NSW Domestic Violence, *Domestic Violence Death Review Team Report 2015-2017*, op.cit., p.102.

³¹¹ L. Dowse, K. Soldatic, A. Didi, C. Frohmader & G. van Toorn. *Stop the Violence: Addressing Violence Against Women and Girls With Disabilities in Australia: Background paper*. 2013, p.17.

³¹² People with Disability Australia, *'Building Access' (Projects, undated)*
<https://pwd.org.au/our-work/projects/building-access/>

accessibility of premises. Regardless of the level of commitment and enthusiasm from leadership and staff, this issue requires sector wide resourcing from Government to support services to make the changes required.³¹³

Recommendation H3.iii.: Continue to fund the Building Access program in NSW and explore implementation Nation-wide.

Recommendation H3.iv.: Resource physical upgrades to SDFV services to ensure accessibility for women with disability.

H4. Culturally and Linguistically Diverse Women and LGBTIQ people

Culturally and Linguistically Diverse (CALD) women and LGBTIQ people are at higher risk of experiencing sexual, domestic and family violence.³¹⁴ CALD women and LGBTIQ people experiencing violence face substantial barriers to accessing services due to factors which include; language barriers; social isolation; lack of awareness of legal rights and fear of police and/or government authorities. Women from (CALD) backgrounds can face migration status issues (isolating them from their families, making them entirely reliant on their abusive partner, and harbouring significant fear of losing their migration status should they attempt to leave the abusive relationship); almost complete lack of family law, domestic violence and child protection frameworks (having previously lived in nations with vastly different legal systems); and lack of early and continued access to an interpreter. DVNSW endorses the Muslim Women's Association (MWA) submission which highlights many of these issues. The 2019 *NSW Domestic Violence Death Review Team Report* also notes the barriers to accessing services that CALD women and LGBTIQ people experiencing violence face and the urgent need for governments to ensure the availability of culturally responsive support and responses to SDFV.³¹⁵

DVNSW endorse the following recommendations by the Muslim Women's Association (MWA):

Recommendation H4.i. The Australian Government should provide long-term adequate funding to specialist services targeting CALD communities, to allow for effective engagement and collaboration and support from CALD communities for family violence initiatives, (which can often be undermined by shorter funding pools.)³¹⁶

³¹³ NSW Government, 2017, p.102.

³¹⁴ AIHW, 2019.

³¹⁵ NSW Government, 2019.

³¹⁶ MWA, 2020; AWAVA, 2020.

Recommendation H4.ii. The Australian Government centres the needs of CALD women ensuring that DFV services provide access to culturally, linguistically and religiously appropriate support without perpetuating misconceptions often attached to the experiences of CALD women.³¹⁷

Of particular concern to the access of CALD people to SDFV services is the lack of access to interpreter services and interpreters with specialised training in SDFV. A 2020 survey of DFV sector representatives by Women's Safety NSW found a number of concerning issues including:

- A concern that people with little or no English experiencing SDFV are unable to access Telephone Interpreter Services (TIS),
- The quality of interpreter services is variable,
- Female interpreters may not be available,
- Interpreters are sometimes not available in the necessary language or dialect,
- Interpreters are not always culturally safe, and
- Interpreters are not always trauma and violence informed.³¹⁸

DVNSW endorse the following recommendations from Women's Safety NSW:

Recommendation H4.iii. That the National Telephone Interpreter Services be funded to provide free support for all victim-survivors of DFV.³¹⁹

Recommendation H4.iv. That the National Telephone Interpreter Services employ a team of specially trained sexual, domestic and family violence interpreters.³²⁰

DVNSW recognises the essential contribution that settlement services make to support women, children and LGBTQ people who find themselves in a DFV situation. New migrants trust settlement services and are fearful of the unknown, especially when it comes to such a sensitive issue as SDFV. Locally, settlement services collaborate with DFV services, which is very valuable. However, DVNSW member services indicate that multicultural and settlement services are very stretched, that they cannot primarily focus on DFV and that in some cases they do not have the speciality needed for this work.

DVNSW supports Settlement Services International (SSI)s recommendation to this inquiry:

Recommendation H4.v. That settlement services are funded to provide coordination and case work roles to support victim-survivors and their children experiencing SDFV.

³¹⁷ AWAVA, 2020.

³¹⁸ Women's Safety NSW, *Interpreter Services in Family and Domestic Violence Matters*, 2020.

³¹⁹ Women's Safety NSW, 2020.

³²⁰ Women's Safety NSW, 2020.

H5. Women and LGBTIQ people on Temporary Visas and their children

Women and LGBTIQ people on temporary visas experiencing domestic and family violence and their children are on a range of different visas – including partner, family, student, work, visitor and bridging visas. People on temporary visas and their children experiencing violence often face specific and compounding barriers to accessing support. Perpetrators of violence against people on temporary visas use these barriers to maintain power and control and to continue to use violence against them. Due to the high risk of homelessness and poverty, a person on a temporary visa may make the difficult decision to stay with, or return to, a violent partner. This can increase the risk of the victim-survivors experiencing further violence that could lead to serious injury or death.

Barriers to accessing support

Women and LGBTIQ people on temporary visas experiencing domestic and family violence face significant barriers to accessing the supports they need to be safe, including:

- Challenges in accessing crisis accommodation: In some states, including NSW, service providers do not receive specific funding to assist people on temporary visas. Some service providers limit the number of people on temporary visas they support due to the costs of supporting people without income for extended periods and their inability to access long-term housing,
- Inability to access medium to long-term housing: In some states, including NSW, government policy prevents people on temporary visas from accessing transitional, social and public housing and rental assistance,
- Inability to access healthcare: Commonwealth government policy prevents people on temporary visas from accessing Medicare except in limited circumstances. In some states, including NSW, government policy prevents people who are ineligible for Medicare from accessing public hospitals except in limited circumstances,
- Inability to access income: Commonwealth government policy prevents people on temporary visas from accessing Centrelink except in limited circumstances. In addition, people on temporary visas may have no or limited work rights depending on their visa type and conditions, and childcare responsibilities,
- Risk, fear and threats of deportation and separation from their children: Perpetrators will often use the risk, fear and threat of deportation as a tool of power and control over the victim-survivor,
- Challenges in accessing legal representation: People on temporary visas face complex intersecting legal issues relating to domestic violence, immigration, family, and child protection law and face barriers to accessing free legal advice and representation,
- Lack of culturally safe and accessible services and free interpreting services, and
- Limited social networks and access to support, lack of understanding of their rights.

DVNSW Survey on People on Temporary Visas Experiencing Violence

Domestic Violence NSW invited organisations across NSW to complete a survey about people on temporary visas experiencing violence who sought or received assistance from their service in May

2020. 34 survey responses were received from accommodation, domestic and family violence, legal, counselling, women's health, settlement and other service providers.

Please note the percentages below refer to the survey respondents.

- At least 369 people on temporary visas sought or received assistance in May 2020 from service providers who responded to the survey. Of these people, 103 people or more have one child, 60 people or more have two children, 44 people or more have 3 or more children,
- Services that clients on temporary visas needed that service providers were not able to provide include long-term accommodation (82%), counselling (45%), legal advice and representation (45-55%), English language classes (42%), financial assistance (39%), temporary accommodation (36%), crisis accommodation (36%) and health assistance (33%),
- Reasons provided for why services that clients needed could not be provided included a lack of funding for services and eligibility criteria for government services such as Centrelink, Medicare and Housing that exclude people on temporary visas,
- In response to a question about whether the clients were referred to other service providers, one service provider stated 'no services would take them'. Another service responded that it is 'difficult/impossible to find temporary accommodation and long term accommodation for women and children on temporary visas',
- Service providers observed the COVID-19 crisis has impacted on people on temporary visas experiencing violence in the following ways:
 - Increased sexual, domestic or family violence (45%),
 - Increased complexity of client needs (64%),
 - Decreased access to income, food and essentials (64%),
 - Decreased access to community supports (64%),
 - Decreased referral pathways for clients (48%), and
 - None of the above (9%),
- Clients of the organisations who responded to the survey were on a range of different visas, including partner or fiancé visas, family visas, New Zealand Citizen family relationship visas, student visas, working visas, temporary protection visas, visitor visas and bridging visas.

Domestic Violence NSW is a member of the National Advocacy Group for Women on Temporary Visas Experiencing Violence that consists of over 60 state and national peak bodies, service providers and other organisations across Australia working to address domestic, family and sexual violence. On 3 April 2020, the group sent an Open Letter to the Australian and State and Territory Governments calling for

Recommendation H5.i. Immediate action to ensure that people on temporary visas experiencing violence have full and immediate access to:

- 1. Social security and Medicare benefits so people can access food, other essentials and healthcare to stay safe, healthy and well during the COVID-19 crisis,**
- 2. Temporary, crisis, social and public housing, rental assistance and Safe at Home programs so people can socially isolate safely,**

3. Free legal advice and representation so people can understand how the law can help keep them and their children safe under migration law, family law and domestic and family violence law,
4. Free interpreting services so people can understand how to stay safe and well during the COVID-19 crisis and access essential services, and
5. Roll out an equivalent of the Victorian flexible support packages across Australia so people can attend to their immediate material needs when escaping a violent perpetrator.

Recommendation H5.ii. The National Advocacy Group also recommended amending the Family Violence provisions in the Migration Regulations, creating a new temporary visa for people experiencing domestic, family and sexual violence and providing long term and sustainable funding to specialist domestic, family and sexual violence and legal services.

DVNSW calls on the Federal government to fully implement these and additional recommendations as set out in the *Blueprint for Reform: Removing Barriers to Safety for Victims/Survivors of Domestic and Family Violence who are on Temporary Visas*, which were developed and endorsed by the National Advocacy Group.

H6. LGBTIQ people

Rates of intimate partner violence in LGBTQ relationships are at least equal to, and at times higher than the rates of intimate partner violence reported to occur in heterosexual relationships.³²¹ Family violence can be experienced in two spheres: firstly, within the context of the person's biological family ('family of origin'), and secondly within the confines of their chosen family (being a family created by LGBTQ people in response to rejection from their family of origin). LGBTQ people who experience rejection from their family of origin experience high rates of homelessness, verbal and physical abuse.³²² International studies have found that LGBTQ people experience a persistent risk throughout childhood, adolescence and adulthood of violence, including harassment and sexual assault.³²³ In addition to domestic violence, LGBTQ people face increased levels of 'abuse and violence in public places', and settings (such as places of employment and education).³²⁴

LGBTQ inequality, just like any other form of inequality, does not occur in a vacuum. Factors such as culture, race, aboriginality, age, migration status, social-economic standing act as interwoven layers of inequality that interact with LGBTQ experiences by informing community perception and understanding of sexuality, sex and gender. Unfortunately there is a lack of specialist LGBTQ DFV services, many

³²¹ Rainbow Health Victoria, 2020.

³²² Rainbow Health Victoria, 2020, p. 6.

³²³ N.Hudson, 'Family violence laws: Traditional narratives and the (in)visibility of lesbian relationships and lesbian-parented families', *Journal of Lesbian Studies*;23(3), 2019, pp. 357-82.

³²⁴ Rainbow Health Victoria, 2020, p. 6.

mainstream DFV services are not adequately trained in providing support to this cohort and LGBTQ people can experience discrimination and a lack of support from specialist SDFV professionals which further prevents access to support.³²⁵ Intersex people face varied barriers to accessing support, and require specific inclusion measures. *The Darlington Statement* is a joint consensus statement by Australian and Aotearoa/New Zealand intersex organisations and independent advocates which sets out the priorities and calls by the intersex human rights movement under six headings: a preamble, human rights and legal reform; health and wellbeing; peer support; allies; and education, awareness and employment.³²⁶ Specialist SDFV services for the LGBTIQ community must also adhere to the *Darlington Statement*.

DVNSW endorses ACONs submission and in particular the following recommendations made by ACON:

Recommendation H6.i.: Specialist LGBTQ services should be funded nationally to provide support to LGBTQ people who are experiencing SDFV recognising barriers to access and the specialist skills provided by peer community organisations.

Recommendation H6.ii.: All funded mainstream SDFV service providers should be required to access LGBTQ inclusivity training, with a focus on LGBTQ SDFV, from LGBTQ community organisations and that funding contracts provide additional funds for this purpose. KPIs should reflect how contracted organisations are being responsive to the needs of LGBTQ people experiencing SDFV.

Recommendation H6.iii: Ensure that Brokerage funds are available nationally for GBTQ men and non-binary people experiencing violence to access safety and support options in the absence of crisis accommodation for men and non-binary people.

Recommendation H6.iv: LGBTQ communities are acknowledged as priority populations in dSDFV strategies at all levels of government, and this acknowledgement is coupled with appropriate levels of funding and measurable targets.

Term I) The impact of natural disasters and other significant events such as COVID-19, including health requirements such as staying at home, on the prevalence of domestic violence and provision of support services.

I1. The Gendered Nature of Natural Disasters: Specialist Services need a Voice

³²⁵ Rogers, 2013.

³²⁶ Darlington Statement: Joint consensus statement from the intersex community retreat in Darlington, March 2017.

Disasters, 'however 'natural' are profoundly discriminatory.'³²⁷ There is a growing appreciation internationally of the relevance of gendered analysis of disaster and emergency management. However, 'there is little recognition in Australia, in either research or policy, that there are important gendered issues [related to natural disasters].'³²⁸ It has been 'widely observed, researched and documented that women belonging to different social classes, races, ethnicities and age groups are more vulnerable than their male counterparts of the same social class/group before, during and after disasters.'³²⁹ Despite more women than men taking part in community disaster relief initiatives, women remain absent from disaster management.³³⁰

In the aftermath of the Black Saturday Bushfires in Victoria, the domestic violence services in the Mitchell and Murrumbidgee Shires (the few that there are) reported 'no increase in demand after Black Saturday',³³¹ yet the anecdotal evidence represented the opposite. Researchers point to a systemic failure to prioritise domestic violence and an unwillingness to hear women as primary causes for the under-reporting. As seen in other disasters, 'domestic violence was seen to be a less important issue than recovery and reconstruction, and indeed, separate. There was little capacity or will by organisations with disaster recovery oversight to gather accurate statistics on domestic violence. Attitudes were that domestic violence pre-existed and was unrelated to the disaster. The community focuses on practical recovery, grief and loss, combined with sympathy for traumatised, suffering, suicidal men prevented willingness to hear about domestic violence.'³³²

The under-valuation of women's voices during the disaster aftermath acts as a barrier to accessing support. Women may feel pressure not to report violence during and after disasters due to beliefs that resources are too stretched and that the overall safety needs of the community are more significant than the safety needs of an individual or a single family unit. Evidence suggests that some service providers, including police, psychologists and community workers, may excuse violence for example by encouraging women to tolerate violence until the disaster is over.³³³ The excusing of violence can be intensified if the perpetrator is both an emergency responder (including being a police officer or a firefighter) and therefore considered a hero during the height of the emergency. These aspects of our current disaster response replicate the gendered norms and drivers of violence against women noted in Term A) of this submission.

Disaster relief efforts that were not effectively gender-informed led to:

³²⁷ Oxfam, *The Tsunami's Impact on Woman*, Oxfam International Briefing, Novib: Oxfam Netherlands, 2005, p. 17.

³²⁸ M. Tyler & P. Fairbrother, *Gender, Masculinity and bushfire: Australia in an international context*, Australian Journal of Emergency Management, Volume 28, No 2, 2013, p. 20.

³²⁹ M. Ariyabandu, *Sex, Gender and Gender Relations in Disasters*. In E. Enarson and P.G. Chakrabarti (eds). *Women, Gender and Disaster: Global issues and Initiatives*. Sage Publications, London, 2009, p. 6.

³³⁰ Ariyabandu, 2009.

³³¹ D. Parkinson, C. Lancaster & A. Stewart, *A numbers game: Women and disaster*, Health Promotion Journal of Australia, 22, 2011, pp. 42-45.

³³² D. Parkinson, *Investigating the Increase in Domestic Violence Post Disaster: An Australian Case Study*, Journal of Interpersonal Violence, Vol 34(11), 2019, pp. 2351-2352.

³³³ Parkinson, 2019.

- the diversion of community focus and resources,
- reduction of regular compliance mechanisms relating to apprehended violence orders and reducing perpetrator responsibility for criminal breaches,
- placement of victim-survivors with their perpetrators the same evacuation centres, without protective measures in place, and
- the lack of affordable and accessible housing options post-crisis.

With respect to current response and recovery activities, the specialist women's services sector's expertise and experience should be given a more central role in disaster management, response and recovery efforts and respective funding decisions. Peak bodies DFV specialist bodies are a unique way of contributing collective voices to these critical discussions.

Recommendation 11.i.: Integrate sexual, domestic and family violence programming into longer-term pandemic preparedness. Disaster response programs must be:

- A. Gender informed and violence informed,**
- B. Ensure that women are included in the preparedness process and decision-making,**
- C. Ensure that women are recognised as citizens with skilled contributions valuable to the response effort.**

International and Australian researchers are in strong consensus about the increase in both prevalence and severity of SDFV during and after natural disasters, and pandemics.³³⁴ It is of use to acknowledge that there is a categorical difference between the occurrence of a 'natural disaster' as opposed to a 'pandemic', such as COVID-19 (including the intensity of the event, the temporal span of the event, and the potential geographic reach of each). Accordingly, the impact of each on SDFV differ, and the SDFV planning and responses should also differ.

Natural Disasters

Numerous studies conducted independent global reviews of about 100 disaster and gender studies, ultimately coming to the conclusion that there is an increase in domestic violence following a disaster.³³⁵ Some US examples include:

- 600% increase in domestic violence reports, and a 98% increase in court injunctions in the 4 months after the 1997 earthquake in Dale County, Alabama,³³⁶

³³⁴ Parkinson, 2019.

³³⁵ Parkinson, 2019.

³³⁶ D. Parkinson, p. 2335, referencing J. Wilson, B.D. Phillips & D.M. Neal (1998), *Domestic violence after disaster*. In E. Enarson & B. H. Morrow (Eds.), *The gendered terrain disaster: Through women's eyes* (99225-231). Westport, CT: Praeger, 1998.

- A fourfold increase in intimate partner violence after Hurricane Katrina,³³⁷ and
- 98% increase in physical victimisation of women in the 6 month period following Hurricane Katrina.³³⁸

Australian research into the Black Saturday Bushfires demonstrates that 57% of women interviewed experienced violence after the fires; 53% of whom had not experienced violence in their relationships before the fires.³³⁹ All of the interviewed women who experienced violence after the fires directly named the fires as a catalyst for the new violence against them ranging from one off instances of severe physical violence to persistent violent behaviour (sometimes including coercive/control-based violence)³⁴⁰. A participant nicknamed Christina*, survived an attempt at strangulation, and in her attempt to break free from her husband broke her knee cap. Christina* described her husband 'as *'very gentle'* before the fire.'³⁴¹

In circumstances such as the prolonged natural devastation of climate change, researchers have documented an increase in violence against women in circumstances of prolonged water scarcity³⁴². Summer itself presents a risk of violence, with research suggesting that incidents of intimate partner violence, including femicide, increase during and in the days following heatwaves and excessive temperatures.³⁴³

In 2019-2020 prolonged drought led to a disastrous bushfire season. The 2019-2020 NSW bushfire season began in September 2019 and continued for more than 180 days ending in March 2020. During this period about 3,094 homes were destroyed in NSW and over 17 million hectares (170,000 square kilometres) of land burned.³⁴⁴ As 2020 commenced, women and their children were facing multilayered threats to their safety, as the unfolding disaster contributed to an increased risk of sexual, domestic and family violence.

DVNSW as a co-convenor of the NSW Women's Alliance, in its submissions to the *NSW Independent 2019/2020 Bushfire Inquiry*, highlighted the following potential pathways to violence in the aftermath of natural disasters such as drought induced bushfires:

1. Women who were experiencing SDFV before the fires are more likely to face increasingly frequent and severe violence post-disaster,

³³⁷ M. Anastario, N. Shehab, & L. Lawry, 2009, pp. 18-26.

³³⁸ D. Parkinson, p. 2335, referencing Schumacher, J., Coffey, S., Norris, F., Tracy, M., Clements, K., & Galea, S., (2010) Intimate partner violence and Hurricane Katrina : Predictors and Associated mental health outcomes. *Violence and Victims*, 25, pp. 588-603.

³³⁹ Parkinson, 2019.

³⁴⁰ Parkinson, 2019..

³⁴¹ Parkinson, 2019, p. 2350.

³⁴² K. Whittenbury, *Climate Change, women's health, wellbeing and experiences of gender based violence in Australia*, in M Alston & K. Whittenburt (Eds.), *Research, action and policy: Addressing the gendered impacts of climate change*, Dordrecht, The Netherlands: Springer, 2013, pp. 207-222.

³⁴³ ANROWS, *Notepad: A challenging start to the year*, 2020.

³⁴⁴ Parliament of Australia, *2019-2020 Australian Bushfires – Frequently Asked Questions: A Quick Guide*.

2. Trauma, grief, financial stress, and loss of a home or employment may escalate a perpetrator's use of violence,
3. Women and children may find themselves separated from family, friends and other protective networks that they rely upon to render themselves safe, or which act to mitigate their partner's behaviour,
4. Official communications may not reach all intended recipients. Perpetrators who engage in coercive and controlling behaviour will often monitor their victim's communications devices or not allow them access to one, acting as a barrier to the receipt of official communications,
5. During disasters, other groups of already marginalised people experiencing SDFV may face additional barriers to accessing assistance including being isolated, experiencing homelessness, having a disability, using drugs and/or alcohol, being culturally or linguistically diverse, or being LGBTQ, and
6. Sexual violence is commonly one of the forms of violence those living with domestic and family violence will experience and this increases during times of disaster. In addition, the dislocation of people during disasters also increases acquaintance, stranger and child sexual assault.³⁴⁵

12. The impact of the COVID-19 Pandemic on rates of Sexual, Domestic and Family Violence

The COVID-19 virus and the course of action implemented by the Australian government to minimise the spread of the disease has significantly and directly affected the daily lived experiences of many Australians. Domestic and family violence specialists have continually raised concerns about the impacts of virus-specific measures on the rates of violence, in particular the impact of social distancing on the ability of victim-survivors to report the violence, and the likelihood of the severity and prevalence of the violence to increase.³⁴⁶ This has been the feedback from DVNSW member services, as detailed under Term J).

Similarly to the observations after the Black Saturday bushfires, initial statistics from NSW and QLD, did not reveal a statistically significant increase in the level of domestic violence reported to the police in March or April 2020 or the number of AVO breaches.³⁴⁷ Initial statistics should be analysed with the knowledge that:

- The majority of women experiencing DFV do not report SDFV,³⁴⁸ and reporting is even lower in LGBTQ communities,
- During periods of restricted social movement, the opportunities to contact and engage with first responders have been decreased, and

³⁴⁵ NSW Women's Alliance, *Submission from NSW Women's Alliance*, NSW Independent Bushfire Inquiry, 2020.

³⁴⁶ DVSM Letter to DCJ and peak bodies regarding presenting and predicted client and community needs during COVID-19, 30 March 2020.

³⁴⁷ Australian Institute of Criminology (AIC), *The prevalence of domestic violence among women during the COVID-19 pandemic*, Statistical Bulletin 28, 2020.

³⁴⁸ AIC, 2020.

- For victim-survivors cohabiting with their abusers, fear of repercussions is a major barrier to reporting.

DVNSW members observed that there was an initial decrease in some areas, followed by a steady increase in demand. Across the board, frontline services in NSW noted that there was a substantial increase in the complexity of the cases of people presenting for DFV support.³⁴⁹ A recent study by the Australian Institute of Criminology revealed that the COVID-19 pandemic led many women to experience their first incident of domestic violence, and most women who did experience SDFV during the pandemic have also experienced violence prior to COVID.³⁵⁰ Of those that had experienced domestic/sexual violence prior to COVID-19, half reported an increase in the severity or frequency of the violence. The evidence also confirmed many women did not seek help from police or non-government agencies due to safety concerns.

Internationally, countries including Brazil, China and the United States have reported increases in the rates of DFV.³⁵¹ Research demonstrated an increase in coercive and controlling behaviours, as well as virus specific forms of abuse, such as:

- the use of use 'misinformation or scare tactics' to control or blame victim-survivors, and
- withholding protective items such as hand sanitisers, disinfectant, soap and protective masks, where the virus is known to be air-born or particle based.³⁵²

In February 2020, there was a 300 percent increase in the number of reports of intimate partner violence made in Jianli County, Hubei province, China, compared to February 2019.³⁵³ In Australia, Women's Safety NSW conducted a survey of 400 frontline workers in the pandemic, 40% of whom reported an increase in 'pleas for help' and 70% reported an increase in the complexity of cases.

Quarantines increase victim-survivors' daily exposure to their perpetrators, during extended periods of financial and psychological stress. Isolation is a recognised abuse tactic for intimate partner violence regardless of the occurrence of a pandemic. DVNSW member services have observed that the forced social isolation has triggered victim-survivors and replicated perpetrator tactics of abuse.

³⁴⁹ DVNSW, DVNSW member calls 2020, <https://www.dvnsw.org.au/wp-content/uploads/2020/07/DVNSW-Member-Calls.png>

³⁵⁰ AIC 2020.

³⁵¹ A. Peterman, A. Potts, M. O'Donnell, K. Thompson, N. Shah, S. Oertelt-Prigione & N. van Gelder, *Pandemics and Violence Against Women and Children*, CGD Working Paper 528. Washington, 2020, DC: Center for Global Development.

³⁵² Peterman et al, 2020, p. 14.

³⁵³ Z. Wanqing, *Domestic Violence Cases Surge During COVID-19 Epidemic*, Sixth Tone, 3 March 2020, viewed on 19 July 2020, <https://www.sixthtone.com/news/1005253/domestic-violence-cases-surge-during-covid-19-epidemic>

While it's been years since I left the last abusive situation, and I'm working hard to get my life back on track, there's always triggers. Social isolation where you're kept away from those supports you have is a big kick in the guts and it's devastating for those still living with perpetrators.

Jasmine, DVNSW Voices for Change Advocate

354

The increase in SDFV due to the COVID19 pandemic is also expected to correlate with increased sexual violence and reproductive coercion. Academics and DVNSW member services have reported that despite access to abortion having been difficult prior to COVID-19, the impact of the pandemic has created further barriers.³⁵⁵ Disaster planning efforts must address barriers to access including the prohibitive cost of abortions and the shortage of providers.

Recommendation I2: Increase access to medical abortion via telehealth, protect access to surgical abortion, and increase support to women's specialist Sexual, Domestic and Family Violence services to respond to SDFV and reproductive coercion during and after the pandemic.

I3. Improving Access to Support Services during disasters

A lack of access to support services is one of many barriers to the reporting of SDFV and safety for victim-survivors. Resources normally available to victims might also be diverted, and/or subject to the same crisis and be closed or made unavailable. Further, services supporting men's behaviour change or other forms of intervention may also be severely disrupted during times of disaster and recovery.

Health providers and emergency responders are commonly the first point of contact for victim-survivors experiencing violence who are seeking help as noted in Term D1). Anecdotal evidence from the COVID-19 pandemic suggests that women may be less willing to seek help, particularly for health care, because of perceived risks of contracting viruses.³⁵⁶ Barriers to accessing healthcare and specialist SDFV services must be integrated and resourced as part of disaster management efforts.

Quantitative research on the exact magnitude of the rates of increase in domestic violence after a pandemic is still lacking. There is significant anecdotal evidence, and emerging qualitative evidence, however we still do not know just how big the problem really is. In order to better inform future policies, there must be a conscious prioritisation of sex-disaggregated data collection on sexual, domestic and family violence at the very outset of the natural disaster.

³⁵⁴ Jasmine, quoted in L. Wachsmuth, 9 May 2020, *The Trauma of Being Alone*, Illawarra Mercury.

³⁵⁵ E. Millar, *Getting an abortion just got harder, thanks to the coronavirus. Here's what we can do better*, The Conversation, 12 May 2020.

³⁵⁶ Peterman et al, 2020, p. 14.

Recommendation I3.i.: Prepare for a significant increase in sexual, domestic and family violence during natural disasters through;

- A. Increasing staff or operations for existing sexual, domestic and family violence prevention and response hotlines/outreach centres,**
- B. Increase communication and awareness of services,**
- C. Target informal support persons including friends or family, with whom survivors may still be in contact even while isolated at home, who may be able to seek help on their behalf, and**
- D. Attention should be given to inequality in access to internet infrastructure, particularly given the forced digitalisation of support services.**

Recommendation I3.ii. Ensure that health care providers and first responders are prepared to address domestic violence within pandemic setting, including:

- A. Training to ensure that providers are equipped to identify persons at risk, and couple recommendations for 'self-quarantine' or 'shelter at home' with an assessment of the safety of doing so, and**
- B. Consideration and adoption of relevant parts of the minimum care standards documented in the 'Inter-Agency Minimum Standards for Gender-based Violence in Emergency Programming'³⁵⁷.**

Sector Capacity Constraints Exacerbated by Natural Disasters

Researchers as well as DVNSW member services are highlighting the risk of losing the essential workers on the frontlines of domestic and family violence responses as a result of overwhelming workloads and potential burn out.³⁵⁸ Governments must maintain support for the work of the SDFV sector, including funding for vicarious trauma management. The work of the SDFV sector continues to be urgently needed and has grown substantially associated with bushfire recovery, and now COVID-19.

Recommendation I3.iii.: In addition to increasing support for people experiencing sexual, domestic and family violence, mental health and other supports should be made available to people working in the sexual, domestic and family violence community sector.

I4. The Effects of Natural Disaster on Children

³⁵⁷ United Nations Population Fund (UNFPA), *The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*, 2019.

³⁵⁸ N. Pfitzner et al, 'We are in a bubble that is set to burst'. *Why urgent support must be given to domestic violence workers*, The Conversation, 1 July 2020.

The 2019/2020 bushfires impacted 490,000 children and young people.³⁵⁹ After surveying and studying the effects of the prolonged drought and subsequent 2019/2020 fires and floods, the key findings of Office of the Advocate for Children and Young People in their 2020 report on the impact of disasters on young people and children were that:

- There are insufficient, targeted mental health programs for children and young people following a disaster,
- Education infrastructure is not sufficiently resilient to cope with the destruction caused by natural disasters,
- Natural disasters have an overwhelming negative impact on the housing stability of young people and children,
- Natural disasters create youth unemployment, and propel pre-existing social and economic issues, and
- Personal connections with family and peers are significantly disrupted by loss, separation and relocation.³⁶⁰

Children and young people exposed to violence within their family structures, also experience intersectional disadvantage brought about by the specific effects of natural disasters. The intersectional disadvantages (demonstrated by the key findings listed above) act as a barrier to reporting, and dilutes the resilience and coping mechanisms of young people and children. Additionally, there is less monitoring of children and young people's risk factors when they are not attending schools and pre-schools.

The Office of the Advocate for Children and Young People has proposed a detailed *Disaster Resilience Framework*, to which we refer you. Building resilience for young people, giving them a voice, empowering them and re-integrating them into community programs, can create a pathway for equipping children and young people with the courage and initiative to seek help in the event that they witness or are the subject of family violence. Resilience building will also address pre-existing drivers of violence that may have gone unaddressed as the young person assumes the responsibilities of adulthood.

Recommendation 14: That the 2020 *Children and Young People's Experience of Disaster Report* is acknowledged and the issues incorporated into disaster management.

³⁵⁹ Office of the Advocate for Children and Young People, *Children and Young People's Experience of Disaster Report*, 2020.

³⁶⁰ Office of the Advocate for Children and Young People, 2020, p. 28.

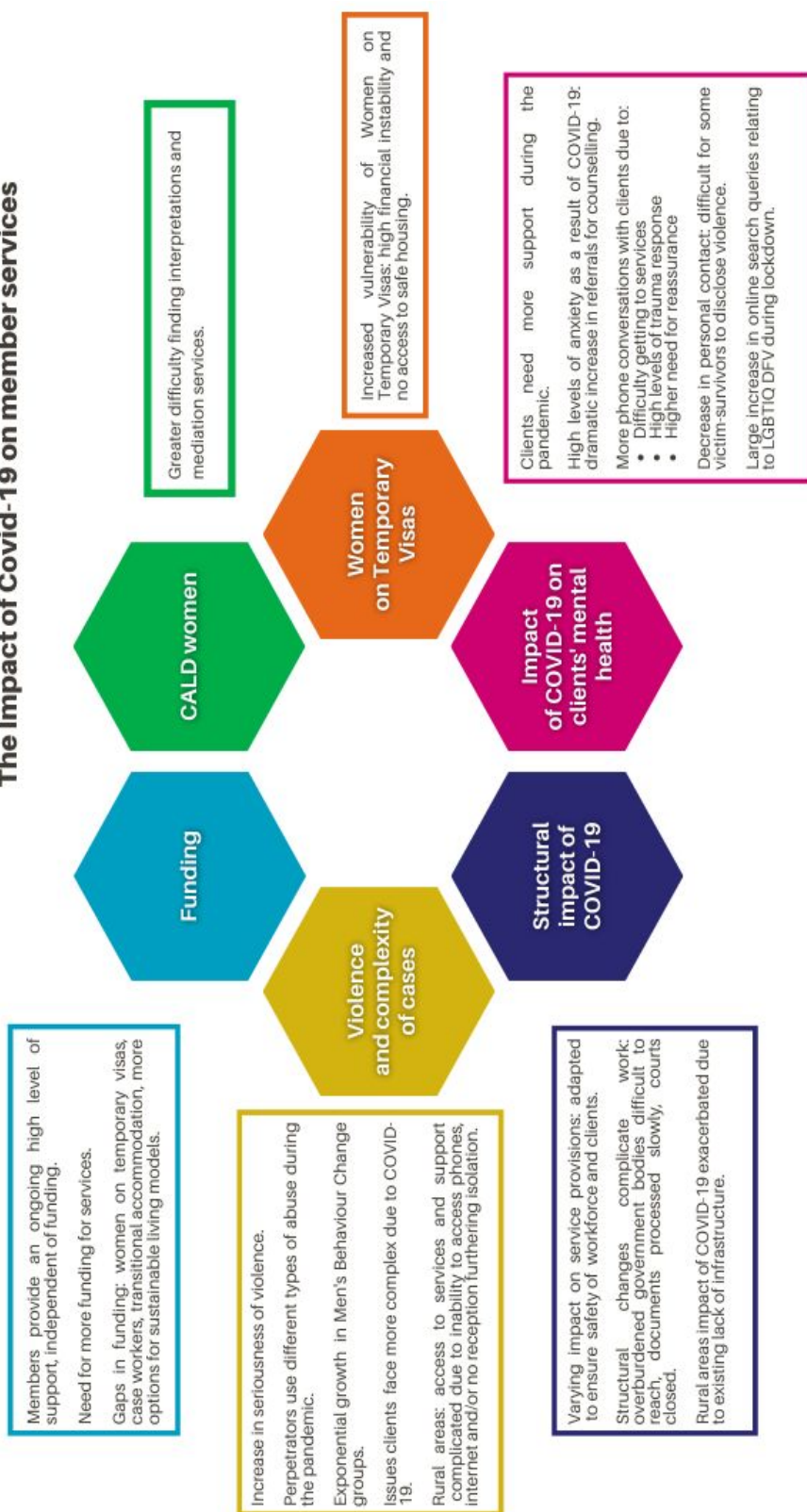
j) The views and experiences of frontline services, advocacy groups and others throughout this unprecedented time.

DVNSW and the frontline services we represent have experienced an extraordinary surge in work during the COVID19 pandemic. Although the level of increase has been variable, services have consistently reported that there has been an increase in the complexity of the supports necessary for women experiencing DFV. The existing service system is not adequate to deal with DFV, with the United Nations describing it as the 'shadow pandemic'.³⁶¹ To better understand the experiences of frontline services, DVNSW called member services in April/May 2020 to capture the challenges and changed demands which they were facing. DVNSW member feedback highlighted that the COVID19 pandemic exacerbated pre-existing issues in the under-resourced DFV sector. The systems in place had to adapt quickly to ensure the safety and security of their clients, and these were as ever at the forefront of service provision. Measures such as additional funding are greatly needed. The following infographic shows the impacts of COVID-19 on DVNSW members.

³⁶¹ P. Mlambo-Ngcuka, *Violence against women and girls: the shadow pandemic*, viewed on 27 July 2020 <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>

DVNSW Member Calls

The Impact of Covid-19 on member services



To deepen conversations with members, DVNSW successfully called 24 members services across 4 weeks. The goal was to capture challenges DVNSW members were facing due to COVID-19 to inform DVNSW advice and advocacy to the NSW government.

DVNSW as a peak body has been extremely busy during 2020. DVNSW has focused on information dissemination; creating a blog for our members to keep them up-to-date with the latest COVID19 information,³⁶³ sending weekly updates and creating a new member webinar to share information. DVNSW and other peak bodies have been instrumental in ensuring that governments are adequately informed of issues experienced by frontline services, or distributing information to frontline services and of holding governments to account in their funding and policy decisions. The actions of SDFV peak bodies ultimately improves the access to services of women, children and LGBTIQ people experiencing violence and should be adequately resourced.

Recommendation J1. Ensure adequate funding to state and federal peak bodies focussed on sexual, domestic and family violence.

k) An audit of previous parliamentary reviews focussed on domestic and family violence.

DVNSW does not have the capacity to fully respond to this term, however we acknowledge that there have been numerous, substantial parliamentary reviews focussing on domestic and family violence, particularly focussing on the family law system. There are key changes that governments can immediately make that will immediately improve the safety of many women and children and LGBTIQ people experiencing violence.

Recommendation K1. Implement recommendations from previous inquiries which support fully funding the specialist services that improve women and LGBTIQ people's safety, and hold men who use violence to account.

Prior to funding further inquiries into DFV, DVNSW recommends that the current knowledge and expertise in the sector and from academia on this issue is implemented.

Recommendation K2. Acknowledge, resource and implement recommendations from previous inquiries into domestic and family violence.

Unfortunately the level of inquiry and review into government responses to sexualised violence has not been as comprehensive as that of domestic and family violence. Levels of sexualised violence are

³⁶² DVNSW, *Summary of member calls during COVID-19, 2020*, viewed on 19 July 2020, <https://www.dvns.org.au/wp-content/uploads/2020/07/DVNSW-Member-Calls.png>

³⁶³ DVNSW COVID19 blog, viewed on 19 July 2020, <https://www.dvns.org.au/blog/departments-of-communities-and-justice-coronavirus-information/>

concerningly high,³⁶⁴ including sexual violence towards children and young people. More must be understood about community and government responses in order to adequately address sexualised violence in Australia.

Recommendation K3. Fund an inquiry into the adequacy of legal, community and service responses to sexualised violence in Australia.

I) Any other related matters.

L1. Lived expertise

DVNSW recognises the invaluable expertise of people with lived experience of sexual, domestic and family violence. We also acknowledge that many specialist practitioners are also survivors of violence. There is a need for a consistent and multi-faceted national approach to challenge and change behaviours and attitudes that are driving factors in DFV. Elevating and actively listening to the voices of those with lived experience of SDFV as advocates and context experts should be a key approach in co-designing services, developing policy and preventing violence. Research has found that person-centred care can greatly increase the quality and efficiency of care³⁶⁵. The Victorian *Client Voice Framework for Community Services* (2019) considers the voices of those with lived expertise at the levels of individual, organisation and system. The above framework states that, *‘the experiences that people have when they have contact with community services are the richest and most important source of information about the quality and safety of those services.’*³⁶⁶ Survivor advocates can highlight the barriers that victim-survivors experience, as well as necessary reforms to law and policy, which would better protect and support those experiencing violence.

In a paper on survivors’ experiences of DFV, *‘six of the seven participants relayed devastating/distressful experiences of abuse by the systems that were meant to help them - humiliating, degrading, disrespectful, dismissive, and harmful (financially, mentally, emotionally)’*,³⁶⁷ (further detail under Systems Abuse, Term E). Listening and engaging with the ideas brought forward from a lived expertise perspective is vital in changing policies, laws and service provisions to better support and protect victim-survivors.

Based on Recommendation 201 of the 2016 Royal Commission into Family Violence, DVNSW urges the Committee that:

³⁶⁴ D. Goh & J. Holmes, *An update of long-term trends in property and violent crime in New South Wales: 1990-2019, Issue paper no.144*, 2020.

³⁶⁵ State of Victoria, Department of Health and Human Services, *Strategic Plan*, 2019

³⁶⁶ State of Victoria, Department of Health and Human Services, *Client Voice framework for community services*, 2019, p. 4.

³⁶⁷ Education Centre Against Violence Paper, 2020, unpublished.

Recommendation L1.i. Involve victim-survivors in the strategic development, design, implementation and evaluation of initiatives to respond to and prevent sexual, domestic and family violence in a safe and meaningful manner.³⁶⁸

A literature review conducted through the *Family Violence Experts by Experience Framework* noted that programs which include a co-design process are more effective.³⁶⁹ The underlying justification for the use of co-production is that needs are better met when people with lived experience are involved in designing and evaluating policies and services.³⁷⁰ The Royal Commission into Institutional Responses to Child Sexual Abuse notes that involving children and young people in the strategic development, design, implementation and evaluation of initiatives to prevent child sexual abuse will increase their efficacy.³⁷¹ Although there has been substantial work on this in the mental health sector, there has been limited implementation of co-design in the SDFV sector.

DVNSW encourages the Committee to adopt the five principles put forward by the Victorian *Client Voice Framework*:

1. The client voice is essential for quality and safety,
2. Clients have expertise,
3. The client voice is part of everyone's role,
4. There are many client voices, and
5. The client voice leads to action.³⁷²

Through the Voices for Change Program, DVNSW had the opportunity to learn from and work with survivor advocates. The DVNSW Voices for Changes advocates have provided lived expertise in form of stories for media, providing input for frontline services as well as the government. As gender inequality is one of the biggest drivers in DFV, engaging the media to change attitudes and beliefs is an effective strategy to prevent violence. Those with lived expertise can help reframe the conversation in the media in order to '*promote respect, equality and nonviolence, and ultimately lead to changes in public perceptions and public policy.*'³⁷³

Providing expertise can come at a cost for survivor advocates, who say:

³⁶⁸ State of Victoria, 2016.

³⁶⁹ University of Melbourne & Domestic Violence Victoria, 2020

³⁷⁰ Boyle, Coote, Sherwood, & Slay, 2013, as cited in University of Melbourne and Domestic Violence Vic, 2020.

³⁷¹ Commonwealth of Australia, Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report Recommendations*, 2017, p. 5.

³⁷² State of Victoria, Department of Health and Human Services, 2019, p. 8.

³⁷³ Women's Health East, *Voices for Change: A Media Advocacy Program for the Prevention of Violence Against Women*, Women's Health East, Melbourne, 2016, p. 9, viewed on 22 July 2020
https://whe.org.au/wp-content/uploads/sites/3/2014/12/WHE_ImplementationGuide_WithResources.pdf

We are generous with our time, willing and eager to inform government and services yet we aren't remunerated as though our expertise is valid, despite the immense value add and costs benefit we offer government. Our bodies will usually trigger a trauma-response throughout this work yet we aren't remunerated to account for ongoing emotional, mental health or medical expenses associated with this type of work. Remunerating Survivor-Advocates for their time and expertise will address mutual respect, acknowledgement of our knowledge base, reduce power imbalances and tokenism when working on projects and reduce burn out from being financially disadvantaged for paying for our ongoing mental wellness and/or logistics costs.

Mel, DVNSW Voices for Change Advocate

When learning from lived experience advocates, expertise should be recognised for the input and remunerated. *The Family Violence Experts by Experience Research Framework*, provides extensive detail as to the rationale for remuneration as well as model fee structures. Furthermore, the Framework recommends a national survivor-advocate peak body which would champion and oversee this work.³⁷⁴

DVNSW endorses the following recommendations formulated by the survivor advocates of the DVNSW Voices for Change Program:

Recommendation L1.ii.. Federal rollout of programs such as Voices for Change, creating platforms for lived expertise voice and advocacy.

Recommendation L1.iii. Implement a quarterly Survivor Advocate Forum or Advisory Group based on the Victorian Victim Survivor Advocacy Committee model in each jurisdiction allowing survivor advocates to provide lived expertise and consult on different Government issues and policies.

Recommendation L1.iv. Compulsory implementation of community consultation in all sexual, domestic and family violence projects.

DVNSW additionally recommends:

Recommendation L1.v. Expand the Victorian Client Voice Framework for Community Services as a National Framework.

³⁷⁴ University of Melbourne & Domestic Violence Vic, 2020.

Recommendation L1.vi. Explore the efficacy of and provide seed funding for a national survivor advocates peak body.

L2. Children experiencing SDFV

I wish I had known what DFV and sexual abuse was, that it wasn't normal. I wish my teachers knew how to help me, and the doctors in the ED and GP's would stop telling me to run away from home - because where could I go? Adults weren't to be trusted nor did they feel safe.

Synthia, DVNSW Voices for Change Advocate

Children's rights and voices must be elevated, especially where there is the experience of violence. DFV towards children and young people is concerningly prevalent, including the witnessing of violence towards a protective parent. 1 in 6 girls and 1 in 9 boys were physically or sexually assaulted before the age of 15.³⁷⁵ Approximately 50% of women who had children in their care when they experienced violence by a current partner reported that the children had seen or heard the violence. This number increases to almost 70% of women when they experienced violence by a previous partner.³⁷⁶ An Australian Law Review Commission review found that up to 70 per cent of parents in family law proceedings reported their children had been exposed to family violence, and almost one in five parents report that they have safety concerns for themselves and/or their children as a result of ongoing contact with the other parent.³⁷⁷ (More on the safety of children and family law under Term D). Children and young people do not need to physically see or hear violence to be negatively impacted by it³⁷⁸. The impact of experiencing violence for children is complex, and can have significant short, medium and long-term impacts including physical harm, cognitive delays, mental illness and death.³⁷⁹

There is a need for further research on the prevalence and impact of violence experienced by children. As is outlined by the Royal Commission into Family Violence: '*Current policy does not pay sufficient attention to the effects of violence on children. Supporting children and young people must be central to family violence policies.*'³⁸⁰ Children should be treated as victim-survivors in their own right, with services informed by and addressing their specific needs.

Building on Recommendation 21 of the Victorian Royal Commission into Family Violence, DVNSW recommends that:

³⁷⁵ AIHW, 2019.

³⁷⁶ ABS, 2017.

³⁷⁷ Kaspiew et al, *Evaluation of the 2006 Family Law Reforms*, Australian Institute of Family Studies, 2009.

³⁷⁸ L. Neilson, *Domestic Violence Electronic Bench Book*, National Judicial Institute, Canada, 2017.

³⁷⁹ L. Neilson, *Domestic Violence Electronic Bench Book*, National Judicial Institute, Canada, 2017.

³⁸⁰ State of Victoria, 2016, p.8.

Recommendation L2.i. The Australian Government ensures that all refuge and crisis accommodation services catering to families have adequate resources to meet the particular needs of the children they are accommodating, including access to expert advice and secondary consultations in supporting children.³⁸¹

DVNSW endorses the Recommendation from the Royal Commission into Institutional Responses to Child Sexual Abuse

Recommendation L2.ii. The Australian Government should fund Aboriginal and Torres Strait Islander healing approaches as an ongoing, integral part of advocacy and support and therapeutic treatment service system responses for victims and survivors of child sexual abuse. These approaches should be evaluated in accordance with culturally appropriate methodologies, to contribute to evidence of best practice.³⁸²

Experiencing SDFV has a range of detrimental impacts on a child's development, mental and physical health, housing situation and general wellbeing.³⁸³ These adverse outcomes may extend beyond childhood into adolescence and adulthood.³⁸⁴

Reducing the number of children in Prison

As outlined in the *Women in Prison* section under Tern H), research conducted in Australia and internationally, has found higher rates of trauma in incarcerated populations than in the general population. Contributing factors to imprisonment are economic drivers such as poverty, and social drivers such as social exclusion and systematic discrimination. Next to these, the other main drivers for imprisonment is SDFV.³⁸⁵ The 2015 Young People in Custody Health Survey concurs with the high experience of DFV, stating, '*the prevalence of PTSD is higher among both adults and juveniles in custody than that among the general population.*'³⁸⁶ Almost half (47.8%) of the studies' participants had experienced at least one traumatic event.³⁸⁷ The findings of the Royal Commission into the Protection & Detention of Children in the Northern Territory show that children experienced (further) abuse while in Youth detention, adding to possibly existing trauma.³⁸⁸ '*Locking kids up does not stop them breaking the law and does not make the community safer. Many kids that end up in detention suffer from trauma and other social and emotional issues. The current system does not help kids with special needs or problems*

³⁸¹ State of Victoria, 2016, p. 51.

³⁸² Commonwealth of Australia, Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report Recommendations*, 2020.

³⁸³ AIHW, 2019.

³⁸⁴ Justice Health & Forensic Mental Health Network, *2015 Young People in Custody Health Survey*, 2015.

³⁸⁵ Commonwealth of Australia, *Value of a justice reinvestment approach to criminal justice in Australia*, 2013, p. 16.

³⁸⁶ Justice Health & Forensic Mental Health Network, 2015, p. 72.

³⁸⁷ Justice Health & Forensic Mental Health Network, 2015, p. 72.

³⁸⁸ Northern Territory Royal Commission, *Report Overview: Royal Commission into the Protection & Detention of Children in the Northern Territory*, 2017, p.3.

to change their behaviour.³⁸⁹ In order to reduce violence in the community, DVNSW believes that the age of criminal responsibility in Australia needs to be lifted from 10 years of age, which is below the global median age of 14 years. The criminal legal system disproportionately affects Aboriginal and Torres Strait Islander children, with 65% of those aged 10–13 in detention or supervision identifying as Aboriginal and/or Torres Strait Islander. Across Australia, Aboriginal and Torres Strait Islander young people (age 10 to 17 years) are imprisoned at 17 times the rate of their non-Indigenous peers, in some states and territories this number is even higher.³⁹⁰

As proposed by Change the Record, DVNSW recommends:

Recommendation L2.iii. The Australian government raises the age of criminal responsibility to 14 years.

³⁹¹

In order to reduce violence and incarceration, we need to build stronger communities that focus on healing from and preventing future violence. There is a great need for there to be more social policy and public health responses, recognising that DFV is a driver of imprisonment, rather than incarceration of young people and adults.³⁹² Primary prevention programs are one part of this, as outlined in detail in Term A). Additionally, there is a greater need for non-justice responses to be developed, instead of placing, *'emphasis on incarceration as a way of rehabilitating perpetrators in place of alternative models which may better support family reunification and community-led healing'*.³⁹³ In order to develop safe and age appropriate models of care and safety, children's voices need to be actively listened to. The Royal Commission into Institutional Responses to Child Sexual Abuse developed the Child Safe Standards, which should be implemented by all institutions, outlined in Recommendation 6.3:

1. Child safety is embedded in institutional leadership, governance and culture,
2. Children participate in decisions affecting them and are taken seriously,
3. Families and communities are informed and involved,
4. Equity is upheld and diverse needs are taken into account,
5. People working with children are suitable and supported,
6. Processes to respond to complaints of child sexual abuse are child focused,
7. Staff are equipped with the knowledge, skills and awareness to keep children safe through continual education and training,
8. Physical and online environments minimise the opportunity for abuse to occur,
9. Implementation of the Child Safe Standards is continuously reviewed and improved, and
10. Policies and procedures document how the institution is child safe.³⁹⁴

³⁸⁹ Northern Territory Royal Commission, 2017.

³⁹⁰ B. Bown & S. Trewitt, *Raising the age of criminal responsibility*, 2020.

³⁹¹ Change the Record, viewed on 19 July 2020, <https://changetherecord.org.au/RaiseTheAge>

³⁹² Change the Record Coalition Steering Committee, *Blueprint for Change*, 2015.

³⁹³ Commonwealth of Australia, *Fourth Action Plan—National Plan to Reduce Violence against Women and their Children 2010–2022*, 2019., p. 23.

³⁹⁴ Commonwealth of Australia, Royal Commission into Institutional Responses to Child Sexual Abuse, 2020, p. 6.

DVNSW endorses the recommendation made by the COAG Advisory Panel (Recommendation 3.1.):

Recommendation L2.iv. Governments should ensure the views and experiences of children and young people are taken into account in the scoping, design and evaluation of services and programs, where appropriate.³⁹⁵

³⁹⁵ Commonwealth of Australia, COAG Advisory Panel on Reducing Violence against Women and their Children: *Final Report*, 2016, p. 69.

Reference List

- ABC News, 'Rosie Batty gives valedictory speech as Australian of the Year' [online video], Presenter R. Batty, Canberra, 2015, <https://www.youtube.com/watch?v=4KStsXynOUM> (accessed 5 July 2020)
- Adams, A., 'Development of the Scale of Economic Abuse', *Violence Against Women*, vol. 14, no. 5, 2008, pp. 563–588.
- Anglicare Australia, *Rental Affordability Snapshot, National Report*, April 2019, <https://www.anglicare.asn.au/research-advocacy/the-rental-affordability-snapshot>.
- Animal Medicines Australia, 'Pets in Australia: A national survey of Pets and People', 2019.
- Ariyabandu, M., 'Sex, Gender and Gender Relations in Disasters', in E. Enarson and P.G. Chakrabarti (eds). 'Women, Gender and Disaster: Global issues and initiatives', Sage Publications, London, 2009.
- Arkow, P., 'Form of Emotional Blackmail: Animal Abuse as a Risk Factor for Domestic Violence', *Family & Intimate Partner Violence Quarterly*, Vol. 7, No. 1, 2014, pp. 7-14.
- Audit Office of New South Wales, 'New South Wales Auditor-General's Report, Making the best use of public housing NSW', *NSW Land and Housing Corporation*, 2013.
- Aune, K., & Barnes, R., 'In Churches Too: Church Responses to Domestic Abuse – A case study of Cumbria Coventry', 2018.
- Australian Bureau of Statistics, *Catalogue 4130.0 'Housing Occupancy and Costs, 2017-18'*, Canberra, ABS, 2019.
- Australian Bureau of Statistics, Catalogue No. 4540.0.00.001 'Corrective Services Family and Domestic Violence Data Project: Discussion of Findings', Jul 2018, ABS, 2018.
- Australian Bureau of Statistics, Catalogue No. 4906.0 'Key findings Personal Safety Survey, Australian Bureau of Statistics 2016 Personal Safety Survey', ABS, 2017.
- Australian Bureau of Statistics, Catalogue No. 6202.0 'Labour Force, Australia, Table 01: Labour force status by sex, 2017', ABS, 2017.
- Australian Bureau of Statistics, Catalogue No. 6302.0 'Average Weekly Earnings, Australia, 2019', ABS, 2019.

Australian Council of Social Service and the Social Policy Research Centre, *'Poverty and Inequality in Australia: Poverty in Australia 2016'*, 2016.

Australian Government, *'Closing the Gap Report'*, 2020.

Australian Government, Department of Social Services, *'Time for Action: The National Council's Plan for Australia to Reduce Violence against Women and their Children 2009-2021'*, 2012.

Australian Housing and Urban Research Institute (AHURI), *'Housing outcomes after domestic and family violence'*, *Final Report Number 311*, 2009.

Australian Human Rights Commission, *Encourage. Support. Act! Bystander Approaches to Sexual Harassment in the Workplace*, 2012.

Australian Institute of Criminology, *'The prevalence of domestic violence among women during the COVID-19 pandemic'*, Statistical Bulletin 28, 2020.

Australian Institute of Health and Welfare, *'Family, domestic and sexual violence in Australia: continuing the national story 2019'*, Cat. no. FDV 3. Canberra, AIHW, 2019.

Australian Institute of Health and Welfare, *'Family, domestic and sexual violence in Australia'*, 2018.

Australian Institute of Health and Welfare, *'Family Violence Among Aboriginal and Torres Strait Islander Peoples'*, 2006.

Australian Institute of Health and Welfare (AIHW), *'Specialist Homelessness Services Annual Report 2018-19'*, 2019.

Australia's National Research Organisation for Women's Safety Limited (ANROWS), *'ANROWS Notepad: A challenging start to the year'*, 16 January 2020, <https://www.anrows.org.au/notepad/anrows-notepad-16-january-2020/> (viewed on July 17 2020)

Australasian Institute of Judicial Administration, *'The Domestic and Family Violence Bench Book'*, 2020.

Australian Women Against Violence Alliance (AWAVA), *'Consulting on the Fourth Action Plan of the National Plan to Reduce Violence Against Women and their Children. Summary of Results'*, 2020.

Australian Women Against Violence Alliance (AWAVA), *'Submission to the Federal Inquiry into Family, Domestic and Sexual Violence Inquiry'*, 2020.

Australian Women Against Violence Alliance (AWAVA), *'The role of the specialist women's services: Survey on the standards of service provision for victims/survivors of gender-based violence'*, 2020.

Australian Women Against Violence Alliance (AWAVA), National Aboriginal and Torres Strait Islander Women's Alliance (NATSIWA) and Harmony Alliance, *Joint Submission in response to the Australian Law Reform Commission's Review of the Family Law System Issues Paper*, 2018.

Ayton, D., Pritchard, E., & Tsindos, T., 'Acquired Brain Injury in the Context of Family Violence: A Systematic Scoping Review of Incidence, Prevalence, and Contributing Factors'. *Trauma, Violence, & Abuse*, 2019, doi: 10.1177/1524838018821951.

Barlow, C., Johnson, K., Walklate S., & Humphreys, L., 'Putting Coercive Control into Practice: Problems and Possibilities', *The British Journal of Criminology*, Vol. 60, No. 1, 2020, pp. 160–179, doi: 10.1093/bjc/azz041.

Berkowitz, A. *Working With Men to Prevent Violence Against Women: An Overview. (Part One)*, National Resource Centre on Domestic Violence, 2004, p. 2., as cited by, Australian Human Rights Commission, *Our Work: Part 4: Bystander interventions in violence prevention*, 2012.

Bent-Goodley, T., & Fowler, D., 'Spiritual and Religious Abuse Expanding What is Known About Domestic Violence', *Affilia-journal of Women and Social Work*, vol. 21, 2006, pp. 282-295,

Bhalotra, S., Kambhampati, U., Rawlings, S., & Siddique, Z., '*Intimate Partner Violence: The Influence of Job Opportunities for Men and Women*', The World Bank Economic Review, 2019.

Bown, B. & Trewitt, S., '*Raising the age of criminal responsibility*', 2020, https://drive.google.com/file/d/1SX5e0YQ0JPjLb78eI8_Hiq_QQobUDwk5/view (viewed on July 20, 2020)

Brain Injury Australia, '*The prevalence of acquired brain injury among victims and perpetrators of family violence*', 2018.

Campo, M., & Tayton, S., 'Domestic and family violence in regional, rural and remote communities An overview of key issues', *Child Family Community Australia*, 2015.

Cares, A. & Cusick, G., 'Risks and Opportunities of Faith and Culture: The Case of Abused Jewish Women', *Journal of Family Violence*, vol. 27, no. 5, 2012, pp. 427–435.

Carlisle-Frank, P., 'Selective Battering of the Family Pet', *Anthrozoös*, vol. 17, 2004, pp. 26-42.

Carr, R., '*Joint letter to Women's Safety Ministers: five urgent safety actions to lock in*', 5 March 2020, https://www.fairagenda.org/blog_womenssafetyministers

Change the Record Coalition Steering Committee, '*Blueprint for Change*', 2015, <https://drive.google.com/file/d/0B3OI0caEOuaFU3BNc3Zrbl9wa0U/view> (viewed on 21 July 2020).

Chen, J., 'Intersectionality Matters: A guide to engaging immigrant and refugee communities in Australia', *Multicultural Centre for Women's Health*, Melbourne, 2017.

Choice, 'Unsettled: Life in Australia's private rental market', February 2017, <https://www.choice.com.au/money/property/renting/articles/choice-rental-market-report> (viewed on 18 July 2020).

COAG Advisory Panel on Reducing Violence against Women and their Children, *Final Report*, 2016, <https://www.coag.gov.au/sites/default/files/communique/COAGAdvisoryPanelonReducingViolenceagainstWomenandtheirChildren-FinalReport.pdf>

Coles, S., & Pasek, M., 'Intersectional Invisibility Revisited: How Group Prototypes Lead to the Erasure and Exclusion of Black Women', *Translational Issues in Psychological Science*, 2020.

Committee on Elimination of Discrimination Against Women, 'Concluding observation on the eight periodic report of Australia', 2018.

Commonwealth of Australia, 'A better family law system to support and protect those affected by family violence', 2017.

Commonwealth of Australia, Australian Law Reform Commission, *ALRC Report 135*, 2019.

Commonwealth of Australia, Department of Health, 'National Women's Health Strategy 2020-2030', 2019.

Commonwealth of Australia, Family Law Council, 'Improving the family law system for Aboriginal and Torres Strait Islander clients', 2012.

Commonwealth of Australia, Family Law Council, 'Final Report on Families with Complex Needs and the Intersection of the Family Law and Child Protection Systems – Terms 3, 4 & 5,' 2016.

Commonwealth of Australia, 'Fourth Action Plan—National Plan to Reduce Violence against Women and their Children 2010–2022', 2019.

Commonwealth of Australia, Royal Commission into Institutional Responses to Child Sexual Abuse, 'Final Report Recommendations', 2017.

Commonwealth of Australia, 'The Road Home: A National Approach to Reducing Homelessness', 2018.

Commonwealth of Australia, 'Value of a justice reinvestment approach to criminal justice in Australia', 2013.

Conroy, A., 'Companion Animal Abuse', *DVRCV Advocate*, Autumn/Winter, 2015, pp. 34-36.

Coorey, L., & Coorey-Ewings, C., 'Animal Victims of Domestic and Family Violence: Raising Youth Awareness', *Animal Studies Journal*, Vol. 7, No.1, 2018.

Cortis, N. & Blaxland, M. *Training and workforce development in Specialist Homelessness Services*, Social Policy Research Centre, 2018.

Cox, P., 'Violence against women: Additional analysis of the Australian Bureau of Statistics' Personal Safety Survey', 2012 (ANROWS Horizons: 01.01/2016 Rev. ed.), Sydney, ANROWS, 2016.

Cripps, K., & Habibis, D., 'Improving housing and service responses to domestic and family violence for Indigenous individuals and families', AHURI Final Report 320, Australian Housing and Urban Research Institute Limited, Melbourne, 2019.

Cussen, T., & Bryant, W., 'Research in Practice No. 38: Domestic/family violence homicide in Australia', Australian Institute of Criminology, 2015.

Darlington Statement: Joint consensus statement from the intersex community retreat in Darlington, March 2017, <http://darlington.org.au/statement/> (viewed on 18 July 2020).

Davidson, P., Saunders, P., Bradbury, B., & Wong, M., 'Poverty in Australia 2020: Part 1, Overview'. *ACOSS/UNSW Poverty and Inequality Partnership Report No. 3*, Sydney: Australian Council Of Social Services, 2020.

Davis, M., & Johnson, M., 'Exploring Black Clergy Perspectives on Religious/Spiritual Related Domestic Violence: First Steps in Facing those Who Wield the Sword Abusively'. *Journal of Aggression, Maltreatment & Trauma*, 2020.

Day, A., Casey, S., Gerace, A., Oster, C., & O'Kane, D. (2018). 'The forgotten victims: Prisoner experience of victimisation and engagement with the criminal justice system' (Research report, 01/2018). Sydney, NSW: ANROWS.

Deckha, M., 'Animal Advocacy, Feminism and Intersectionality', *DEP Deportate Esuli Profughe*, Vol.23, 2013, pp. 48-65. https://www.unive.it/media/allegato/dep/n23-2013/Documenti/03_Deckha.pdf

Domestic Violence NSW (DVNSW), *Good Practice Guidelines for the Domestic and Family Violence Sector in NSW*, <http://dvnsw.org.au/wp-content/uploads/2017/08/DFV-Practice-Guidelines.pdf>

Domestic Violence NSW (DVNSW), *Summary of member calls during COVID-19*, 2020, <https://www.dvnsw.org.au/wp-content/uploads/2020/07/DVNSW-Member-Calls.png> (accessed on 19 July 2020).

Domestic Violence NSW (DVNSW), *SHS Members Survey*, 2019.

Domestic Violence Service Management (DVSM), '*COVID-19 response*', 30.3.2020, <https://dvns.wsm.org.au/about/covid-19-response/> (accessed on 19 July 2020).

Dowse, L., Soldatic, K., Didi, A., Frohmader, C., & van Toorn, G., '*Stop the Violence: Addressing Violence Against Women and Girls With Disabilities in Australia: Background paper*', 2013.

Doyle, J.J., & Aizer, A., 'Economics of Child Protection: Maltreatment, Foster Care and Intimate Partner Violence', *The Annual Review of Economics*, vol.10, 2018, pp. 87-108.

Domestic Violence Service Management, Insight Exchange, *PX Practice Exchange*, 2019.

Eassom, E., '*How Do Women Experience Navigating Support After Domestic Abuse?*' Prof. Doc Thesis, University of East London School of Psychology, 2018.

Education Centre Against Violence, ECAV Roundtable: *Exploring the Intersection between Animal Abuse, Domestic and Family Violence, Abuse of Children, Older Persons, and People with Disabilities: Indications and Opportunities*, unpublished.

Edwards, R., '*Staying Home Leaving Violence: Listening to women's experiences*', SPRC Report 4/11, report prepared for the NSW Department of Human Services, Community Services, University of New South Wales Sydney, 2011.

Equality Rights Alliance, *National Gender Equality Plan*, 2016.

Family Law Council, '*Families with Complex Needs and the Intersection of the Family Law and Child Protection System: Interim Report*', 2015.

Goh, D., & Holmes, J., 'An update of long-term trends in property and violent crime in New South Wales: 1990-2019', *Issue paper no.144*, March 2020.

Hill, J., *See What You Made Me Do: Power, Control and Domestic Abuse*, Black Books, 2019

Hudson, N., 'Family violence laws: Traditional narratives and the (in)visibility of lesbian relationships and lesbian-parented families', *Journal of Lesbian Studies*, Vol.23, No.3, 2019, pp. 357-382.

Hulse, K., Reynolds, M., Nygaard, C., Parkinson, S., & Yates, J., '*The supply of affordable private rental housing in Australian cities: short-term and longer-term changes*', AHURI Final Report 323, Australian Housing and Urban Research Institute Limited, Melbourne, 2019, doi: 10.18408/ahuri-5120101.

Hydén, M., Wade, A., & Gadd, D. *Response Based Approaches to the Study of Interpersonal Violence*, Springer, 26 Jan 2016.

Inside Policy, *An Evaluation of the Family Advocacy and Support Services: Final Report*, 2018.

Justice Health & Forensic Mental Health Network, *2015 Young People in Custody Health Survey*, 2015.

Kaspiew et al, *Evaluation of the 2006 Family Law Reforms*, Australian Institute of Family Studies, 2009.

Keeling, J., Fisher, C., & Colleen, F., 'Health professionals' responses to women's disclosures of domestic violence', *Journal of Interpersonal Violence*, Vol.30, No.13, 2014, pp. 2363 - 2378.

Keller, K., 'Development of a Spiritual Abuse Questionnaire', 2016.

Kelly, L., 'Routes to (In)justice: A research review on the reporting, investigation and prosecution of rape cases', London, UK: Her Majesty Crown Prosecution Services Inspectorates (HMCPSI), 2001.

Kelly, L., Sharp, N., & Klein, R., 'Finding the Costs of Freedom How women and children rebuild their lives after domestic violence', London, Child and Woman Abuse Studies Unit and Solace Women's Aid, 2014.

Loxton, D., Dolja-Gore, X., Anderson, A.E., & Townsend, N., 'Intimate partner violence adversely impacts health over 16 years and across generations: A longitudinal cohort study'. PLoS ONE 12(6), 2017, doi: 10.1371/journal.pone.0178138

McCarthy, I., 'A Traumatic Intrusion with Transgressive Possibilities: Power as a Relational and Discursive Phenomenon', Context. Oct, 2010.

McClenaghan, M., & Boutard, C., 'Questions raised over patchy take-up of domestic violence law', *The Bureau of Investigative Journalism*, 2017.

McGorrery, P., & McMahon, M., 'It's time 'coercive control' was made illegal in Australia', *The Conversation*, 2019, <https://theconversation.com/its-time-coercive-control-was-made-illegal-in-australia-114817> (viewed on 19 July 2020).

Millar, E., 'Getting an abortion just got harder, thanks to the coronavirus. Here's what we can do better', 12 May 2020, *The Conversation*, <https://theconversation.com/getting-an-abortion-just-got-harder-thanks-to-the-coronavirus-heres-what-we-can-do-better-138110>

Miller, E., & Silverman, J., 'Reproductive coercion and partner violence: implications for clinical assessment of unintended pregnancy', *Expert Review of Obstetrics & Gynecology*; Vol. 5, No.5, 2010, pp. 511–515.

Mitchell, L., *'Domestic Violence in Australia - an overview of the issue'*, Background Note, Parliamentary Library, Canberra, 2011.

Mlambo-Ngcuka, P., *'Violence against women and girls: the shadow pandemic'*, 2020, <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic> (viewed on 17 July 2020).

Multicultural Centre for Women's Health, *'Intersectionality Matters: A guide to engaging immigrant and refugee communities to prevent violence against women'*, 2017.

Muslim Women's Association (MWA), *Submission for the Federal Inquiry into family, domestic and sexual violence*, 2020.

National Aboriginal and Torres Strait Islander Women's Alliance (NATSIWA), *Submission to the UN Special Rapporteur on Violence Against Women*, 2007.

National Collective of Independent Women's Refuges: *Pet Abuse as Part of Intimate Partner Violence*, 2018.

National Council of Single Mothers & their Children Inc, 2020 Income Support Survey, in Maury, S., *'550 Reasons to Smile: Why single mothers are so happy these days'*, 21 July 2020, <http://www.powertopersuade.org.au/blog/550-reasons-to-smile-why-single-mothers-are-so-happy-these-days/20/7/2020> (viewed 5 July 2020).

Neate, P., *'Women's Aid welcomes coercive control law'*, 29.12.2015, <https://www.womensaid.org.uk/womens-aid-welcomes-coercive-control-law/> (viewed on 19 July 2020).

Neilson, L., *'Domestic Violence Electronic Bench Book'*, National Judicial Institute, Canada, 2017.

Newcastle Domestic Violence Committee, *'Preventing systemic harm to victim survivors of Domestic and Family Violence'*, *Submission with Recommendations for improved Local Court practice and enhanced police responses in New South Wales*, 2020.

Northern Territory Royal Commission, *Report Overview: Royal Commission into the Protection & Detention of Children in the Northern Territory*, 2017.

NSW Government, *'Mapping of NSW Women's Health Centres'*, 2017.

NSW Government, *'Domestic Violence Death Review Team Report 2015-2017'*, 2017.

NSW Government, *'Domestic Violence Death Review Team Report 2016-2019'*, 2019.

NSW Government, *NSW Women's Strategy 2018-2022: Advancing economic and social equality in NSW*, 2018.

NSW Women, *'NSW Women's Strategy 2018-2022: Advancing economic and social equality in NSW'*, Sydney, 2017.

NSW Women's Alliance, *Safe State: Acting to End Sexual, Domestic and Family Violence*, 2019.

NSW Women's Alliance, *Submission from NSW Women's Alliance*, NSW Independent Bushfire Inquiry (March 2020).

Oakley, L., *'Spiritual abuse is abuse'*, In L. Oakley & K. Kinmond (eds.), *'Breaking the silence on spiritual abuse'*, New York: Palgrave Macmillan, 2013, pp. 56 –82.

Office of the Advocate for Children and Young People, *'Children and Young People's Experience of Disaster Report'*, 2020.

Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth, *'Change the story: A shared framework for the primary prevention of violence against women and their children in Australia'*, Our Watch, Melbourne, 2015.

Our Watch, *'Changing the picture: A national resource to support the prevention of violence against Aboriginal and Torres Strait Islander women and their children'*, Our Watch, Melbourne, 2018.

Oxfam, *'The Tsunami's Impact on Woman'*, *Oxfam International Briefing*, Novib: Oxfam Netherlands, 2005.

Parkinson, D., *'Investigating the Increase in Domestic Violence Post Disaster: An Australian Case Study'*, *Journal of Interpersonal Violence*, Vol 34(11), 2019, pp. 2351-2352.

Parkinson, D., *'Women's experience of violence in the aftermath of the Black Saturday Bushfires'*. PhD Thesis. Melbourne, Monash University, 2015.

Parkinson, D., Lancaster C., & Stewart, A., *'A numbers game: Women and disaster'*. *Health Promotion Journal of Australia*, 22, 2011, pp. 42-45.

Parliament of Australia, *'2019-2020 Australian Bushfires – Frequently Asked Questions: A Quick Guide'*, 2020.

Parliament of Victoria, Law Reform Committee, *'Inquiry into Vexatious Litigants: Final Report of the Victorian Parliament Law Reform Committee'*, Parl. Paper No. 162, 2008.

Parliamentary Library, Department of Parliamentary Services, *'Research Paper: Domestic violence: issues and policy challenges'*, 2015.

Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione S., & van Gelder, N., *Pandemics and Violence Against Women and Children*, Center for Global Development Working Paper 528. Washington, 2020, DC: Center for Global Development.

Pfitzner, N., et al, *'We are in a bubble that is set to burst'. Why urgent support must be given to domestic violence workers*, The Conversation, 1 July 2020, <https://theconversation.com/we-are-in-a-bubble-that-is-set-to-burst-why-urgent-support-must-be-given-to-domestic-violence-workers-141600> (accessed on 22 July 2020).

Powell, A., *'Review of bystander approaches in support of preventing violence against women'*, Victorian Health Promotion Foundation (VicHealth), 2011.

Rainbow Health Victoria, *'Pride in Prevention: A guide to primary prevention of family violence experienced by LGBTIQ communities'*, La Trobe University, Melbourne, 2020.

Reeves, E., *'Family violence, protection orders and systems abuse: views of legal practitioners'*, *Current Issues in Criminal Justice*, Vol 32, No. 1, 2020, pp. 91-110.

Riggs, D.W., Taylor, N., Signal, T., Fraser, H., & Donovan, C., *'People of diverse genders and/or sexualities and their animal companions: Experiences of family violence in a bi-national sample'*, *Journal of Family Issues*, 2018.

Rogers, M., *'TransForming Practice: understanding trans people's experiences of domestic abuse and social care agencies'*, PhD Thesis, University of Sheffield, 2013.

Roguski, M., *'Pets as pawns: The co-existence of animal cruelty and family violence'*. Auckland: RNZSPCA, 2012.

Smith, C., *'Statement from AASW CEO Cindy Smith on proposed fee changes to higher education'*, 20.6.2020, <https://www.aasw.asn.au/social-policy-advocacy/higher-education-proposed-fee-changes-2020> (viewed on 19 July 2020).

Spangaro, J., & Zwi, A., *'After the Questions: Impacts of Routine Screening for Domestic Violence in NSW Health Services'*, *School of Public Health and Community Medicine*, The University of New South Wales, 2010.

Stark, E., *'Coercive Control: How Men Entrap Women in Personal Life'*, Oxford University Press, 2007.

State of Victoria, Department of Health and Human Services, *Client voice framework for community services*, 2019.

State of Victoria, Department of Health and Human Services *Strategic Plan*, 2019.

State of Victoria, *Royal Commission into Family Violence: Summary and recommendations*, Parl. Paper No 132 (2014–16), 2016.

Sydney Policy Lab, *Building Great Communities: A collective vision for service design and delivery in NSW*, The University of Sydney, 2019.

Taylor, N., Fraser, H., & Riggs, D.W., 'Domestic violence and companion animals in the context of LGBT people's relationships', *Sexualities*, Vol.22, No.5–6, 2019, pp. 821–836.

Taylor, N. & Putt, J., 'Adult sexual violence in Indigenous and culturally and linguistically diverse communities in Australia.' *Trends & issues in crime and criminal justice* no. 345. 2007. Canberra: Australian Institute of Criminology.

Tiplady, C., et al., 'The Ongoing Impact of Domestic Violence on Animal Welfare', *Animal Studies Journal*, vol. 4, no. 2, 2015, pp. 116-139.

Tong, L., cited in L. Coorey & C. Coorey-Ewings, 'Animal Victims of Domestic and Family Violence: Raising Youth Awareness', *Animal Studies Journal*, Vol 7, No.1, 2018.

Tong, L., 'Identifying non-accidental injury cases in veterinary practice', *In Practice*, Vol.38, 2016, pp. 59-68.

Tyler, M., & Fairboth, P., 'Gender, Masculinity and bushfire: Australia in an international context', *Australian Journal of Emergency Management*, Vol. 28, No. 2, 2013, pp. 20-25.

Ulbrick, M., 'A man's home is his castle. And mine is a cage': a feminist political economy analysis of economic abuse in Victoria. PhD Thesis. Melbourne, Monash University, 2020.

UN Women, *Handbook for National Action Plans on Violence against Women*, 2012, <http://www.unwomen.org/~media/Headquarters/Attachments/Sections/Library/Publications/2012/7/HandbookNationalActionPlansOnVAW-en%20pdf.pdf>

United Nations Population Fund (UNFPA), *The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*, 2019.

University of Melbourne and Domestic Violence Victoria, 'The Family Violence Experts by Experience Research Report and Framework', 2020.

VicHealth, *'Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria'*, Melbourne, 2007.

VicHealth, *'The health costs of violence: Measuring the burden of disease caused by intimate partner violence'*, A summary of findings. Victorian Health Promotion Foundation, Melbourne, 2004.

Victorian Government, *Safe and strong: A Victorian Gender Equality Strategy: Preventing violence against women through gender equality*, 2016.

Victorian Government, *Family Violence Workforce Census*, 2017.

Volant, A., et al, 'The Relationship between domestic violence and animal abuse: An Australian study', *Journal of Interpersonal Violence*, Vol. 23, No 9, 2008, pp. 1277-1295.

Wachsmuth, L., *The Trauma of Being Alone*, 9 May 2020, Illawarra Mercury.

Wakefield, S., and Taylor, A., *'Judicial education for domestic and family violence: State of Knowledge Paper'*, ANROWS, 2015.

Wangmann, J., *'Coercive Control as the Context for Intimate Partner Violence: The Challenge for the Legal System'*, In: McMahon M., McGorry P. (eds) *'Criminalising Coercive Control'*, Springer, Singapore, 2020, doi: 10.1007/978-981-15-0653-6_11

Wangmann, J., *'Gender and Intimate Partner Violence: A Case Study from NSW'*, *University of New South Wales Law Journal*, Vol. 94, 2010.

The Warawarni-gu Guma (Healing Together) Statement, ANROWS 2nd National Research Conference on Violence against Women, 2018..

Whittenbury, K., *'Climate Change, women's health, wellbeing and experiences of gender based violence in Australia'*, In M Alston & K. Whittenburt (Eds.), *'Research, action and policy: Addressing the gendered impacts of climate change'*, Dordrecht, The Netherlands: Springer, 2013, pp. 207-222.

Williams et al, *'Animal abuse and family violence: Survey on the recognition of animal abuse by veterinarians in New Zealand and their understanding of the correlation between animal abuse and human violence'*, *New Zealand Veterinary Journal*, vol. 56. no. 1, 2008, pp. 21-28.

Women's Aid Federation of England, *'What is Coercive Control?'*, 2019, <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/coercive-control/> (viewed on 18 July 2020).

Women's Health East, *'Voices for Change: A Media Advocacy Program for the Prevention of Violence Against Women'*, Women's Health East, Melbourne, 2016.

Women's Legal Service Australia, *Submission to the ALRC's Issues Paper on Review of the Family Law System*, 2018.

Women's Legal Service Australia, *'Safety First in Family Law: 5 Steps to creating a family law system that keeps women and children safe'*, 2019.

Women's Legal Services Victoria, *Small Claims, Large Battle; Achieving economic equality in the family law system*, 2018.

Women's Safety NSW, *Interpreter Services in Family and Domestic Violence Matters*, 2020.

Women NSW, *Women in NSW Report Series 2016: Education and Learning*, 2016.

Women with Disabilities Victoria, *Position statement Violence against women with disabilities*, 2014,

Wanqing, Z., *'Domestic Violence Cases Surge During COVID-19 Epidemic'*, 3 March 2020, Sixth Tone, 3 March 2020,
<https://www.sixthtone.com/news/1005253/domestic-violence-cases-surge-during-covid-19-epidemic>
(viewed on 19 July 2020).

Websites:

Breaking Silent Codes, <http://www.breakingsilentcodes.com.au/> (accessed on 21 July 2020).

Centre for Response-Based Practice, <https://www.responsebasedpractice.com/> (accessed on 21 July 2020).

Change the Record, <https://changetherecord.org.au/RaiseTheAge> (accessed on 19 July 2020).

DVNSW COVID19 blog,
<https://www.dvnsw.org.au/blog/department-of-communities-and-justice-coronavirus-information/>
(accessed on 19 July 2020,).

Hey Sis We've Got Your Back, <https://rlc.org.au/article/hey-sis-weve-got-your-back> (accessed on 21 July 2020)

Victim Survivors' Advisory Council, <https://www.vic.gov.au/victim-survivors-advisory-council> (accessed on 22 July 2020).

Women's Trauma Recovery Centre, <https://womenstraumacentre.wordpress.com/> (accessed on 19 July 2020)