



**Submission to South Australia's Royal Commission  
into domestic, family and sexual violence**

August 2024



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## Acknowledgement of Country

We acknowledge and respect Aboriginal peoples as the State's first peoples and nations and recognise Aboriginal peoples as traditional owners and occupants of land and waters in South Australia. Sovereignty has never been ceded. It always was and always will be Aboriginal land. We recognise that Aboriginal peoples' spiritual, social, cultural and economic practices come from their traditional lands and waters, that they maintain their cultural and heritage beliefs, languages and laws, which are of ongoing importance, and that they have made and continue to make a unique and irreplaceable contribution to the State. We acknowledge that Aboriginal peoples have endured, and continue to endure, injustices and dispossession of their traditional lands and waters. We continue to pay respect to the resilience and strengths of Ancestors and Elders past, present and those emerging.

## About Embolden SA Inc.

Embolden is the statewide peak body for organisations working to respond to and eliminate domestic, family and sexual violence in South Australia. Our members provide services that promote the safety and wellbeing of women and their children, and work to prevent and respond to violence against women. We lobby and advocate for women's right to respect, safety and self-determination, and represent providers of specialist services in the domestic, family and sexual violence sector, including services that work with men who use violence against women and Aboriginal specialist services.

**This submission has been developed in consultation with, and is submitted on behalf of, the following Embolden member organisations:**

- *Bramwell House, The Salvation Army*
- *Ceduna Regional Domestic Violence and Aboriginal Family Violence Services, Centacare Catholic Country Services*
- *Coober Pedy Regional Domestic Violence and Aboriginal Family Violence Service, Uniting Country SA*
- *Cross Border/APY Lands Aboriginal Family Violence Service, NPY Women's Council*
- *54 Reasons*
- *Family Violence Legal Service Aboriginal Corporation*
- *Fleurieu and KI Domestic Violence Service, Junction SA*
- *Kornar Winmil Yunti Aboriginal Cooperation*
- *Mt Gambier and Limestone Coast Domestic Violence Service, Centacare Catholic Community Services*
- *Murray Mallee and Adelaide Hills Domestic Violence Service, Centacare Catholic Community Services*
- *No to Violence*
- *OARS Community Transitions*
- *Port Augusta Regional Domestic Violence and Aboriginal Family Violence Service, Uniting Country SA*
- *Relationships Australia (SA)*
- *Riverland Domestic Violence Service, Centacare Catholic Community Services*
- *Whyalla Regional Domestic Violence Service, Centacare Catholic Community Services*
- *Women's Legal Service SA*
- *Women's Safety Services SA*
- *Yarredi Services*
- *Yarrow Place, SA Health*
- *Yorke and Mid North Domestic Violence Service, Uniting Country SA*
- *Zahra Foundation Australia*

## About this submission

In late 2023, Embolden, South Australia's peak body for the specialist domestic, family and sexual violence (DFSV) services sector, led the call for a Royal Commission into domestic, family and sexual violence in South Australia. We were galvanised by a week in which four South Australian women were murdered, allegedly by a man known to them, in what was the worst week for fatal domestic and family violence within any jurisdiction in Australian history. However, Embolden had written to the Premier prior to these terrible acts of violence to raise urgent concerns that our service system is not fit for purpose and to call for a Royal Commission. We now have a critical opportunity for transformative change in how our State prevents and responds to domestic, family and sexual violence.

This first of Embolden's submissions focuses principally on the overarching system elements required for an effective public health approach to domestic, family and sexual violence: a strategic whole-of-government framework; effective cross-sector governance; a robust evidence base and systems-level accountability mechanisms; embedding lived, practice and research expertise; a strong and sustainable specialist DFSV workforce and sector. A public health approach suggests that men's violence against women, children and other men is a national emergency that requires a whole-of-government response that includes a focus on prevention and early intervention.

Embolden's second submission will focus on the services and systems with which people experiencing and using violence directly interact, across the key areas of focus within the Royal Commission's Terms of Reference: prevention, early intervention, crisis response, recovery and healing, and service integration and coordination. Embolden acknowledges that the Royal Commission's rationale in seeking early first submissions is to provide an early indication of the issues and priorities identified by stakeholders and to inform the Commission's focus and approach as it engages through its term. In line with this, Embolden provides in this first submission a snapshot of service system-level issues and priorities that will be expanded on in our second submission.

This submission is informed by the experience and expertise of Embolden's members - South Australia's specialist domestic, family and sexual violence services - and is submitted to the Royal Commission on behalf of the members listed on the previous page. A significant majority of Embolden's members will also make individual submissions, highlighting the specific issues, priorities and opportunities within the unique contexts in which they operate.

The primary author of this submission is Mary Leaker, General Manager Embolden. We would like to acknowledge the additional authorship of Elsa Reuter (Report on the DFSV Workforce) and Roshni Thattengat (Roadmap for Lived Experience Engagement, with Ruby Hoffman and Laura Cremen). Embolden is grateful for the fantastic volunteer support of Robyn Gifford, Principal Consultant, Gifford Partners and her contribution to the Report on the DFSV Workforce.

Embolden is pleased to make this submission to South Australia's Royal Commission into domestic, family and sexual violence.

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Maria Hagias  
**Embolden Board Co-chair**

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Susie Smith  
**Embolden Board Co-chair**

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Mary Leaker  
**Embolden General Manager**



## Summary of key recommendations

As stated above, this first of Embolden's submissions to the Royal Commission focuses on the system elements required for an effective, evidence-based public health approach to domestic, family and sexual violence, including a whole-of-government strategic framework and robust accountability mechanisms.

While this submission provides a snapshot of service system-level issues and priorities across the Royal Commission's key areas of focus, Embolden will expand on and make specific recommendations in relation to these in our second submission.

### **Embolden's key recommendations outlined in this submission are as follows:**

#### **A public health approach to domestic, family and sexual violence**

- That South Australia embeds a public health approach to domestic, family and sexual violence through the development and effective implementation of a whole-of-government strategic framework.

#### **Overarching governance mechanisms to drive and oversee a whole-of-government strategic approach**

- That a dedicated meeting of State Government Ministers, chaired by the Premier, be convened to drive and oversee the development and implementation of a whole-of-government statewide domestic, family and sexual violence strategy.
- That a Chief Executives governance group be re-established, chaired by the Minister for the prevention of domestic, family and sexual violence.
- That an Office for the Prevention of Domestic, Family and Sexual Violence be established and effectively resourced, attached to the Department of the Premier and Cabinet.
- That the functions of the Office for the Prevention of Domestic, Family and Sexual Violence support the centralisation and coordination of funding and contract management for SA's domestic, family and sexual violence services system.

#### **Embedding lived, practice and research expertise**

To embed a cross-sector partnership approach and to ensure that South Australia's domestic, family and sexual violence strategy is informed by lived, research and practice expertise, Embolden recommends that the State Government establish:

- A DFSV Lived Experience Advisory Council, comprising diverse South Australians with lived experience of domestic, family and/or sexual violence.
- A DFSV Reference Group, which would include representation from the Lived Experience Advisory Council, along with Aboriginal leaders and Aboriginal Community Controlled Organisation Sector representatives, DFSV services sector representatives, DFSV researchers, Local Government and the community sector.

#### **Independent monitoring and evaluation**

To ensure systems-level accountability for outcomes, Embolden recommends:

- An independent mechanism to monitor and review the implementation of South Australia's statewide domestic, family and sexual violence strategy and Royal Commission recommendations. Consideration to be given to the creation of a South Australian Commissioner for Domestic, Family and Sexual Violence.
- An independent monitoring function to be underpinned by a robust monitoring and evaluation framework, aligned with the National Plan Outcomes Framework and key accountabilities under Closing the Gap and the National Plan's Aboriginal and Torres Strait Islander Action Plan 2023-25.

Embolden is also clear that robust monitoring and evaluation, within the context of a strategic whole-systems approach, is required for South Australia to effectively implement coercive control legislation and to minimise the risk of unintended negative impacts for victim-survivors.

#### **Building sector capacity to contribute to the DFSV evidence-base**

- That resourcing to support DFSV services with data development, collection, analysis and reporting be built into service contracts.
- That sector representative bodies – in particular Embolden, SAACCON and the Domestic and Family Violence Safety Alliance – be adequately resourced to contribute to the development of South Australia's DFSV evidence-base, data integration across systems and effective evaluation of interventions to better identify 'what works'.

- That the State Government advocates for data capability to be effectively resourced and reflected within Commonwealth funding agreements.

### **Review of domestic and family violence-related deaths**

- That a targeted domestic and family violence death research and investigation function be reinstated in South Australia, to enable our State to effectively contribute to and benefit from national collaborative work in this area.

### **Strengthening Lived Experience Engagement**

To ensure that the diverse lived experience of victim-survivors is informing policies and solutions in South Australia, Embolden makes the following recommendations:

#### **Invest in the infrastructure to elevate lived expertise**

- That the State Government establish and effectively resource a lived expertise advisory council that directly advises government on DFSV policy.
- That the DFSV services sector is effectively resourced to support best practice lived experience engagement in policy development, advocacy, and service design, delivery and practice.
- That lived experience engagement is funded as a line item in service contracts to enable service-level engagement with survivor-advocates, including within a service's governance structure.
- That the DFSV services sector is resourced to develop and implement an Impact Framework for lived experience engagement, to be reported on annually.

#### **Invest in survivor-advocates**

That the specialist DFSV services sector is effectively resourced to:

- develop and implement a training and professional development program for survivor-advocates, building on existing resources and expertise nationally.
- develop and implement standardised remuneration scales for survivor-advocates, which are reflected in funding agreements.

#### **Leverage existing sector strengths and skills**

- That the specialist DFSV services sector is effectively resourced to enable services to consolidate and embed current innovative and diverse lived experience engagement practices, and share learnings on good practice lived experience engagement across the sector.

### **A strong and sustainable specialist domestic, family and sexual violence sector workforce**

- Development and implementation of a dedicated and targeted workforce strategy for the specialist domestic, family and sexual violence services sector in South Australia.

An effective workforce strategy will require comprehensive planning to address the broad range of issues currently facing the sector, including social work registration and competition for staff across sectors in the context of current reforms.

### **An independent, effective peak body for South Australia's domestic, family and sexual violence services sector**

- That funding for Embolden supports an independent, effective peak body for the South Australian domestic, family and sexual violence services sector.



## A public health approach to domestic, family and sexual violence

Domestic, family and sexual violence is a national emergency and one of the most critical public health issues we face. Gender-based violence contributes more to illness, disability and death among Australian women aged 18-44 than any other preventable risk factor.<sup>1</sup> Some health impacts of DFSV are immediate while others may emerge over time, long after the violence has stopped; there is no one pathway to recovery and healing for victim-survivors. Experiences of DFSV may also affect victim-survivors' employment, education, relationships, engagement with the wider community and financial and housing stability.<sup>2</sup> Additionally, domestic and family violence is the most common form of child maltreatment in Australia; 40% of Australian children experience DFV, either directly or DFV perpetrated against a parent/caregiver or other family member.<sup>3</sup> We know that experiencing DFV affects children's physical and mental wellbeing, development and education, and is the leading cause of children's homelessness – as well as women's – in Australia.<sup>4</sup> The impacts of DFSV reach beyond victim-survivors and create a recognised and significant burden on state systems, most notably on health, social services and justice systems, costing the Australian economy in excess of \$22 billion every year.<sup>5</sup>

Currently, South Australia is failing to strategically and systemically respond to domestic, family and sexual violence as a public health issue, recognising the complex and intersecting drivers across a range of domains and applying a longitudinal and intergenerational lens to DFSV. We are, not by conscious design but in effect, designating domestic, family and sexual violence a 'women's issue' and, in line with this, delivering a narrow service response that is principally focused on women in crisis who need support to escape violence.

Our systemic responses need to remove the burden from victim-survivors and focus more sharply on people – predominantly men – who are using violence. Our current approach will not significantly reduce the community prevalence of, and harm arising from, domestic, family and sexual violence in our State.

A public health lens offers an evidence-based and comprehensive approach to the prevention of domestic, family and sexual violence that is informed by population-level impacts and risk and protective factors that are specific to South Australia. A public health approach would also support a life course and intergenerational perspective on DFSV, improving early intervention with people at higher risk of using or experiencing DFSV to break the intergenerational cycle of violence. This orientation provides the grounding for a coordinated, whole-of-government approach to addressing DFSV across a range of domains, while still retaining a strong focus on the gendered drivers of violence.

Aboriginal and Torres Strait Islander women, children and families experience violence at significantly higher rates in the context of the ongoing impacts of colonisation and systemic racism.<sup>6</sup> It is vital that a public health approach to DFSV in South Australia is informed by the Aboriginal and Torres Strait Islander cultural determinants of health<sup>7</sup> and social and emotional wellbeing model.<sup>8</sup> These are anchored in Aboriginal ways of knowing, being and doing and encompass an holistic understanding of health and wellbeing.<sup>9</sup> The work of South Australia's Commissioner for Aboriginal Children and Young People is also critically important, including her recent recommendations to reduce the number of Aboriginal children in the child protection system and ensure Aboriginal children thrive within their family, connected to community and culture.<sup>10</sup>

1 Webster, K. (2016). *A preventable burden: Measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women* (ANROWS Compass, 07/2016). Sydney, NSW: ANROWS.

2 Australian Institute of Health and Welfare: Family, domestic and sexual violence [health outcomes](#)

3 The Australian Child Maltreatment Study (2023). Available at: [www.acms.au](http://www.acms.au)

4 Campo, M. (2015) *Children's exposure to domestic and family violence*, Child Family Community Australia (CFCA) Paper No. 36, Australian Institute of Family Studies, Melbourne. Available at: [www.aifs.gov.au/sites/default/files/publication-documents/cfca-36-children%20exposure-fdv\\_0.pdf](http://www.aifs.gov.au/sites/default/files/publication-documents/cfca-36-children%20exposure-fdv_0.pdf)

5 KPMG (2016) [The cost of violence against women and their children in Australia](#), Department of Social Services website.

6 Page 30 of the Aboriginal and Torres Strait Islander Action Plan 2023-25 provides an overview of key statistics. It is important to note that many Aboriginal women experience violence at the hands of non-Aboriginal men. The Action Plan can be accessed here – [www.dss.gov.au/sites/default/files/documents/08\\_2023/np-atsi-action.pdf](http://www.dss.gov.au/sites/default/files/documents/08_2023/np-atsi-action.pdf)

7 The cultural determinants of health include 1) connection to Country; 2) family, kinship and community; 3) Indigenous beliefs and knowledge; 4) cultural expression and continuity; 5) Indigenous language; 6) self-determination and leadership.

8 Gee, G. Dudgeon, P., Schultz, C., Hart, A. & Kelly, K. (2014). Aboriginal and Torres Strait Islander Social and Emotional Wellbeing. In P. Dudgeon, H. Milroy, & R. Walker (Eds). *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd edition, pp. 55-68). Kulunga Research Network.

9 Lowitja Institute 2020, *Culture is Key: Towards cultural determinants-driven health policy – Final Report*, Lowitja Institute, Melbourne. DOI: 10.48455/k9vd-zp46

10 The Commissioner for Aboriginal Children and Young People's final report of the Inquiry into the removal and placement of Aboriginal children in South Australia, *Holding onto our Future*, is available here: [www.cacyp.com.au/commissioner-releases-inquiry-final-report](http://www.cacyp.com.au/commissioner-releases-inquiry-final-report)

A public health approach to addressing domestic, family and sexual violence in South Australia would require:

- Systematic data collection to track progress on priority indicators, including supply and demand for services.
- Clear understanding of the risk factors and protective factors for DFSV at the population level, and for priority groups.
- Development and evaluation of evidence-informed interventions across the spectrum of prevention, early intervention, response, recovery and healing.
- Scaling up effective initiatives to increase impact.

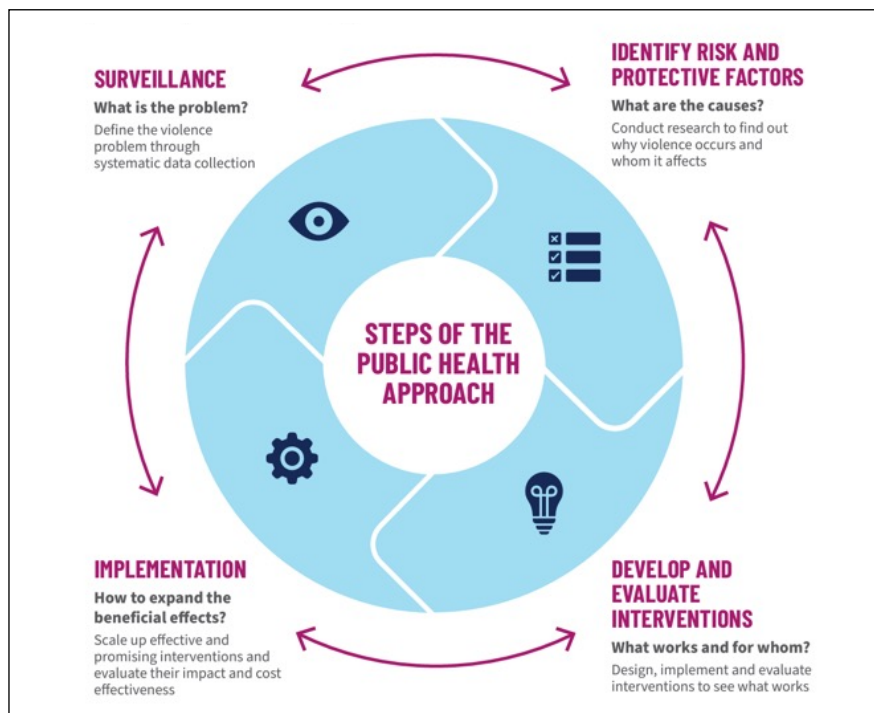


Figure 1: Steps of the Public Health Approach<sup>11</sup>

The importance to an effective public health approach of linked data collection and analysis across a range of domains – for example health, housing, homelessness, child protection, policing and justice, child and family services, and specialist DFSV services – is discussed later in this submission.

## A whole-of-government strategic approach to addressing domestic, family and sexual violence

**A public health approach to domestic, family and sexual violence in South Australia must be driven through the development and effective implementation of a whole-of-government strategic framework.**

Of course, state-based approaches sit within a national context. The Australian, state and territory governments are jointly responsible for implementing the *National Plan to End Violence Against Women and Children 2022-32* (the National Plan) through the actions and activities of its Action Plans – the First Action Plan 2023-27 and the Aboriginal and Torres Strait Islander Action Plan 2023-25. There are critical intersections across the National Plan and the *National Agreement on Closing the Gap*, in particular Target 13: By 2031, the rate of all forms of family violence and abuse against Aboriginal and Torres Strait Islander women and children is reduced by at least 50 per cent, as progress towards zero.

These key national policy agreements, and South Australia's commitments under them, are the context in which the recommendations of the Royal Commission will be made, interpreted and implemented.

South Australia's last strategic framework to address domestic, family and sexual violence – *Committed to Safety* – was in place from 2019 to June 2022. *Committed to Safety* was overseen by a Chief Executives Group chaired by the Minister with responsibility for domestic and family violence and comprising representatives from the Department of the Premier and Cabinet, the Attorney-General's Department, the Department for Education, the Department for Correctional Services, Aboriginal Affairs and Reconciliation (then within DPC), the Department for Child Protection, the Department of Human Services and the Department for Health and Wellbeing, as well as the Commissioner of Police.



Despite the capabilities and commitment of the current responsible Minister and the Office for Women, the State Government's approach to addressing domestic, family and sexual violence since the cessation of *Committed to Safety* reflects a strategic vacuum in which:

- There is minimal buy-in and coordination at a whole-of-government level, providing an inadequate foundation for a comprehensive public health approach that identifies and responds to DFSV risk and protective factors across a range of domains.
- Policy and funding decisions in relation to domestic, family and sexual violence are inadequately strategic and ad hoc, increasing the likelihood of ineffective and unsustainable approaches.

- There is extremely limited overarching systems-level accountability and transparency in relation to outcomes. Beyond the number of South Australian women killed through domestic and family violence, how would we currently respond to the question: are South Australia's actions to address domestic, family and sexual violence *working*?

To effectively address domestic, family and sexual violence in South Australia, it is critical that the South Australian government establish an overarching governance mechanism to drive and oversee the development and implementation of a whole-of-government statewide strategy, grounded in a public health approach, that responds to the Royal Commissioner's recommendations.

## Overarching governance mechanisms to drive and oversee a whole-of-government strategic approach

As stated above, a public health approach that is capable of preventing and intervening early to reduce the prevalence and impacts of domestic, family and sexual violence requires genuine whole-of-government strategy and governance. This aligns with the holistic and multi-sectoral approach that grounds the National Plan. Additionally, integration and coordination across systems should be embedded from the highest levels of government down.

Embolden therefore recommends:

- **That a dedicated meeting of State Government Ministers, chaired by the Premier, be convened to drive and oversee the development and implementation of a whole-of-government statewide domestic, family and sexual violence strategy.**
- **That a Chief Executives governance group be re-established, chaired by the Minister for the prevention of domestic, family and sexual violence.**

In addition to the Premier and the Attorney-General and the Chief Executives of their departments, the Ministerial and Chief Executive meetings should encompass portfolio responsibilities including; Aboriginal affairs, health, education, human services, housing, child protection, police, corrections and skills, as well as women/gender equality and domestic, family and sexual violence.

- **That an Office for the Prevention of Domestic, Family and Sexual Violence be established within State Government and effectively resourced.**

It is notable that the first annual report to Parliament of Victoria's Family Violence Reform Implementation Monitor cited an 'urgent need' for the establishment of a central office to manage the reform program at a whole-of-government level, coordinating agencies and activities.<sup>12</sup>

While Embolden acknowledges that this recommendation aligns with a recent development within the Department of Human Services, it is our clear **recommendation that this Office be attached to the Department of the Premier and Cabinet**. This would embed and support whole-of-government commitment, investment and accountability in relation to domestic, family and sexual violence. The gendered dynamics of power and privilege that operate to relegate this complex and far-reaching social problem, however inexplicitly, as a women's issue – and therefore of lesser value and importance – also operate within government structures.

Embolden calls for South Australia's whole-of-government strategic approach to domestic, family and sexual violence to be led by the Premier and the Premier's department, in conjunction with the Minister for the Prevention of Domestic, Family and Sexual Violence and the Department of Human Services/Office for Women.

Embolden also recommends:

- **That the functions of the Office for the Prevention of Domestic, Family and Sexual Violence support the centralisation and coordination of funding and contract management for SA's domestic, family and sexual violence services system.**

## **The scope and focus of a whole-of-government domestic, family and sexual violence strategy**

An important consideration for South Australia in designing and embedding a strategic whole-of-government approach to domestic, family and sexual violence is how sexual violence is conceptualised and addressed alongside domestic and family violence. It is vital that a statewide strategy maintains a strong focus on sexual violence alongside domestic and family violence, and consideration may need to be given as to whether a dedicated sexual violence strategy or action plan is required. Sexual violence against women in Australia is most commonly perpetrated by a male intimate partner.<sup>13</sup> While much sexual violence perpetrated outside of this context has the same underpinning gendered drivers, it is critical that South Australia's strategic approach recognises and responds to the unique contexts in which other forms of sexual violence are experienced and perpetrated, including child sexual abuse<sup>14</sup>, sexual harassment, sexual exploitation and sexual violence – including image-based sexual abuse – that is perpetrated by men who are not intimate partners or ex-partners. South Australia's plan should also aim to respond to the structures and socio-cultural factors that increase the risk of sexual violence faced by some groups; including Aboriginal women, women with disability, young women, LGBTIQ+ communities and South Australians who are engaged in sex work.

Additionally, consideration should be given to how forms of family violence that have not historically been a strong focus of responses that have their origins in the women's movement – for example, elder abuse and adolescent violence in the home – will sit within a new whole-of-government domestic, family and sexual violence strategy. It is Embolden's recommendation that the overarching strategy has a broad focus, noting the intersections across various forms of domestic and family violence.

For example: adolescent violence in the home may, in some instances, be linked to earlier experiences of domestic and family violence for that young person and require a whole-family response; the focus on coercive control within DFV services, and intersections with economic and financial abuse, is also relevant to elder abuse. In relation to Aboriginal family violence, Embolden defers to the views of the Aboriginal Community Controlled Organisations sector and Aboriginal South Australians on whether a dedicated strategy or action plan – as well as specific governance and engagement arrangements – are required.

Finally, the international experience to date in relation to the criminalisation of coercive control indicates the importance of a strategic, whole-systems approach to implementation and robust monitoring and evaluation.<sup>15</sup> The introduction of coercive control legislation in South Australia is anticipated later this calendar year. Actions to build government, sector and community capacity and readiness, in order to promote effective responses and minimise the risk of unintended negative impacts for victim-survivors, should be embedded in South Australia's domestic, family and sexual violence strategic framework and governance mechanisms.

<sup>13</sup> Australian Institute of Health and Welfare: **sexual violence**

<sup>14</sup> Noting that Australia has a National Plan to Prevent and Respond to Child Sexual Abuse 2021-2030

<sup>15</sup> M. Leaker (2023) *The systems are not really responding: An exploration of how coercive control laws in the United Kingdom are operating in practice and impacts for victim-survivors*, Winston Churchill Trust, available online: [www.churchilltrust.com.au/sa/fellow/mary-leaker-sa-2020](http://www.churchilltrust.com.au/sa/fellow/mary-leaker-sa-2020)

Several of the following sections relate to **the need to strengthen systems-level accountability** in South Australia's approach to domestic, family and sexual violence.

## Embedding lived, practice and research expertise

A key element of systems-level accountability that is currently under-developed in South Australia is the embedding of lived experience perspectives in our approach to addressing domestic, family and sexual violence. The importance of ensuring that the diverse lived experiences of victim-survivors inform policies and solutions is reflected in the National Plan as a cross-cutting principle and underpins the National Plan's theory of change for addressing DFSV. Good practice lived experience engagement constitutes an important mechanism of accountability to victim-survivors, who are best-placed to identify gaps and opportunities in services and systems. The Lived Experience Roadmap for South Australia's domestic, family and sexual violence services sector, discussed later in this submission and attached as Appendix A, outlines in detail the rationale for lived experience engagement at various levels of the service system and makes clear recommendations for good practice.

Additionally, South Australia's domestic, family and sexual violence strategy must not only reflect whole-of-government commitment, but position DFSV as a whole-of-community responsibility. This is required to create the conditions through which people using violence are held in sharp view across systems and victim-survivors of violence can lead safe and dignified lives. The State strategy should be progressed in close partnership with Aboriginal leaders and the Aboriginal Community Controlled Organisations sector, the DFSV services sector, Local Government and the broader community services sector. It should also be informed by research and practice expertise.

**To embed a cross-sector partnership approach and to ensure that South Australia's domestic, family and sexual violence strategy is informed by lived, research and practice expertise, Embolden recommends that the State Government establish:**

- **A DFSV Lived Experience Advisory Council, comprising diverse South Australians with lived experience of domestic, family and sexual violence.**
- **A DFSV Reference Group, which would include representation from the Lived Experience Advisory Council, along with Aboriginal leaders and Aboriginal Community Controlled Organisation Sector representatives, DFSV services sector representatives, DFSV researchers, Local Government and the community sector.**

Ensuring that both groups are culturally safe mechanisms for Aboriginal people to have a strong and direct voice to government is of fundamental importance. These groups would not preclude other advisory/reference mechanisms specifically for Aboriginal people. The DFSV Lived Experience Advisory Council and Reference Group membership would reflect the diversity of South Australian communities, including representation from people who are culturally and linguistically diverse, older, young, living regionally or remotely, living with disability, experiencing socio-economic hardship/ living in poverty, and LGBTIQ+ South Australians.

The Office for the Prevention of Domestic, Family and Sexual Violence would hold responsibility for convening and supporting the DFSV Lived Experience Advisory Council and DFSV Reference Group. Sufficient resourcing would be required to ensure the effectiveness and sustainability of the groups.

## Independent monitoring and evaluation

The research literature on systems reform in the area of domestic, family and sexual violence points to the importance of independent monitoring of implementation and outcomes.<sup>16</sup>

In Victoria, the Family Violence Reform Implementation Monitor (FVRIM) was established as an independent statutory officer of the Victorian Parliament in 2017.

16 Buys, R. and Fitzgibbon, K. (2024), 'We assumed it would be fairly straightforward': Exploring early implementation of the recommendations of the Victorian Royal Commission into Family Violence, *Australian Journal of Public Administration*, DOI: 10.1111/1467-8500.12638

17 For example: [www.abc.net.au/news/2024-06-07/royal-commission-family-violence-gendered-violence-marcia-neave/103938180](http://www.abc.net.au/news/2024-06-07/royal-commission-family-violence-gendered-violence-marcia-neave/103938180)

Its remit included monitoring and reviewing how effectively the Victorian Government and related agencies were implementing the recommendations of Victoria's Royal Commission into family violence. Victoria's Royal Commissioner, Marcia Neave AO, has cited the significance of this independent monitoring function and advocated for its continuation beyond the release of its final report in January 2023.<sup>17</sup>

In the South Australian context, **Embolden recommends the establishment of an independent mechanism to monitor and review the implementation of South Australia's statewide domestic, family and sexual violence strategy and Royal Commission recommendations.**

This is critical in promoting accountability and transparency through the DFSV reform process and creating a robust 'feedback loop' to drive adjustments and improved implementation approaches over time. In Embolden's view, the essential features of an independent monitoring function are that it is legislatively established, independent from the State Government and reports to the South Australian Parliament. In line with these criteria, Embolden advocates for **the creation of a South Australian Commissioner for Domestic, Family and Sexual Violence.** Should a state-based DFSV Commissioner role be established, there is the option to appoint the Royal Commissioner to the position for a term, to oversee the implementation of the Royal Commission's recommendations.

In Embolden's view, it is vital that an independent monitoring function be underpinned by a robust **monitoring and evaluation framework**, aligned with the National Plan Outcomes Framework and key accountabilities under Closing the Gap and the National Plan's Aboriginal and Torres Strait Islander Action Plan 2023-25. Embolden notes the following cross-cutting themes that informed the recent work of the FVRIM in Victoria and suggests that these would also be important in the South Australian context:

- Embedding service user experience and voices of victim-survivors into monitoring
- Priority communities and people with intersecting experiences of marginalisation
- Children and young people
- Aboriginal self-determination
- Data, evaluation, outcomes and research
- Service integration

As previously intimated, robust review and monitoring of the operation and impacts of coercive control legislation is critical, as part of South Australia's DFSV monitoring and evaluation framework. Coercive control legislation in New South Wales prescribes the matters that must be considered through a review of the legislation, providing a useful reference for considerations of the scope of review in South Australia.

## Building sector capacity to contribute to the DFSV evidence-base

In the health and human services/social welfare sectors there is increasing recognition of the need to build evidence of service impact beyond the traditional key performance indicators in funding agreements. As outlined previously, a robust public health approach to social problems relies on systematic data collection and the evaluation of interventions to identify 'what works'. In addition, structured data will enable the system to capture supply and demand associated with the provision of domestic, family and sexual violence services. Currently, the domestic, family and sexual violence services sector has extremely limited capacity for data collection and analysis, monitoring, evaluation and reporting activities. This means that key insights such as the prevalence of DFSV in our community, versus the supply of services, is unavailable.

Moreover, risk and protective factors associated with positive or negative short and long term outcomes after services are unknown. This limitation can serve to stifle innovation and opportunities for improvements through service and system change.

At a whole-system level, there is currently a significant opportunity for all specialist domestic, family and sexual violence services data to be integrated in the Adelaide University's BetterStart BEBOLD<sup>18</sup> data platform, one of the richest linked data sources of child and family life-course information in Australia. BEBOLD is a de-identified data set that includes over 1 million South Australians (born from 1991 onwards) and their experience across health, welfare, education and justice services.



It includes de-identified information about child protection contact and out-of-home care, pregnancy, early development, well-being in adolescence, education, youth and adult justice, hospital admissions, emergency presentations, drug and alcohol services, housing and homelessness, and community mental health. BEBOLD is able to link children and parents to examine intergenerational systems contact.

The addition of all specialist DFSV services data to BEBOLD holds enormous potential in understanding the life trajectory and system interactions of people using and experiencing DFSV, and would create a critical evidence base for DFSV intervention outcomes over the longer term, including interventions designed to prevent or intervene early with those at risk of using or experiencing violence. However, the DFSV services sector lacks capacity to engage with this important opportunity. The General Manager, Embolden has had initial meetings with the BetterStart team but currently, Embolden's funding is sufficient to engage only one full-time employee on an ongoing basis as an independent peak. This severely limits Embolden's capacity to engage in work to strengthen the DFSV evidence base at a whole-sector level, including work to progress greater consistency in data collection systems.

The need for a strong and effective peak body for South Australia's DFSV sector is expanded on later in this submission. Individual services also lack capacity to engage in data collection, analysis and reporting beyond contractual requirements. Embolden notes that **data sovereignty for Aboriginal Community Controlled Organisations** is an important consideration.

To strengthen sector capacity to contribute to South Australia's DFSV evidence-base, **Embolden recommends that:**

- **Resourcing to support DFSV services with data development, collection, analysis and reporting be built into service contracts.**
- **Sector representative bodies – in particular Embolden, SAACCON and the Domestic and Family Violence Safety Alliance – be adequately resourced to contribute to the development of South Australia's DFSV evidence-base, data integration across systems and effective evaluation of interventions to better identify what works.**

**In relation to Commonwealth Government funding, Embolden recommends that the State Government advocates for data capability to be effectively resourced and reflected within funding agreements.**

## **Review of domestic and family violence-related deaths**

Nationally, data on domestic and family violence-related deaths is recognised as an important component of the DFV evidence-base. South Australia currently has no dedicated formal mechanism to research and investigate deaths where there is a context of domestic and family violence.

In 2011, a Senior Research Officer (Domestic Violence) position was established within the South Australian Coroners Office through a partnership between the Office for Women and the Coroners Court of South Australia. The position worked as part of the coronial investigation team to:

- identify, review and provide reports on deaths with a domestic violence context, to identify demographic trends and service system gaps and opportunities with the aim of preventing future deaths; and

- develop data collection systems and conduct specific research projects to contribute to the domestic violence death review evidence base.

The scope of the reviews conducted by the position included single fatality homicide, single fatality suicide and multiple fatality (e.g. homicide-suicide) incidents with a context of domestic violence.

The position was defunded and ceased in 2021. Embolden is aware that the Office for Women and the Coroners Court of South Australia have partnered to establish the Coronial Domestic Violence Information System, a database designed to develop better data on domestic and family violence-related deaths. However, this is not a substitute for a dedicated research position. The most recent (2022-23) annual report of the South Australian Coroners Court contains not a single mention of domestic and family violence.

## The importance of domestic and family violence-related death reviews

Death review processes with a focus on domestic and family violence generate data that is critical in understanding factors and trends associated with both homicide and suicide in the context of domestic and family violence. For example, the NSW Domestic Violence Death Review Team has generated important Australian data on the link between coercive control and intimate partner homicide, with analysis of NSW intimate partner homicides between 2000 and 2018 finding that 97% of victims had experienced coercive and controlling behaviours prior to being murdered.<sup>19</sup> As ANROWS<sup>20</sup> points out, dedicated domestic and family violence death review functions are uniquely positioned to conduct in-depth reviews and analysis in order to identify discrete characteristics present within a relationship prior to an intimate partner violence homicide; for example, separation or intention to separate, family law proceedings, domestic violence orders and the nature of abusive behaviours used by the perpetrator prior to the homicide. Dedicated domestic and family violence-related death review functions therefore provide nuanced insights into opportunities for effective intervention and system reform to improve the safety of women and children. These insights are especially critical given that a significant proportion of women killed through domestic and family violence are not in contact with police or specialist women's safety services at the time of their death.

## South Australia out of step with other jurisdictions

In no longer having a dedicated domestic and family violence death review mechanism, South Australia is out of step with other Australian jurisdictions. There are currently domestic and family violence death review processes embedded within all other states and territories with the exception of Tasmania, which is currently undertaking strategic planning to consider this function.

Without a dedicated review mechanism, South Australia is unable to participate in and contribute to the Australian Domestic and Family Violence Death Review Network (the Network) to the extent of other jurisdictions.

This national Network was established to share findings and recommendations across jurisdictions in order to improve system responses and prevent future deaths.

It is undertaking work to nationally harmonise data in relation to domestic and family violence-related deaths. The Network has established a nationally consistent definition of a 'domestic and family violence homicide' and developed a first-stage National Minimum Dataset in relation to intimate partner homicides preceded by a reported or anecdotal history of domestic and family violence. Additionally, the Network's agenda encompasses work to strengthen national data collection in relation to homicides within a family relationship<sup>21</sup>, 'bystander' homicides and suicides that have been identified as domestic and family violence-related.

## In Embolden's view, a targeted domestic and family violence death research and investigation function should be reinstated in South Australia, to enable our State to effectively contribute to and benefit from national collaborative work in this area.

This function would also support South Australia's commitment to suicide prevention, recently embedded in our legislative framework through the *Suicide Prevention Act 2021*. The work of the UK's Professor Jane Monckton Smith and colleagues on suicides in the context of coercive control provides important insights into risk assessment and strategies for timely prevention and intervention.<sup>22</sup>

Embolden suggests that a multi-agency approach to death reviews is preferable to a single position. The NSW Death Review Team provides a model: convened by the NSW State Coroner, the NSW Death Review Team is a multi-agency committee comprising representatives from key government stakeholders, including police, justice, health and social services, as well as representatives from non-government agencies. Embolden also notes that SA's Child Death and Serious Injury Review Committee is a multi-disciplinary committee that bring a range of perspectives to their review and analysis of child deaths and serious injury.

19 [www.coroners.nsw.gov.au/documents/reports/2019-2021\\_DVDRT\\_Report.pdf](http://www.coroners.nsw.gov.au/documents/reports/2019-2021_DVDRT_Report.pdf)

20 Australian Domestic and Family Violence Death Review Network, & Australia's National Research Organisation for Women's Safety. (2022). *Australian Domestic and Family Violence Death Review Network Data Report: Intimate partner violence homicides 2010-2018* (2nd ed.; Research report 03/2022). ANROWS.

21 A new report on filicides in a domestic and family violence context was released earlier this year: Australian Domestic and Family Violence Death Review Network, & Australia's National Research Organisation for Women's Safety. (2024). *Australian Domestic and Family Violence Death Review Network data report: Filicides in a domestic and family violence context 2010-2018* (1st ed.; Research report, 06/2024). ANROWS.

22 Monckton Smith, Jane ; Siddiqui, Hannana; Haile, Sue; and Sandham, Alexandra (2022) *Building a temporal sequence for developing prevention strategies, risk assessment, and perpetrator interventions in domestic abuse related suicide, honour killing, and intimate partner homicide*. Project Report. University of Gloucestershire, Cheltenham, Gloucestershire.

A similar diverse committee approach to domestic and family death review that includes Aboriginal representation would be appropriate given the over-representation of Aboriginal women among victims of domestic homicide.

Finally, while it would be ideal if South Australia’s review mechanism encompassed domestic and family violence-related serious injury and disability, in addition to deaths, Embolden acknowledges the resource implications of a broader remit.

## A Roadmap for Lived Experience Engagement – Supporting South Australia’s specialist domestic, family and sexual violence services sector

As previously mentioned, ensuring that the diverse lived experience of victim-survivors is informing policies and solutions is a cross-cutting principle of the National Plan. People with lived experience of domestic, family and/or sexual violence have a unique standpoint that is derived from their knowledge, insights and expertise. Engaging in lived experience work can also contribute to victim-survivors’ recovery and healing through peer connections, a sense of empowerment and making sense of one’s experiences.

In 2024, Embolden and the Domestic and Family Violence Safety Alliance partnered on a project to develop a pathway to strengthen sector-wide lived experience engagement practices across South Australia. The result of this work is the **Roadmap for Lived Experience Engagement** (the Roadmap, attached as Appendix A). The Roadmap represents a shared vision for the South Australian specialist DFSV services sector towards true engagement with survivor-advocates and accountability to those who have lived experience of DFSV.

Its development was particularly influenced by the **Family Violence Experts by Experience Framework**, which was co-produced by people with lived experience (**WEAVERS**), DFV researchers at University of Melbourne and DFV practitioners for the Victorian specialist family violence services sector.

Survey responses from 14 specialist DFSV services, in-depth interviews with seven professionals from the services represented in the survey, and interviews with 18 survivor-advocates generated insights into the diversity of lived experience engagement practices currently undertaken by the SA specialist DFSV services sector (Figure 2), as well as valuable perspectives on the strengths, challenges, gaps, barriers and opportunities for lived experience engagement in the South Australian context.

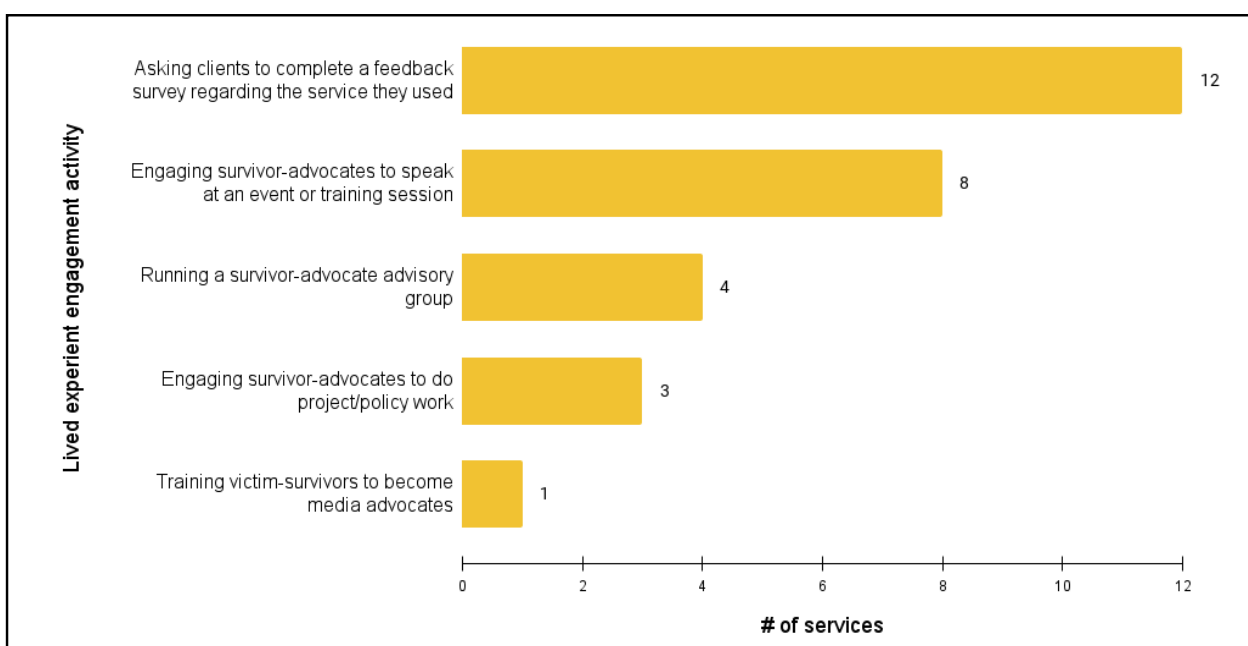


Figure 2: Lived experience engagement activities undertaken across the SA specialist DFSV services sector based on survey responses from 14 services.

Our State needs a whole-of-sector approach where lived experience is proactively and meaningfully embedded at all levels of SA's specialist DFSV services sector, including practitioners, services and the peak body. South Australia has the skills and commitment for meaningful lived experience engagement, but is missing the investment, infrastructure and governance arrangements that act as enabling conditions. A review of the approaches to lived experience engagement in other states and territories identified considerable investment and prioritisation in statewide mechanisms. Victoria is leading the way with a standing advisory group to the peak body for specialist DFSV services, a standing advisory group to the government specific to DFSV and a standalone lived experience strategy. Several other states and territories also have established DFSV lived experience advisory mechanisms to government and/or the peak body. It is anticipated that the landscape for statewide lived experience mechanisms will continue to develop with increasing investment in lived experience engagement across Australia, including the newly-established standing lived experience advisory group within the national Domestic, Family and Sexual Violence Commission.

The Lived Experience Roadmap at Appendix A identifies **seven key recommendations** to move from current limited practices to whole-of-sector practices where lived expertise is embedded across the specialist DFSV services sector.

**The Key Recommendations from the Roadmap for Lived Experience Engagement are:**

### **Invest in the infrastructure to elevate lived expertise**

- That the State Government establish and effectively resource a lived expertise advisory council that directly advises government on DFSV policy.
- That the DFSV services sector is effectively resourced to support best practice lived experience engagement in policy development, advocacy, and service design, delivery and practice.

- That lived experience engagement is funded as a line item in service contracts to enable service-level engagement with survivor-advocates, including within a service's governance structure.
- That the DFSV services sector is resourced to develop and implement an Impact Framework for the Roadmap, to be reported on annually, to ensure that all parts of the sector remain accountable to the Roadmap's vision and goals.

### **Invest in survivor-advocates**

**That the specialist DFSV services sector is effectively resourced to:**

- develop and implement a training and professional development program for survivor-advocates, building on existing resources and expertise nationally.
- develop and implement standardised remuneration scales for survivor-advocates, which are reflected in funding agreements.

### **Leverage existing sector strengths and skills**

- That the specialist DFSV services sector is effectively resourced to enable services to consolidate and embed current innovative and diverse lived experience engagement practices, and share learnings on good practice lived experience engagement across the sector.



## A strong and sustainable specialist domestic, family and sexual violence sector workforce

Action three of the National Plan's First Action Plan 2023-27 is to *Increase and strengthen the capability of mainstream and specialist workforces to deliver quality services, activities and programs across the four domains, including those that are tailored to respond to the unique experiences of all victim-survivors*. The specialist domestic, family and sexual violence workforce is pivotal in responding to South Australia's DFSV crisis, and requires recognition, investment and strategic development to create a strong and sustainable workforce into the future. Nationally, there are significant challenges with recruitment, retention and wellbeing of the specialist DFSV workforce. These issues will be the focus of a national roundtable on workforce being held in Adelaide in late September by the State Government, in partnership with the national DFSV Commission and Embolden. The National Alliance of Specialist DFV Services, of which Embolden is a member, has publicly called for a national DFSV workforce strategy.

At the state level, **Embolden recommends the development and implementation of a dedicated and targeted workforce strategy for the specialist domestic, family and sexual violence services sector.**

Implementing a public-health approach to DFSV requires a whole-of-sector approach to address current challenges and effectively implement reforms. Embolden contends that this includes a focus on the specialisation of the DFSV workforce as critical to ensuring positive outcomes for people experiencing violence in South Australia. The DFSV workforce in South Australia is a diverse and multi-disciplinary sector providing a broad range of services and is currently not well defined or understood. The national *Strengthening Australia's Domestic and Family Violence Workforce Project*<sup>23</sup> has a focus on specialisation, and a South Australian DFSV workforce strategy must include a clear definition of specialisation to support the growth and sustainability of the specialist DFSV workforce.

A South Australian workforce strategy will also require dedicated, comprehensive planning to address the broad range of issues currently facing the sector. To better understand these issues, Embolden surveyed member organisations in July 2024. The **Embolden Workforce Survey Report** (attached at **Appendix B**) outlines critical issues being experienced by South Australian DFSV services in recruitment, retention and workforce wellbeing, as well as identifying future opportunities for reform.

Challenges currently faced by the DFSV sector highlighted in survey responses include:

- Lack of recognition of specialisation and the true cost of DFSV service provision.
- Funding not keeping pace with increasing complexity and demand.
- Unsustainable workloads impacting staff wellbeing and retention.
- Challenges in recruiting staff with specialist skills and experience.
- Regional and remote recruitment hampered by higher costs of living and housing shortages.
- Rising demand for crisis support and insufficient funding undermining the sector's capacity to deliver services for prevention, early intervention, recovery and healing.

Opportunities identified by members for future improvement of the sector include:

- Funding and resources scaled to meet demand and complexity, keep pace with skills and support job security.
- Strategies responsive to challenges faced by rural, regional and remote communities.
- Greater investment in staff capacity building, including training and development in line with specialisation, and wellbeing support.
- Review of content and accessibility of relevant tertiary education programs.
- Upskilling of mainstream services in DFSV and trauma-informed care.

The challenges highlighted by surveyed organisations are particularly significant in the context of the Social Work Registration Scheme, currently under consultation. Embolden acknowledges the importance of registration in supporting the professionalisation of the workforce and the protection of the Social Work qualification and profession. However, the impact of these changes on a range of workforce matters is currently unclear. Embolden's member organisations have expressed concerns in response to the Social Work Registration Scheme Scoping Paper with respect to the scheme's implications and potential unintended negative consequences. While Embolden will cover the opportunities and risks for the sector in a submission to the Registration Scheme's consultation process, it is worth noting lessons

learnt from the Victorian introduction of mandatory minimum qualifications, including increasing cross-sector competition for qualified staff and resulting challenges for DFSV services. In the current context in SA of child protection sector reforms and the introduction of universal three-year-old preschool, ongoing DFSV workforce shortages and increasing demand for DFSV services, workforce capacity is a critical consideration alongside capability. Any changes that introduce barriers to workforce entry must be carefully considered within the context of supply, the sector's ability to compete with broader demand and the readiness of organisations to effectively implement change. These critical issues will require careful consideration in the context of strategic workforce planning and development for SA's DFSV sector.

## **An independent, effective peak body for South Australia's domestic, family and sexual violence services sector**

An independent and effective peak body is vital to promote both systems-level accountability and a strong domestic, family and sexual violence services sector in South Australia, including to:

- support and represent all specialist DFSV services independently and drive the development of the sector as a whole;
- make representations to government on legislation, policy and service responses that are informed by lived experience and evidence from research and practice;
- ensure that South Australia can participate in, and benefit from, national and cross-jurisdictional collaboration on transformative initiatives; and
- drive improved community understanding of, and attitudes to, gender-based violence.

Currently, the State Government is significantly underinvesting in Embolden as the peak body for the DFSV services sector. Embolden receives substantially less funding than a number of other funded peak bodies in the State. As discussed previously, Embolden's funding is sufficient to engage only one full-time employee on an ongoing basis as an independent peak. This is unacceptable given that Embolden represents and supports a specialist sector working at the frontline of a complex social problem recognised to be a global epidemic and a national emergency.

The system reforms recommended in this submission, and that will hopefully arise from the Royal Commission, will require a mature DFSV sector with capacity to undertake activities including but not limited to; developing new data collection and reporting mechanisms, participating in system governance, effectively embedding lived experience engagement approaches, monitoring and responding to workforce issues and trends, and analysing budget impacts on women's safety. This transformative work will require a strong, well-resourced peak body for the DFSV sector in South Australia.

Additionally, there are currently important opportunities for national collaboration on key domestic, family and sexual violence initiatives; for example, in relation to workforce, data and outcomes measures. Embolden's General Manager represents the South Australian sector in a range of national fora, including; the National Plan Advisory Group, the National Alliance of Specialist DFV Services, the National Women's Safety Alliance and the Board of WESNET, the national peak body for women's specialist domestic and family violence services. The workload that this national engagement requires is not sustainable at Embolden's current level of funding. South Australia's DFSV sector peak must be resourced to enable our State to participate in, and benefit from, important national collaborative opportunities.

Finally, while Embolden is an incorporated association, it has been auspiced by Women's Safety Services SA since its inception. Embolden has a Board-approved plan in place to transition to complete independence over the 2024-25 financial year. Ensuring that Embolden operates as an effective, independent peak is critical to a strong DFSV sector in South Australia and requires investigation into how this can be best supported.

**It is recommended that funding for Embolden supports an independent, effective peak body for the South Australian domestic, family and sexual violence services sector.**

## **Reform of South Australia's domestic, family and sexual violence service system**

As previously indicated, this first of Embolden's submissions focuses principally on the overarching system elements required for an effective public health approach to domestic, family and sexual violence: a strategic whole-of-government framework; effective cross-sector governance; a robust evidence base and systems-level accountability mechanisms; embedding lived, practice and research expertise; a strong and sustainable specialist DFSV workforce and sector.

Embolden's second submission will focus on the services and systems with which people experiencing and using violence directly interact, across the key areas of focus within the Royal Commission's Terms of Reference: prevention, early intervention, crisis response, recovery and healing, and service integration and coordination.

Embolden acknowledges that the Royal Commission's rationale in seeking early first submissions is to provide the Commission with an early indication of the issues and priorities identified by stakeholders and to inform the Commission's focus and approach as it engages through its term.

In line with this, Embolden provides below – very much in brief – a snapshot of service system-level issues and priorities that will be expanded on in Embolden's second submission. These reflect engagement with Embolden's members to date. Embolden is also undertaking a survey of frontline staff within specialist DFSV services to ensure that our second submission reflects the on-the-ground practice experience and expertise of the specialist DFSV workforce.

Additionally, Embolden is engaging/will engage with bodies representing diverse South Australians and seek opportunities to defer to and amplify the perspectives of these organisations and those they represent: including, SAACCON (South Australian Aboriginal Community Controlled Organisation Network), SA First Nations Voice, JFA Purple Orange, SA Rainbow Advocacy Alliance, Youth Affairs Council of SA, Multicultural Communities Council of SA and COTA (Council of the Ageing). Embolden notes and commends that the Royal Commissioner and her team is engaging/intends to engage directly with diverse representative bodies and community members across the South Australia.

## DFSV service system reform – cross-cutting priorities

Embolden considers the following to be critical service system reform priorities that cut across the continuum of prevention, early intervention, crisis response, recovery and healing. Our second submission will expand on these priorities:

- Creation of an **holistic, place-based service system to prevent and respond to domestic, family and sexual violence – across all regions in South Australia**. Embolden recommends that what this could ‘look like’ be explored through a cross-sector roundtable convened by the Commission. Key anticipated benefits of an holistic, place-based approach to be considered through system design include but are not limited to:
  - creates the conditions for an integrated ‘no wrong door’ service response, including purposeful sharing of information across services, to meet complex needs;
  - promotes continuity of support for clients across the service continuum and reduces the need for victim-survivors to repeatedly tell their story;
  - supports the embedding of specialist DFSV co-responses in partnership with mainstream services. This has the potential to strengthen the capacity of non-specialist services, including health, child protection and justice, to respond effectively to people experiencing and using violence;
  - assists services to respond to local issues and conditions and to leverage local place-based initiatives and opportunities; and
  - supports a strong focus on people using violence and effective integration and coordination across services working with people using violence and services for victim-survivors.
- Sitting alongside the need for structural system reform, there is an **urgent need for much greater investment in South Australia’s specialist domestic, family and sexual violence services sector across the continuum**; inclusive of sexual violence services, services targeted to people at risk of/using violence and services targeted to children and young people. Domestic, family and sexual violence is a global epidemic and national emergency and must be funded as such.

South Australia is significantly lagging behind other states and territories in our investment in DFSV services. This must be rectified immediately.

- Greater investment in South Australia’s specialist DFSV services must actively **promote Aboriginal self-determination and increase the proportion of funding directed to Aboriginal Community Controlled Organisations**. As the Aboriginal and Torres Strait Islander Action Plan 2023–25 states, ‘Aboriginal and Torres Strait Islander self-determination requires a systemic shift of power and control from government and the non-Indigenous domestic, family and sexual violence service sector. It requires the transfer of power, control and decision-making and resources to Aboriginal and Torres Strait Islander communities and their organisations.’
- **DFSV funding must enable the sector to flexibly meet diverse needs across the community and promote service sustainability**. Currently, the significant majority of frontline specialist services for women, children and others experiencing DFV are funded under the National Social Housing and Homelessness Agreement. This means that too often, South Australian women and children must be in crisis and prepared to leave their home to get a service. This issue was also noted in the 2016 report into domestic and family violence by the South Australian Parliament’s Social Development Committee. While accommodation-based crisis supports are a critical element of the specialist DFV service system, our current responses are failing many of those in our communities, including Aboriginal women and families, who would like earlier, holistic and culturally safe services that support families before they reach crisis point. For many women, their desired outcome is to be able to remain in their relationship/family, home, community and on Country more safely.

Our current funding arrangements and service response are not fit for purpose in meeting the diverse circumstances of South Australian women and families. Funding for the specialist DFSV sector must enable services to meet women and families where they are and respond to what they need.



The Social Development Committee's 2016 report also noted that short-term funding of DFV services hampers the capacity of services to make strategic plans and to retain and develop their staff. Short-term funding, rolling 12-month contracts and 'pilotitis' remain a critical issue for South Australia's specialist DFSV sector and other non-government family and community services.

- **DFSV sector reform must improve equity of access to services** for people living in rural, regional and remote areas, and community members experiencing particular barriers to service access. Currently there are locations across the State where there are significant service gaps, resulting in people missing out on critical services or requiring those who can to travel long distances for supports, for example: for forensic examinations following sexual assault; therapeutic services, including for children and young people; legal services for Aboriginal people experiencing family violence; men's behaviour change programs.

## DFSV service system reform across the continuum

As previously mentioned, Embolden's second submission will make recommendations for service system improvements across the continuum of prevention, early intervention, crisis response, recovery and healing, and system integration and coordination. This will again encompass a focus on sexual violence as well as domestic and family violence, and services targeted to both people using violence and victim-survivors, including children and young people.

Our survey of frontline staff within specialist DFSV services includes a focus on the following issues for the people we're supporting, which predominantly involve complex interactions across systems:

- Risk assessments
- Multi-agency risk management processes & information sharing
- Interactions with police
- Intervention orders and bail conditions
- Interactions with criminal justice systems and courts
- Interactions with the child protection system
- Experiences with the Family Court

Embolden's second submission will discuss location-based and intersectional barriers to service access in more detail.

- There is a need to **improve the understanding** across systems – in particular universal and non-specialist services – of the **nature and impacts of coercive control and the gendered dynamics that underpin these patterns of abusive behaviour**. This work must be undertaken in partnership with the specialist women's safety sector in advance of coercive control legislation coming into force.

- Interactions with other agencies and services, including health, mental health, drug and alcohol services, education, family and community services

Embolden recommends that the Commission consider convening cross-sector roundtables on complex issues that require integration and coordination across systems; including but not limited to, multi-agency risk management processes and information sharing (Family Safety Framework, Multi-Agency Protection Service, Information Sharing Guidelines for promoting safety and wellbeing).

The following very brief dot points flag some of the issues across the Commission's areas of focus that Embolden will cover in our second submission, but are **not exhaustive**:

### Prevention:

- Embolden considers that there would be benefit in a statewide sub-strategy or action plan focused on primary prevention of domestic, family and sexual violence and notes the expertise of Our Watch in relation to the primary prevention evidence base.

- Given their reach across the population, education settings and workplaces in particular are critical sites for primary prevention and require increased strategic investment and resourcing.
- The introduction of coercive control legislation provides an important opportunity to change community understanding of the nature of domestic and family violence, through both broad-reach communication campaigns and campaigns co-designed with, and targeted to, specific community groups.

#### **Early intervention:**

- An effective public health approach involves building the capacity of universal and non-specialist services to identify and respond to those at risk of/experiencing and those at risk of/using domestic, family and sexual violence.
- Embolden suggests that how 'at risk' is defined and identified within universal and non-specialist systems and what constitutes good practice early intervention is a priority and would be usefully explored through a cross-sector roundtable.
- Across the continuum, South Australia's service system must turn the spotlight on boys and men at risk of/using domestic, family and sexual violence. Disrupting the use of violence requires a multi-pronged approach that includes greatly improving the way we respond to and support boys experiencing domestic and family violence.
- While it must be emphasised that not all children and young people who experience violence within their families of origin grow up to experience or perpetrate violence, the research evidence is clear that therapeutic supports for children and young people experiencing DFSV are an important part of earlier intervention to break intergenerational cycles of violence.

#### **Responses to violence:**

- Embolden commends to the Commission the submission/s from the Domestic and Family Violence Safety Alliance (DFVSA). The DFVSA represents the primary providers of DFV homelessness support in South Australia, with a focus on crisis support for those experiencing or at risk of homelessness via the Emergency Accommodation Program, Crisis Accommodation, Supportive and Transitional Housing Programs. All organisations that are members of the DFVSA are also members of Embolden.
- There is an urgent need to review South Australia's 24-hour DFSV response statewide and to embed trauma-informed, comprehensive supports from the point of victim-survivors' first contact with specialist services.
- As emphasised elsewhere in this submission, supports for victim-survivors must be complemented by increased investment in responses that focus on people using violence, who are predominantly men. Embolden supports calls for a national strategy focused on men using violence. A South Australian DFSV strategy must drive the development of a broad suite of targeted, effective interventions to stop men's use of domestic, family and sexual violence. In relation to DFV, this should encompass greater investment in accommodation-based options that enable women and children and others experiencing violence to remain at home.
- Accommodation-based 'respite' options for both people experiencing violence and those using violence, including in remote Aboriginal communities, should form part of a comprehensive response that meets diverse community need and keeps women and children safer.
- There is a need for dedicated supports for children and young people across the continuum, including children's workers in specialist services responding to violence.

As outlined above, Embolden's second submission will draw on survey responses from frontline staff within specialist DFSV services to provide rich information and make recommendations in relation to victim-survivor and specialist service system interactions with:

- South Australia Police
- cross-sector responses to high-risk perpetrators
- civil and criminal justice systems
- mainstream and non-specialist service systems

There has been a strong recent focus, both nationally and within SA, on improving justice responses to sexual violence. Embolden's recent submissions on this issue are publicly available:

- Submission on the review of sexual consent laws in South Australia (February 2024) – [www.embolden.org.au/resource/submission-on-the-review-of-sexual-consent-laws-february-2024](http://www.embolden.org.au/resource/submission-on-the-review-of-sexual-consent-laws-february-2024)
- Response to the Crimes Amendment (Strengthening the Criminal Justice Response to Sexual Violence) Bill 2024 (March 2024) – [www.embolden.org.au/resource/response-to-crimes-amendment-strengthening-the-criminal-justice-response-to-sexual-violence-bill-2024](http://www.embolden.org.au/resource/response-to-crimes-amendment-strengthening-the-criminal-justice-response-to-sexual-violence-bill-2024)

- Submission to the Australian Law Reform Commission's inquiry into justice responses to sexual violence (May 2024) – [www.alrc.gov.au/wp-content/uploads/2024/07/156.-Embolden.pdf](http://www.alrc.gov.au/wp-content/uploads/2024/07/156.-Embolden.pdf)

#### **Recovery and healing:**

- All client-facing services across the continuum – including early intervention and crisis response – should have a recovery and healing orientation.
- We need greater investment in trauma-informed recovery and healing supports, including for children and young people, recognising the often longer-term impacts of DFSV across the life course and the importance of recovery and healing to prevent future experiences of violence.
- Aboriginal-led services must be directly funded to support the healing of Aboriginal men and women, families and communities in a context of the ongoing impacts of colonisation and systemic racism.

## **Conclusion**

Embolden appreciates the opportunity to make this initial submission to the Royal Commission and to provide an overview of the key priorities and recommendations that will be expanded on in our second submission.

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# A Roadmap for Lived Experience Engagement

Supporting South Australia's Specialist Domestic, Family and Sexual Violence Services Sector

August 2024

A joint project between:

**embolden**



Domestic and  
Family Violence  
Safety Alliance

Supporting people to live safer and free from violence

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## The Project

In February 2024, Embolden SA Incorporated<sup>1</sup> and the Domestic and Family Violence Safety Alliance<sup>2</sup> partnered on a project to understand and develop a pathway to strengthen sector-wide lived experience engagement practices across South Australia. *A Roadmap for Lived Experience Engagement* (the Roadmap) represents a shared vision for the South Australian specialist DFSV services sector towards true engagement with survivor-advocates and accountability to those who have lived experience of DFSV. The Roadmap charts a course for the specialist DFSV services sector to demonstrate leadership in a way that recognises the centrality of lived expertise in ensuring a sector that is responsive, respectful and safe.

## Project Team & Contributors

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<sup>1</sup> Embolden is South Australia's member-based peak body for specialist domestic, family and sexual violence services.

<sup>2</sup> The Domestic and Family Violence Safety Alliance (DFV Safety Alliance) is a statewide specialist domestic and family violence homelessness alliance consisting of 8 service partners (19 services) and government partners. All DFV Safety Alliance services are individually members of Embolden.

## Acknowledgements

### Aboriginal & Torres Strait Islander Sovereignty

We acknowledge the sovereignty of Aboriginal and Torres Strait Islander Peoples over the lands, skies and waterways of Australia. We pay respect to Elders past and present as the traditional owners and custodians of the lands across Australia and acknowledge their cultural authority on ways of being in relationship with Country. Colonisation brought patriarchal violence that has impacted all Aboriginal and Torres Strait Islander Peoples, particularly women and children. We acknowledge the cultural knowledge and wisdom that has sustained and strengthened First Nations peoples in resisting, responding to, and healing from violence on these lands since 1788.

This roadmap was developed with consideration of the community in South Australia including those living on Kurna, Peramangk, Ngarrindjeri, Boandik, Ngadjuri, Nukunu, Barngarla, Nauo, Wirangu, Kokatha, Mirning, Ngalea, Ngargad, Erawirung, Thanggali, Malyangapa, Antakirinja, Yankunytjatjara, Pitjantjatjara, Arabana, Dieri, Dhirari, Wangkangurru, Yarluyandi, Ngamini, Yandruwandha, Yawarrawarrka, Pirlatapa, Adnyamathanha and Kuyani lands.

### People with Lived Expertise

We recognise the valuable knowledge, skills and perspectives of people with lived experience of domestic, family and/or sexual violence. The specialist DFSV services sector must be grounded in the perspectives of those with lived expertise. Without the expertise of people with lived experience, this roadmap and other efforts of the DFSV services sector would struggle to truly recognise and effectively respond to the needs of the victim-survivors we work alongside. We hold great respect for this expertise, and we ground this roadmap in a pursuit of justice for victim-survivors of DFSV, past and present.

We acknowledge the strengths and limitations of our collective voice - recognising that it does not represent the experiences or perspectives of all victim-survivors or professionals across the community. To the best of our abilities, we have aimed to develop the *Roadmap for Lived Experience Engagement* through a highly critical and holistic lens, holding a strong appreciation for diverse, intersectional identities. As lived experience approaches are strengthened across the SA specialist DFSV services sector, there must be an ongoing commitment to amplify the voices of victim-survivors and communities, with particular consideration for marginalised groups.



## Terminology

The following definitions are primarily derived from key national policies and lived experience resources. *We acknowledge that these terms do not reflect the identities or experiences of all people who have lived experience of DFSV.*

**Domestic and family violence** includes all forms of violence that can occur within relationships. This includes intimate partner violence (commonly referred to as domestic violence), violence perpetrated between family members and in family-like settings (including carer relationships and Aboriginal and Torres Strait Islander kinship relationships), coercive and controlling behaviour and sexual violence. It encompasses physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses. This Roadmap acknowledges the gendered nature of domestic and family violence, which is primarily perpetrated by men against women, but acknowledges that it can impact on anyone regardless of gender identity, sexual orientation, culture or experience.

**Sexual violence** includes any sexual activity that happens where consent is not freely given or obtained, is withdrawn or the person is unable to consent due to their age or other factors. Sexual violence occurs any time a person is forced, coerced or manipulated into any sexual activity. Sexual violence can be non-physical and include unwanted sexualised comments, intrusive sexualised questions or harassment of a sexual nature.<sup>3</sup>

**DFSV** is a shortened form of domestic, family and/or sexual violence. Similarly, **DFV** is a shortened form of domestic and family violence.

**The specialist DFSV services sector (the sector)** refers to the statewide collective of services directly funded to deliver services to support those who are experiencing or have experienced domestic, family and/or sexual violence or those who are using or have used DFSV. The Roadmap focuses on engagement with victim-survivors of DFSV.

**Lived experience** describes the knowledge, insights and expertise that arise from the direct experience of domestic, family and/or sexual violence. Clients, the workforce and survivor-advocates are key sources of lived experience for the specialist DFSV services sector.<sup>4</sup> The focus of this document is survivor-advocates, who may include current and former clients.

**Victim-survivor** refers to people who have direct, first-hand experience of domestic, family and/or sexual violence.

**Client** refers to victim-survivors who have been provided with support by a specialist domestic, family and/or sexual violence service. Note that clients can also engage as survivor-advocates, either during or after their experiences of support. Client and survivor-advocate

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<sup>3</sup> The *National Plan to End Violence against Women and Children 2022-2032*

<sup>4</sup> Sources of Lived Experience in the Family Violence Sector, Issues Paper, July 2022, Safe+Equal  
<<https://safeandequal.org.au/resources/sources-of-lived-experience-in-the-family-violence-sector-issues-paper/>>

are not mutually exclusive in this context, as clients are often a valuable and integral source of expertise and insight into operational and strategic work in the DFSV specialist sector.

**Survivor-advocate** refers to a victim-survivor who actively engages in advisory, policy or program work on the issue of domestic, family and/or sexual violence, basing their work on their lived experience of DFSV.

**Gender-based violence** refers to violence that is used against someone because of their gender. Gender inequality and other forms of discrimination create the social context in which violence against women and children occurs. Overwhelmingly, men are the perpetrators of violence against women in Australia. By referring to violence as gender-based, it strengthens our understanding that gender-based violence against women is a social problem requiring comprehensive responses that go beyond specific events, individual perpetrators and victim-survivors. Gender inequality, rigid gender norms and stereotypes, and discrimination including racism, are at the heart of the problem.<sup>5</sup>

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<sup>5</sup> Theory of Change for the National Plan to End Violence against Women and Children 2022-2032 <<https://www.dss.gov.au/the-national-plan-to-end-violence-against-women-and-children/theory-of-change-2022-2032>>

## Introduction

*Engagement with lived experience perspectives is critical to the effectiveness of the specialist DFSV services sector and constitutes an important mechanism of accountability to victim-survivors, who are best-placed to identify gaps and opportunities in practice, services and systems.*

The Roadmap for Lived Experience Engagement (the Roadmap) emerged from a project between Embolden and the DFV Safety Alliance in 2024 to understand the current practices, strengths and challenges of lived experience engagement across the South Australian specialist DFSV services sector, and to map these to best practice approaches identified in the lived experience literature and implemented within other Australian jurisdictions. The development of a statewide lived experience roadmap is a key deliverable for Embolden and aligns with the DFV Safety Alliance's strategic commitment<sup>6</sup> to centre victim-survivors' perspectives within service design and delivery (including through the DFV Safety Alliance Lived Experience Plan). It also aligns with work being undertaken across other states and territories to embed lived experience perspectives into DFSV service planning, practice and policymaking.

People with lived experience of domestic, family and/or sexual violence (DFSV) have a unique standpoint that is derived from their knowledge, insights and expertise. Ensuring that the diverse lived experiences of victim-survivors are informing policies and solutions is reflected in the *National Plan to End Violence Against Women and Children 2022-2032*<sup>7</sup> as a cross-cutting principle, and underpins the theory of change for addressing DFSV. The National Association of Services Against Sexual Violence (NASASV) also encourages engagement with lived experience perspectives in the [National Standards of Practice Manual for Services \(3rd edition\)](#); Standard 2 on valuing client experience states '*organisations must seek the feedback of clients to improve service delivery and ensure that they are meeting client needs*'.

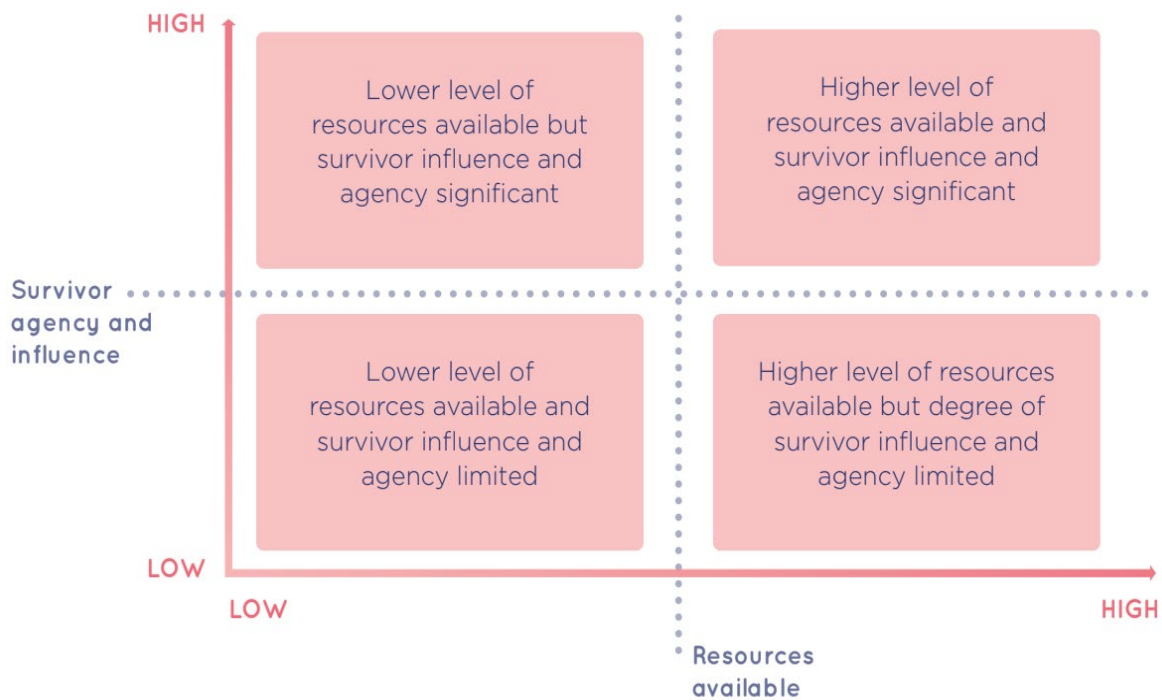
Of the key sources of lived experience for the specialist DFSV services sector (clients, workforce, survivor-advocates), the relationship with survivor-advocates presents a significant opportunity for further engagement regarding policy development, service planning and practice. Thus, the Roadmap will focus on strengthening lived experience engagement by maturing the sector's relationship with survivor-advocates (some of whom may be current or previous clients) in mutually beneficial ways, with a particular focus on the infrastructure and governance arrangements that can support effective and sustainable long-term engagement. This Roadmap was particularly influenced by the [Family Violence Experts](#)

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<sup>6</sup> Domestic and Family Violence Safety Alliance. (2023). DFVSA Strategic Plan.

<sup>7</sup> The National Plan to End Violence Against Women and Children, 2022-2032 <<https://www.dss.gov.au/ending-violence>>

by [Experience Framework](#) and practice resources created by [Safe + Equal](#)<sup>8</sup> for the Victorian specialist family violence services sector. Exemplifying good practice lived experience engagement, these documents were co-produced by people with lived experience ([WEAVERS](#))<sup>9</sup>, DFV researchers at University of Melbourne and DFV practitioners. For example, the Experts by Experience Framework highlights that with a similar level of resources, some lived experience engagement activities offer more impact than others (Figure 1).



(Source: Family Violence Experts by Experience Framework)

Figure 1: Available resources and victim-survivor agency/influence are key factors that can guide a service’s choice of lived experience engagement activity

<sup>8</sup> Safe+Equal is the peak body for specialist family violence services that provide support to victim survivors in Victoria.

<sup>9</sup> A group of survivor-advocates who engage in the co-production of research and training with the University of Melbourne.

## Purpose of the Roadmap

*The Roadmap for Lived Experience Engagement has been developed to provide South Australia's specialist DFSV services sector with practical actions to more fully engage and embed lived expertise in policy development, service planning and practice.*

In South Australia, specialist DFSV services play a leading role in responding to gender-based violence and their quality is derived from the combination of lived expertise, practice expertise and academic expertise. While practice and academic expertise are firmly embedded in SA's specialist DFSV services sector through supervision, training and professional development, approaches to engaging with the lived expertise of survivor-advocates are in the early stages of development and are missing whole-of-sector implementation (Figure 2). The Roadmap will present current practices of lived experience engagement in South Australia (Part 1), a vision for future lived experience engagement (Part 2) and recommendations to guide the way (Part 3). It is underpinned by a holistic approach to lived experience engagement that is intended to strengthen practitioner-level, service-level and whole-of-sector engagement with survivor-advocates.

The Roadmap also functions to inform the work of policy makers and government about pathways forward to improve prevention and response to DFSV. For government bodies and funding partners, the Roadmap can be used to inform strategic policy and funding decisions. For Embolden, the Roadmap can serve as a blueprint for engaging with victim-survivors in the community, including those who do not engage with specialist DFSV services. For the DFV Safety Alliance, it can help inform better practices for embedding lived expertise into service-level engagement, service planning, monitoring and evaluation. It is hoped that this roadmap will build the collective capacity, capability and accountability of the specialist DFSV services sector to engage with lived expertise.

*"You think you know something and then you ask the lived experience advocates, and you get this wealth of knowledge that you'd never get in any other way." - Sector Professional*



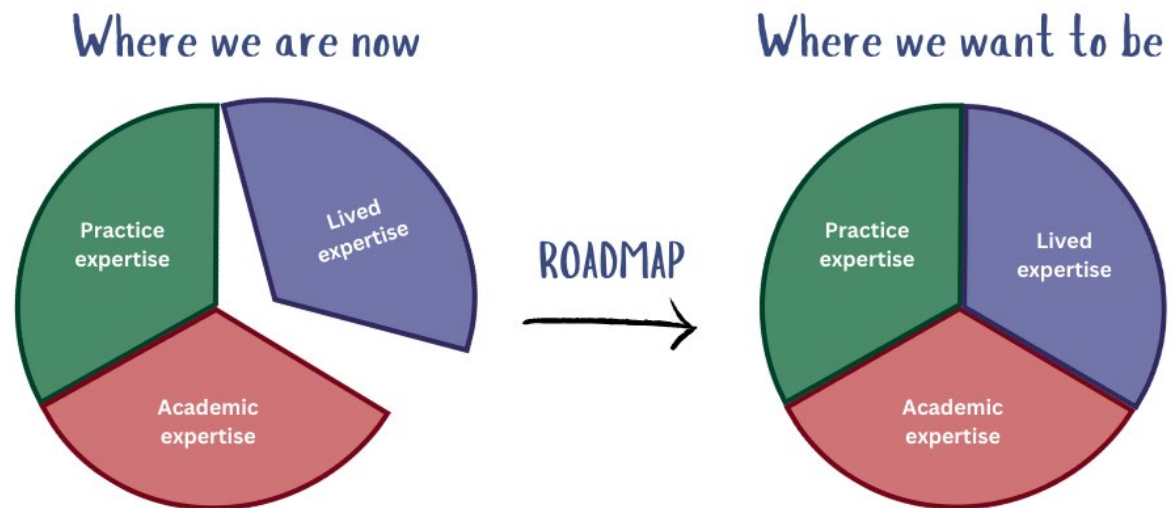


Figure 2: Conceptual framework for this Roadmap

### Audience

- Organisations that provide services to people with experience of domestic, family and sexual violence, including collectives such as Embolden, DFV Safety Alliance, and individual organisations and/or services
- Policymakers
- Government bodies

### Other Key Stakeholders

We acknowledge the important role of survivor-advocates in the DFSV services sector. This roadmap is designed to place the responsibility for change with the sector and the bodies that govern it, not with victim-survivors or survivor-advocates. As such, this roadmap focuses on systemic and practice changes that are required to meaningfully centre people with lived experience in decision-making.

### Structure

[Part 1](#) provides a snapshot of current practices of lived experience engagement across SA's DFSV services sector.

[Part 2](#) presents a vision for future lived experience engagement.

[Part 3](#) outlines a roadmap toward that vision that builds on current strengths and recommendations for good practice.

## PART 1 - Where Are We Now?

*A vision for the future practices of lived experience engagement by the SA DFSV specialist services sector needs to be based on a clear understanding of the South Australian context including current practices, strengths, challenges, barriers, gaps and opportunities.*

### Approach to Understanding Current Lived Experience Engagement Practices

To understand the current context of lived experience engagement in SA's DFSV services sector, the project team undertook the following activities:

1. A **desktop review** to identify best practice and useful tools for lived experience engagement across Australia. For a full list of the key documents included in the review and a description of the approach used to undertake the review, please see [Appendix B](#). Useful resources can be found in [Appendix C](#).
2. A **survey** on lived experience engagement practices was circulated to specialist DFSV services to understand the breadth of lived experience engagement activities across the sector, identify areas of good practice, explore challenges and understand gaps. The survey received 27 responses from staff across 14 different organisations/services. Further details including survey questions can be found in [Appendix A](#).
3. Extended semi-structured key informant **interviews** were undertaken with seven practitioners comprising diverse roles (frontline staff, team leader, program manager) about the lived experience engagement practices undertaken by the specialist DFSV services sector. Key informants for follow up interviews were identified from the surveys. A full list can be found in [Appendix A](#).
4. The project team met with 18 **survivor-advocates** in individual and group interviews to understand survivors-advocates' experiences of lived experience work in the specialist DFSV services sector.

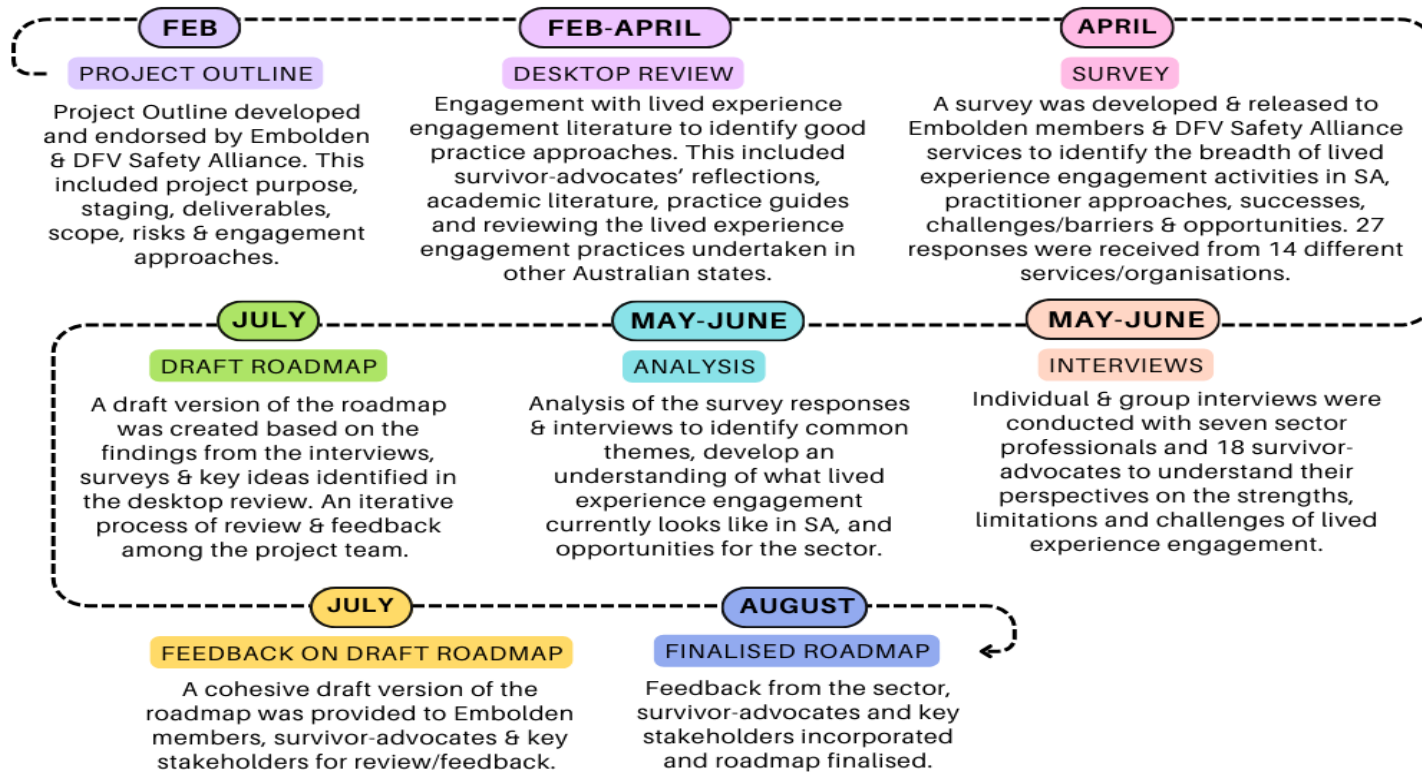


Figure 3: Project Timeline & Methods



## A Snapshot of Current Lived Experience Engagement Practices in South Australia

Survey responses from 14 specialist DFSV services, in-depth interviews with seven professionals from the services represented in the survey, and interviews with 18 survivor-advocates generated insights into the diversity of lived experience engagement practices undertaken by the SA specialist DFSV services sector (Figure 4), as well as valuable perspectives on the strengths, challenges, gaps, barriers and opportunities for lived experience engagement in the South Australian context. The project team focused on eliciting insights which had the potential to be relevant for the lived engagement practices of other services, the peak body and government/funding bodies. Care has been taken to consider the diversity of insights provided based on the type of service and client group.

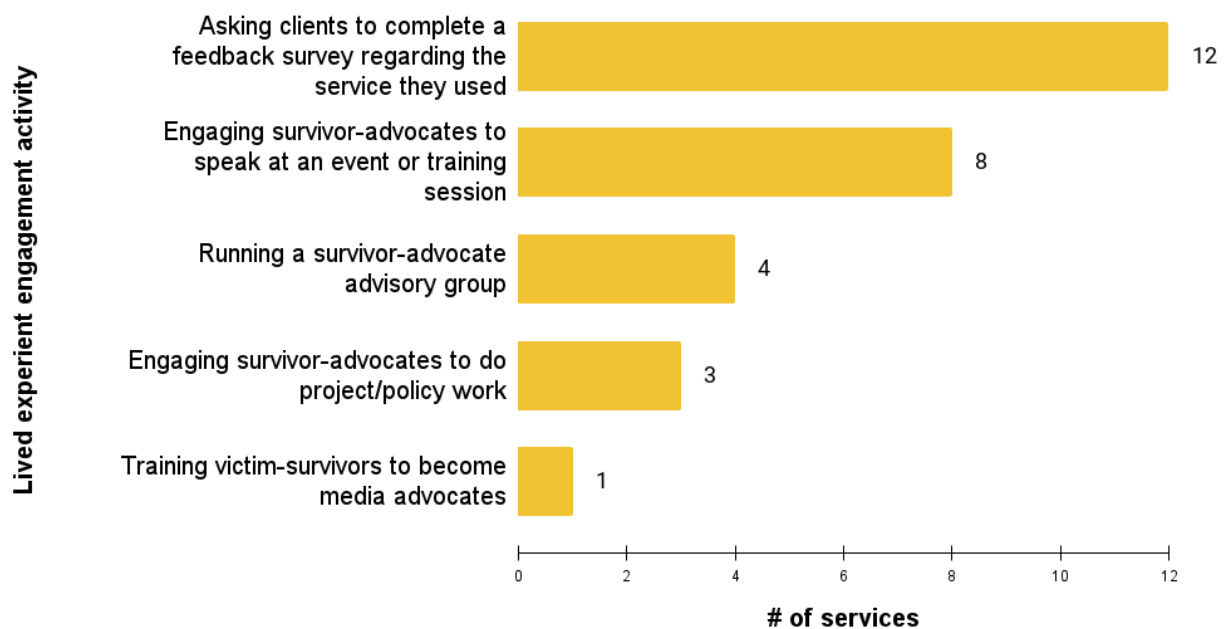


Figure 4: Lived experience engagement activities undertaken across the SA specialist DFSV services sector based on survey responses from 14 services.

## Key Insights into Current Lived Experience Engagement Practices in South Australia

Table 1: Summary of Key Insights into Current Lived Experience Engagement Practices in South Australia

1.	A diverse set of lived experience engagement initiatives exist across the sector, but the most common approaches (informal feedback and feedback surveys) offer limited agency and influence for survivor-advocates.
2.	The specialist DFSV services sector has essentially reached its ceiling for lived experience engagement within current resourcing and conditions.
3.	Current practices of lived experience engagement have resulted in improvements at the practitioner and service level. However, there is significant scope to strengthen the sector's relationships with survivor-advocates to elevate lived expertise in policy development, service planning and practice.
4.	Current lived experience engagement practices have resulted in limited engagement with the perspectives of survivor-advocates who experience systemic exclusion and marginalisation.

**Key Insight 1: A diverse set of lived experience engagement initiatives exist across the sector, but the most common approaches (informal feedback and feedback surveys) offer limited agency and influence for survivor-advocates.**

- Informal feedback from clients and feedback surveys are the most common engagement approaches used to gather lived experience perspectives across the sector (Figure 4). 12 out of 14 services reported using informal feedback and feedback surveys to engage with lived experience perspectives. For 50% of these respondents (six in total) informal feedback and feedback surveys were the only form of lived experience engagement undertaken by the service.
- Advisory groups emerged as an effective mechanism for leveraging the perspectives of survivor-advocates into existing governance mechanisms.
  - Four of 14 services reported having an advisory group of survivor-advocates. 50% (two services) had long-term engagement with the advisory group (>four years), while two services were in the early stages of establishing an advisory group.
  - Dedicated staffing was identified as a key factor for successful engagement with the advisory group, and as a barrier for services that did not have an advisory group. 75% of services with an advisory group had dedicated staffing at a minimum of 0.4 FTE.



- Victim-survivors become involved in lived experience engagement opportunities almost exclusively through informal pathways. Frontline staff play a key role in identifying potential survivor-advocates and connecting them with lived experience opportunities, with key factors being the victim-survivor's perceived capacity for using their lived experience safely and suitability for current lived experience engagement initiatives. As a result, there are limited opportunities for victim-survivors to self-identify their interest in using their lived experience to influence policy development, service planning and practice.
- All 14 services demonstrated limited knowledge of the lived experience engagement practices occurring elsewhere in the sector both within and outside of South Australia.
- Services that engaged in the most diverse range of engagement activities described long lead times when setting up a new initiative and a period of latency before lived experience perspectives were reflected in policies and services.

**Key Insight 2: The specialist DFSV services sector has essentially reached its ceiling for lived experience engagement within current resourcing and conditions.**

- Funding for lived experience engagement (the significant staff time required, reimbursement for survivor-advocates) is not built into funding contracts. As a result, services are self-funding lived experience engagement, or seeking out grants. Services want to engage more fully with lived expertise but are under considerable pressure to deliver services that can meet demand. Without additional funding for lived experience engagement, services are faced with the dilemma of directing existing funds away from frontline and crisis services. Services expressed concerns about the negative impacts of under-resourced lived experience engagement including feelings of abandonment and re-traumatisation for survivor-advocates, and burnout/moral injury for staff. The effect of short-term and pilot funding on relationships with survivor-advocates was also highlighted as a key barrier to lived experience engagement.
- Current practices of lived experience engagement are overly dependent on individual staff members, rather than operating at a whole-of-service or whole-of-sector level. Deepening lived experience engagement will require the development of lived experience infrastructure and governance mechanisms across the sector, including lived experience advisory groups, dedicated staffing and embedding identified survivor-advocate roles into existing governance structures.

**Key Insight 3: Current practices of lived experience engagement have resulted in improvements at the practitioner and service level, however there is significant scope to strengthen the sector’s relationships with survivor-advocates to elevate lived expertise in policy development, service planning and practice.**

- In the survey responses and interviews, services highlighted a range of improvements that arose from engagement with lived experience perspectives. At the service level, improvements included accessibility and inclusiveness of services for people who experience intersectional barriers to support, trauma-responsiveness of services, language used in written materials for clients and updates to practice guides. At the practitioner level, feedback resulted in improvements to staff practice approaches and staff training content/materials.
- Understandings of what lived experience is, why it should be valued and practice approaches to support it varied amongst organisations, services and professionals. This led to differing perceptions of the impacts and support needs related to engaging with survivor-advocates, and the role of this work in supporting recovery and healing, potentially limiting services’ readiness to engage more fulsomely in this space and reducing opportunities for survivor-advocates to engage.
- Staff noted risk of re-traumatisation for victim-survivors as a significant barrier to increased lived experience engagement at their service (30% of respondents; six of 16 responses to a question on challenges). However, survivor-advocates considered their work to be an important element of their recovery and healing, despite the challenges. Lived experience work was described as “meaningful”, “powerful” and “educative”, and said to have contributed to survivor-advocates’ empowerment, positive self-perception, social connection, professional capacity and resilience.
- Survivor-advocates described issues with remuneration that impacted their engagement and relationship with services. Examples included long delays in receiving remuneration and some instances of never receiving payment. Staff identified that the lack of formal processes and the complexity of financial acquittal processes has meant that the rates, timeliness and right to remuneration for lived experience engagement is not consistent across the sector.

**Key Insight 4: Current lived experience engagement practices have resulted in limited engagement with the perspectives of survivor-advocates who experience systemic exclusion and marginalisation.**

- Services expressed their awareness of the limited diversity of the lived experience perspectives informing their service. Survivor-advocates also noted that increasing the diversity of their advisory groups was important to them. Aboriginal and Torres Strait

Islander women, women who live with disability, people who identify as LGBTQIA+ and women from culturally and linguistically diverse backgrounds were identified as key perspectives that services and survivor-advocates wanted to elevate.

- Frontline staff identified that the perspectives of children and young people are missing from the sector. The challenges to future lived experience engagement include the need for age- appropriate engagement tools and addressing concerns regarding safety, parental consent and the capacity of children and young people.
- Stigma is a barrier for survivor-advocacy in some regional areas, due to the small size of communities. It was noted that particular modes of lived experience engagement may be less favourable in regional contexts due to stigma (e.g. public speaking, survivor-advocate groups).

### **How does South Australia compare with other states and territories?**

A review of the approaches to lived experience engagement in other states and territories identified considerable investment and prioritisation of lived experience in line with the National Plan and offered insight into possible statewide mechanisms that could be relevant for South Australia. Several other states and territories have established a standing advisory group to the peak body for specialist DFSV services and an increasing number are establishing a standing advisory group to the government that is specific for DFSV. Victoria is leading the way with a standalone lived experience strategy in addition to well established advisory groups to the peak body and government. At a national level, the Domestic, Family and Sexual Violence Commission has also developed a Lived Experience Advisory Council. It is expected that the landscape for statewide lived experience mechanisms will evolve due to the increasing investment in lived experience engagement across Australia.

For South Australia, the combination of a standing lived expertise advisory group to government specific to DFSV, a standing advisory group to the peak body for specialist DFSV services, and a dedicated lived experience strategy to guide statewide efforts offer South Australia an opportunity to create meaningful improvements to lived experience engagement with long-term impact.

## PART 2 - Where Do We Want To Go?

*A vision for good practice lived experience engagement with survivor-advocates that is tailored for the South Australian context.*

The Lived Experience Roadmap stems from the understanding detailed in the *National Plan* that successful lived experience engagement is essential to drive effective, fit-for-purpose responses to DFSV nation-wide. The vision for lived experience engagement, key elements of the vision and guiding principles are outlined below for SA's specialist DFSV services sector and designed to guide the sector. The vision has been informed by the perspectives of survivor-advocates, sector professionals and existing [research](#)<sup>10</sup> to respond to the key needs identified by those involved in the Roadmap's development. All direct quotes have been consensually sourced from survivor-advocates and sector professionals during the interview stage of this project.

### The Vision for SA's Specialist DFSV Services Sector

A whole-of-sector approach where lived experience is proactively and meaningfully embedded in all aspects of SA's specialist DFSV services sector, including individual practice, services and the peak body.

#### Key Conditions:

- Lived experience engagement is central to the work, not an add-on or obligation.
- A whole-of-sector approach where every level of the sector (practitioners, services, the peak body) is resourced and equipped to engage with lived expertise.
- Infrastructure and governance arrangements enable the conditions for meaningful engagement with lived expertise.
- Place-based and tailored approaches enable services to respond to the context and needs of specific communities and experiences of DFSV.

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<sup>10</sup> See Appendix B

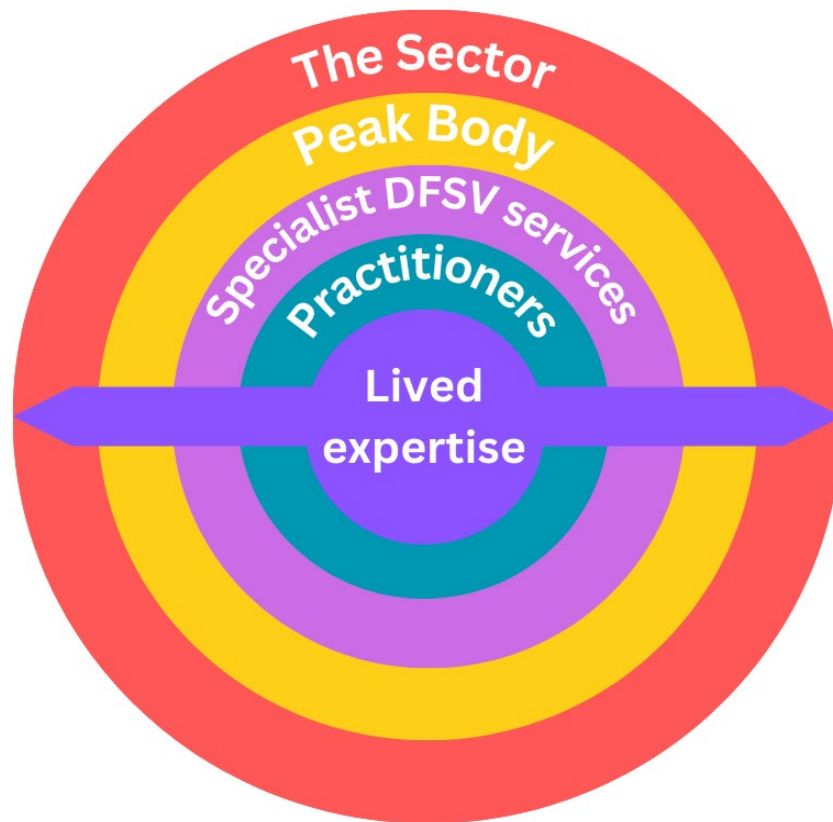
## Guiding Principles for effective, respectful & sustainable lived experience engagement

<p><b>Recognition of Expertise</b></p>	<p>Survivors-advocates’ experiences of the sector and of DFSV are essential, expert knowledge that should be used to inform and strengthen all areas of the sector, from service design to policy development. Advocates are given the appropriate reimbursement for their time and expertise and regarded as experts in their own right.</p> <p><i>“The foundation of our work is that women have the expertise.” - Sector Professional</i></p>
<p><b>Flexibility</b></p>	<p>Flexible, responsive and tailored ways of undertaking lived experience engagement are prioritised to ‘meet victim-survivors where they are at’ by making adjustments that respect the safety, cultural, spiritual, social, physical and psychological needs of advocates.</p> <p><i>“The advocates don’t have to stay involved consistently. They choose what they want to share and how and when they are involved” - Sector Professional</i></p>
<p><b>Self-determination &amp; Empowerment</b></p>	<p>Survivor-advocates have influence over how, when and how much they engage. The sector uses its power to elevate, rather than filter, the voices of survivor-advocates. Survivor-advocates’ professional boundaries are respected, and their strengths are recognised and utilised.</p> <p><i>“I’ve turned my past into my power.” - Survivor-advocate</i></p>
<p><b>Plurality &amp; diversity</b></p>	<p>Diverse ways of knowing, being and doing are equally valued. An intersectional perspective is used to understand experiences of DFSV, such as those related to race, gender, sexuality, age, ability and economic status, with an understanding of how these interact and impact victim-survivors in unique and complex ways. The sector proactively increases engagement with a plurality of voices, perspectives and experiences, with a particular focus on those who are systemically marginalised. Diverse approaches to engagement are also utilised to improve engagement with survivor-advocates.</p> <p><i>“T There’s always something new to consider.” - Sector Professional</i></p>



<p><b>Informed Engagement</b></p>	<p>Survivor-advocates are provided with the information they need to engage in a timely and appropriate way to enable them to meaningfully engage with opportunities. This may include early provision of relevant policies, practices, system information, service guides and scope/purpose of the engagement opportunity and should be provided in a format that is best suited to the survivor-advocate (e.g. written, verbal, presentation etc.). This briefing and support is ideally provided prior to any engagement opportunity and incorporated into remuneration. Transparent and clear communication requires sector professionals to adapt to the communication needs or styles of each individual survivor-advocate, such as those with different linguistic backgrounds, learning styles or developmental stages.</p> <p><i>“Clarity of expectations sit with workers as well as clients.” - Sector Professional</i></p>
<p><b>Healing &amp; Safety</b></p>	<p>Healing and safety is fundamental to appropriate and safe lived experience work. Survivor-advocates should be provided the opportunity to opt in/out at any stage, to avail of debriefing with an appropriate support person and to change their minds regarding engagement at any time.</p> <p>Survivor-advocacy should be acknowledged as part of a healing journey, and therefore capacity and readiness to engage should not be assumed. Different topics may be of more/less interest for individual survivor-advocates and their choice should be central to any decision-making.</p> <p><i>“Clients don’t need saving...they need someone to walk alongside them.” - Sector Professional</i></p>
<p><b>Appropriate timeframes and planning</b></p>	<p>The pace of lived experience engagement should allow for quality, meaningful work to take place that aligns with the capacity of survivor-advocates and staff. Work should be done gradually, thoroughly and with deep consideration to uphold the sustainability and effectiveness of lived experience engagement within its specific context. Taking time to establish strong foundational processes of lived experience engagement in the initial stages allows for long-term work to be fruitful, effective and stable. In the instance of unavoidable time restraints, any and all constraints should be clearly communicated with survivor-advocates prior to and throughout their engagement. When the lived experience engagement activity is time bound, consideration should be taken to develop timelines that are achievable and respectful of the level of involvement required by victim-survivors.</p> <p><i>“We’re a team, we’re a partnership...it’s providing a space to really learn from one another.” - Sector Professional</i></p>

## A whole-of-sector approach to lived experience engagement for the specialist DFSV services sector in South Australia



### Survivor-Advocates

#### Provided with opportunities that:

- honour survivor-advocate agency
- are influential
- feel empowering & meaningful for the survivor-advocate

#### Features of lived experience work

- Clarity on expectations, responsibilities & their role (e.g. reform versus input/advice).
- Feedback on the impact & outcomes of their engagement.
- Streamlined remuneration processes & payment within 1-2 weeks.
- Involvement from the beginning of an initiative.
- Continuous program of training offered to strengthen key survivor-advocacy skill sets (e.g. trauma-informed story sharing)

#### Provided with support

- By a trusted staff member in a way that feels right for the survivor-advocate.
- Opportunities to regularly connect & collaborate with peer survivor-advocates.
- Availability of experienced 'mentors' to guide those who are new or embarking on a new area of advocacy.

## Practitioners

Role within the sector: Supporting survivor-advocates to engage directly with services on improvements to policy development, service planning and practice.

### Responsibilities to Survivor-Advocates

- Preparing, debriefing & checking-in
- Working alongside & collaborating
- Addressing power imbalances in relationships
- Using knowledge & position in the organisation/sector to elevate survivor-advocate perspectives
- Tailors their approach to the context.

## Specialist DFSV Services

Role within the sector: Ensuring that lived expertise is reflected in service governance, planning, program logic & practice.

### Responsibilities to Survivor Advocates

- Developing & cultivating relationships
- Creating service-level structures/initiatives for lived experience engagement
- Culture of responsibility & accountability to those with lived experience
- Onboarding, training/professional developing & ongoing support
- Streamlined processes for remuneration
- Embedding lived expertise into service planning & delivery
- Increasing the diversity of lived experience perspectives
- Explore peer support models
- Elevating and embedding lived experience perspectives across the sector to influence service models as well as individual services

### Responsibilities to Staff

- Training on practice approaches for lived experience engagement
- Communicating lived experience perspectives across the service
- Ensuring that lived experience perspectives are available to decision-making groups

## Peak Body

Role within the sector: Engaging with lived expertise to inform policy submissions & advocacy efforts.

### Responsibilities to Survivor-Advocates

- Direct engagement with survivor-advocates, including those have not engaged with a specialist DFSV service
- Development of policy submissions that are informed by the combination of lived, practice & academic expertise.

### Responsibilities to Specialist DFSV Services

- Providing opportunities for services to share insights, reflections & learnings on lived experience engagement
- Keeping abreast of noteworthy lived experience engagement initiatives nationally

## PART 3 - How Do We Get There?

*The Roadmap identifies a path to move from current limited practices to whole-of-sector practices where lived expertise is embedded across the specialist DFSV services sector.*

In South Australia, the specialist DFSV services sector express significant commitment and enthusiasm for lived experience engagement. However, the sector lacks formal structures to support sector-wide lived experience engagement that is sustainable, effective, ethical, diverse and inclusive. The infrastructure and governance arrangements that are required to create the conditions to cultivate and leverage lived expertise are not embedded across the sector, resulting in missed opportunities to improve policy development, service planning and practice. As previously outlined, work is being undertaken nationally to develop and strengthen whole-of-sector approaches to lived experience engagement, which provides SA with an opportunity to join these nationwide efforts.

### A Roadmap to Strengthen Lived Experience Engagement in SA's DFSV Services Sector

Building on the good practices described in the lived experienced literature, this section outlines specific recommendations for South Australia's specialist DFSV services sector to strengthen engagement with survivor-advocates at the practitioner, service and peak body level: a whole-of-sector approach. These recommendations are guided by the vision articulated in Part 2 and tailored to the South Australian context, from the insights into current lived experience engagement practices outlined in Part 1.

The recommendations are grouped into three key areas to reflect the needs of the South Australian context:

**Key Area 1:** Invest in the infrastructure to elevate lived expertise (Recommendations 1-5)

**Key Area 2:** Invest in survivor-advocates (Recommendations 6-7)

**Key Area 3:** Leverage existing sector strengths and skills (Recommendation 8)

While the Roadmap's recommendations primarily focus on the specialist DFSV sector, it encompasses recommendations targeted to the State Government. Additionally, several recommendations are contingent on government funding decisions.

## Recommendations

Table 3: Summary of Recommendations to Strengthen Lived Experience Engagement in South Australia

	Recommendation
<b>Key Area 1: Invest in the infrastructure to elevate lived expertise</b>	
1.	That the State Government establish and effectively resource a lived expertise advisory council that directly advises government on DFSV policy.
2.	That the DFSV services sector is effectively resourced to support best practice lived experience engagement in policy development, advocacy, and service design, delivery and practice.
3.	That lived experience engagement is funded as a line item in service contracts to enable service-level engagement with survivor-advocates, including within a service's governance structure.
4.	That the DFSV services sector is resourced to develop and implement an Impact Framework for the Roadmap, to be reported on annually, to ensure that all parts of the sector remain accountable to the Roadmap's vision and goals.
<b>Key Area 2: Invest in survivor-advocates</b>	
5.	That the specialist DFSV services sector is effectively resourced to develop and implement a training and professional development program for survivor-advocates, building on existing resources and expertise nationally.
6.	That the specialist DFSV services sector is effectively resourced to develop and implement standardised remuneration scales for survivor-advocates, which are reflected in funding agreements (Rec 3).
<b>Key Area 3: Leverage existing sector strengths and skills</b>	
7.	That the specialist DFSV services sector is effectively resourced to enable services to consolidate and embed current innovative and diverse lived experience engagement practices and share learnings on good practice lived experience engagement across the sector.

## Key Area 1: Invest in infrastructure that elevates lived expertise

### **Recommendation 1: That the State Government establish and effectively resource a lived expertise advisory council that directly advises government on DFSV policy.**

- Establish a statewide DFSV Lived Experience Advisory Council (LEAC) comprising survivor-advocates, to inform State Government strategic decision-making that impacts DFSV policy and funding.
- The LEAC would be convened by the Minister for Women and Prevention of Domestic, Family and Sexual Violence, with scope to provide advice across government as required.
- Learn from and engage with other states and territories that have already adopted this model, including the Victim Survivor Advisory Council (VSAC) in Victoria.
- Link with lived experience advisory mechanisms nationally, including within the Domestic, Family and Sexual Violence Commission.
- The LEAC would reflect diverse perspectives and experiences and be facilitated by staff trained in trauma-informed approaches and best practice lived experience engagement.

### **Recommendation 2: That the DFSV services sector is effectively resourced to support best practice lived experience engagement in policy development, advocacy, and service design, delivery and practice.**

- Current lack of funding for lived experience engagement is significantly impacting the sector's ability to engage meaningfully with survivor-advocates. Without discrete funding to drive this, South Australia will continue to lag behind best practice and emerging priorities within the national and state/territory landscape.
- Dedicated resourcing would enable the development of mechanisms for engaging with lived experience perspectives across all levels of the sector. This includes maintaining and developing inclusive methodologies to ensure voices are diverse, with a particular focus on First Nations women.
- Examples of initiatives to resource could include:
  - Establishing a lived experience advisory group/network to inform sector-wide policy and advocacy.
  - Developing, supporting and maintaining a (confidential) register for survivor-advocates to self-identify their interest in lived experience work and to enable a targeted approach to engagement on key issues (e.g. sexual violence, living in a regional area, technology-facilitated abuse, older women). This could also connect victim-survivors who are interested in influencing policy development, service planning and practice with opportunities across the specialist DFSV services sector, strengthening the capability of smaller services to engage people with lived experience.



- Developing and distributing a regular bulletin for people with lived experience on the activities and opportunities across the SA DFSV services sector (e.g. training opportunities, lived experience initiatives, events, etc.)
- Dedicated resourcing for services to enable engagement with, and support for, survivor advocates over the course of their lived experience work as standard practice. For example pre- and post-briefing for lived experience engagements.
- Support to enable services to undertake targeted engagement with particular cohorts of victim-survivors.
- Promoting and supporting opportunities for survivor-advocates to develop peer networks.
- Practice leadership on lived experience engagement to support frontline specialist DFSV services and practitioners to embed lived experience voices in a range of strategic and operational areas through the development of staff training, practice guidance, practical toolkits for lived experience engagement and communities of practice. There would be a focus on service/organisational capacity building including embedding lived expertise into governance structures, client engagement, service development, practice and continuous improvement. Practice leadership could encompass:
  - Developing practice guidance to embed lived experience across the sector
  - Developing and supporting implementation of standardised tools
  - Maintaining visibility and reporting on lived experience engagement
  - Understanding sector trends and arising issues and identifying opportunities for collaboration on key issues impacting on multiple services
  - Identifying and developing inclusive practice for specific groups (e.g. children, marginalised communities etc.) to ensure diverse voices are proactively included
  - Providing bespoke advice and guidance to individual services as part of their lived experience journey

**Recommendation 3: That lived experience engagement is funded as a line item in service contracts to enable service-level engagement with survivor-advocates, including within a service’s governance structure.**

- Services require funding to undertake lived experience engagement and provide remuneration to survivor-advocates who are providing their time and expertise to improve systems for people who experience DFSV. Services are not able to adequately fund lived experience engagement within existing contracts, which was a key insight that emerged from the surveys and interviews with services discussed in Part 1. Resourcing must be sufficient to enable services to embed lived experience as part of

governance structures and to input into service design, continuous improvement and practice.

**Recommendation 4: That the DFSV services sector is resourced to develop and implement an Impact Framework for the Roadmap, to be reported on annually, to ensure that all parts of the sector remain accountable to the Roadmap’s vision and goals.**

- With appropriate resourcing, a DFSV sector impact framework for lived experience would be developed in collaboration with a diverse group of survivor-advocates. Annual reporting on impact and integration of lived experience across the sector with trends, gaps, issues and recommendations for future areas of focus.

## Key Area 2: Invest in survivor-advocates

**Recommendation 5: That the specialist DFSV services sector is effectively resourced to develop and implement a training and professional development program for survivor-advocates, building on existing resources and expertise nationally.**

- Survivor-advocates should receive induction and training as part of their role. The sector risks losing valuable lived experience insights when the infrastructure for on-boarding and ongoing professional development is missing from organisational processes.
- Survivor-advocates should be provided with opportunities to regularly connect with each other, learn together and engage in knowledge exchange. Peer networks are a key source of support for survivor-advocates and can increase the influence of lived experience engagement initiatives.
- A training and professional development program should be co-produced with a diverse group of survivor-advocates, including those who are experienced in lived experience work. The program should be available to all those engaging in survivor-advocacy, to support the building of capacity, awareness of policy and service changes, a trauma-informed impactful voice and self-care. Training can help survivor-advocates focus on what needs to change rather than the traumatic details of the violence and abuse they’ve experienced.<sup>11</sup>
- Suggested areas for training/professional development include; understanding the drivers of gender-based violence, the structure of the specialist DFSV services sector at the state and national level, public speaking, trauma-informed approaches to story sharing, sector updates and strategies to deal with the challenging aspects of lived experience work. This could include external training opportunities, such as LELAN<sup>12</sup> or those by Morgan and Co<sup>13</sup> (pending available funding).

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<sup>11</sup> ANROWS webinar, Towards Meaningful Engagement, 2023

<sup>12</sup> LELAN is the independent peak body in SA by, for and with people with lived experience of mental distress, social issues or injustice.  
<https://www.lelan.org.au/ledge-intro-leadership-modules-home/>

<sup>13</sup> <https://morganandco.au/>

- The lived experience training/professional development program would be contingent on adequate resourcing to support coordination and implementation.

**Recommendation 6: That the specialist DFSV services sector is effectively resourced to develop and implement standardised remuneration scales for survivor-advocates, which are reflected in funding agreements (Rec 3).**

- Survivor-advocates must be remunerated for their time and expertise. Remuneration should be transparent, timely, clarified prior to engagement and reflective of the type of activity undertaken. It should be scaled to include preparation, the activity itself, post-engagement and, if relevant, travel, accommodation and childcare. Processes for remuneration must be streamlined to make lived experience opportunities accessible to all survivor-advocates. For example, the requirement of an ABN and invoice may be an unnecessary barrier.
- Standardised remuneration scales for survivor-advocates will need to be co-produced with a diverse group of survivor-advocates, including those who are experienced in lived experience work. This may also include benchmarking against national standards. Benchmarking will require careful consideration of the benefits and limitation of hourly rates versus set lump payments for an activity to ensure that survivor-advocates are fully remunerated for the entirety of their lived experience work, not just partial remuneration. For example, a set rate for speaking at an event may result in a very low hourly rate after factoring in the time spent by the survivor-advocate to develop and prepare their talking points.
- Lived experience remuneration must be clearly reflected in service funding agreements, in line with Recommendation 3.

### Key Area 3: Leverage existing sector strengths and skills

**Recommendation 7: That the specialist DFSV services sector is effectively resourced to enable services to consolidate and embed current innovative and diverse lived experience engagement practices and share learnings on good practice lived experience engagement across the sector.**

- Practice leadership and resources to support services' engagement with survivor-advocates and practitioner development. Services will then identify how these can and should be embedded into individual services to promote consistent lived experience practice, elevate visibility and understanding. Areas of focus may include; practitioner induction and training, pathways for potential survivor-advocates, development of lived experience engagement practice (for example, mentoring and peer support for survivor advocates).

# Appendices

## Appendix A: Lived Experience Project Methodology

### Desktop Review

Key terms: “lived experience”, “domestic violence”, “domestic and family violence” and “domestic, family or sexual violence”.

From February-April of 2024, the project team conducted a desktop review of the existing literature and qualitative research available through the Google search engine that included the key term ‘lived experience’ when paired interchangeably with the other key terms ‘domestic violence’, ‘domestic and family violence’ and ‘domestic, family or sexual violence’. The resulting research was used to identify further relevant and related information through the use of available reference lists.

The documents included in the desktop review were restricted to those within Australia that had been published within the last four years (from 2020 onwards).

To our knowledge, all documents included in the desktop review are reliable, being either reviewed academic articles or being sourced directly from the relevant organisation or government body.

### Survey Questions

1. Sector Information
  - a. Organisation
  - b. Service
  - c. Your role
  - d. Your name (optional)
  
2. What activities does your service/organisation undertake to engage people with lived experience? Choose as many options as relevant.
  - Informal feedback from clients about the service they received
  - Asking clients to complete a feedback survey regarding the service they used
  - Regularly reviewing client feedback
  - Supporting survivor-advocates to prepare a submission to an inquiry
  - Running a one-off advisory group
  - Running a standing group that includes survivor-advocates among its membership
  - Dedicated positions for survivor-advocates in the organisation
  - Dedicated positions for survivor-advocates on a governance group
  - Engaging survivor-advocates to do project/policy work

- Engaging survivor-advocates to speak at an event or training session
  - Training victim-survivors to become media advocates
  - Training for lived experience advocates (including but not limited to those who have experience DFSV)
  - Peer staff
  - Other
3. Please provide additional details of the activities selected above.
  4. How do victim-survivors become involved in these initiatives? *How were they identified and invited by the organisation?*
  5. How are survivor-advocates supported throughout the initiative (before, during, after)? *E.g. debriefing, training, childcare.*
  6. Did the organisation make improvements or changes as a result of victim-survivors' input? *E.g. actively engaging in service improvements based on feedback, changes in practice, etc.*
  7. Were victim-survivors informed of how their feedback was being used?
  8. What challenges have you encountered when developing or implementing lived experience activities?
  9. What worked well when developing or implementing lived experience activities?
  10. Are there lived experience engagement activities you would like to implement? *If so, what are these and what barriers (if any) exist for implementation?*

**Programs & Services that Responded to the Lived Experience Survey (14 services)**

Centacare CFS - Whyalla, Limestone Coast, Riverland & Murray Mallee-Adelaide Hills  
 Connection, Strength & Recovery Program  
 Domestic Violence Disclosure Scheme  
 Earlier Access to Support & Recovery (EASE)  
 Haven, Centacare  
 Health & Recovery Trauma Safety Services (HaRTTS), which includes Yarrow Place  
 Junction Australia  
 No To Violence  
 NPY Women's Council  
 Relationships Australia  
 Salvation Army - Bramwell House  
 Uniting Country SA  
 Women's Safety Services South Australia  
 Yarredi Services

### **Interviews with DFSV Sector staff (7)**

Manager: Integrated Programs<sup>14</sup>, Women's Safety Services SA

Community Programs Team Leader, NPY Women's Council

Head of Engagement, No To Violence

Community Voice Project Lead, Junction Australia

Training & Community Engagement Coordinator, Yarrow Place, HaRTTS<sup>15</sup>

Program Manager: Connection, Strength & Recovery, Women's Safety Services SA

Coordinator: Safe and Well Kids, Women's Safety Services SA

### **Interviews with Victim-Survivors & Survivor Advocates (18)**

Individuals (1)

HaRTTS Consumer Engagement Committee (10)

Voices for Change (7)

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<sup>14</sup> Domestic Violence Disclosure Scheme (DVDS), Multi-Agency Protection Service (MAPS), Safety, Accountability & Responsibility through Integration (SARTI), Safe & Well Kids (SAWK), Women's Safety Contact Program (WSCP)

<sup>15</sup> Health & Recovery, Trauma Safety Services, Women's & Children's Health Network, SA Health



## Appendix B: List of Key Documents Resulting from the Desktop Review

Backhouse, C., Toivonen, C., & Funston, L. (2021). NSW Voices for Change: Preventing domestic, family and sexual violence through survivor-led media advocacy. Sydney: DVNSW

Cataldo, M. & Wark, W. (2024). Cultivating lived wisdom: Translating experience to expertise [Desktop Review]. Eastern Metropolitan Regional Family Violence Partnership. RFVP\_Cultivating Lived Wisdom report\_final.pdf

Domestic Violence Victoria. (2020). Family Violence Lived Experience Strategy  
<https://www.vic.gov.au/family-violence-lived-experience-strategy>

Lamb, K., Hegarty, K., Parker, R., Amanda, Cina, Fiona, & the University of Melbourne WEAVERS lived experience group. (2020). The Family Violence Experts by Experience Framework: Domestic Violence Victoria. <https://safeandequal.org.au/working-in-family-violence/service-responses/experts-by-experience-framework/>

Loughhead, M., Hodges, E., McIntyre, H., Procter, N. G., Barbara, A., Bickley, B., Harris, H., Huber, L. & Martinez, L. (2023). A model of lived experience leadership for transformative systems change: Activating Lived Experience Leadership (ALEL) project. *Leadership in Health Services*, 36(1). <https://www.lelan.org.au/wp-content/uploads/2023/11/Article-LEx-leadership.pdf>

Safe and Equal. (2022). Sources of Lived Experience in the Family Violence Sector Issues Paper  
<https://safeandequal.org.au/resources/sources-of-lived-experience-in-the-family-violence-sector-issues-paper/>

Domestic, Family and Sexual Violence Commission (2023). *Best Practice Principles: Engaging People With Lived and Living Experience* <https://dfsvc.gov.au/sites/default/files/2023-10/Best-practice-principles---Engaging-people-with-lived-and-living-experience.pdf>

Wheildon, L. (2023). Towards meaningful engagement: Key findings for survivor co-production of public policy on gender-based violence.  
[Wheildon-ANROWS-Towards-meaningful-engagement-Key-findings-for-survivor-co-production-of-public-policy-on-gender-based-violence-2023.pdf](https://www.anrowsdev.wpenginepowered.com/Wheildon-ANROWS-Towards-meaningful-engagement-Key-findings-for-survivor-co-production-of-public-policy-on-gender-based-violence-2023.pdf)  
([anrowsdev.wpenginepowered.com](https://www.anrowsdev.wpenginepowered.com))

## Appendix C: Useful Resources

### Planning Best Practice Engagement with Survivor Advocates (Safe & Equal)

 <b>Do's</b> Things that contribute to good engagements	 <b>Don'ts</b> Things that contribute to poor engagements
<p><i>"Ensuring we have all the information required to be informed. A checklist of who the audience is and what needs to be talked about."</i></p> <p><i>"Take time to set up a supportive safe space."</i></p> <p><i>"By sharing your pronouns and asking what pronouns they use, you will create safe space for the survivor."</i></p> <p><i>"Providing opportunity for debriefing. Having access to a trauma informed support person from the organisation who knows us well or having the choice of bringing our own support person."</i></p> <p><i>"To be involved in the process from the beginning and of course being adequately remunerated for our time."</i></p>	<p><i>"Don't assume someone's gender by their appearance and use wrong pronouns. If you don't know what pronouns they use, just ask!"</i></p> <p><i>"When organisations take the positive feedback only and not the constructive feedback."</i></p> <p><i>"When there are no considerations in place about triggers or safe space. For example, the impact of walking into a space and being confronted with uniformed Police. That's a big trigger for me."</i></p> <p><i>"Any information can be detrimental and compromise safety. When we say we don't want our location to be disclosed, for some reason it gets disclosed anyway."</i></p>
<p><i>"Good engagements plan for how to manage disclosures. While we often get disclosure, this should not be the responsibility of survivor advocates."</i></p> <p><i>"Asking survivor advocates about triggers and boundaries and respecting those boundaries."</i></p> <p><i>"Allow us to determine what is safe and what is not safe. Ensure you are led by us as to how to support and maintain our safety throughout the engagement."</i></p> <p><i>"Providing flexibility and allowing to be human beings – being survivors it's not just something we are reading from a book, it's something we are living."</i></p> <p><i>"Being clear about how our information and experiences are going to be used and share –having transparency around that."</i></p> <p><i>"Understanding that lived experience is not the past tense but it is continuing – even though we may not be in a violent situation, the risk factors can be high."</i></p> <p><i>"Provide clear parameters or limitations. Articulating what you want and what you don't want is a matter of respect when it comes to engagement. This doesn't mean coming with all the answers, but ensuring there is clarity on the direction, outcomes or where you hope to get to."</i></p>	<p><i>"Having an engagement opportunity is not an invitation into my private life or for professionals to hunt me down on social media."</i></p> <p><i>"Not supporting new advocates. In the beginning I would disclose too many details of my story, there needs to be a level of understanding from the support person in where a survivor advocate is at in their journey."</i></p> <p><i>"Sometimes consulting with us is used like a checklist 'tick- we got their input' and they interpret our words to fit the answers they desire. That can have serious consequences."</i></p> <p><i>"Engagements that see us as only able to offer a story or case study feel tokenistic. We are more than our experiences of violence and abuse."</i></p> <p><i>"We don't like surprises."</i></p> <p><i>"Small things can have big impacts on power imbalances. For example, providing survivor advocates sticker name tags if the other participants are not wearing them."</i></p> <p><i>"When we don't receive feedback or hear about the outcome. Too often, we are forgotten after an engagement."</i></p>

## Before the engagement

### Explain the engagement opportunity

- Introduce yourself** – your name, role, pronouns and organisation.
- Role** – Outline the role of the advocate – facilitator, participant, speaker, panel member, consultant.
- Time commitment** – Number of anticipated hours, including preparation.
- Remuneration** – Payment amount and method. Will additional costs such as childcare or travel be covered?
- Privacy and confidentiality** – Share any limitations to privacy and confidentiality up front.
- Audience** – Describe who else will be involved or attending. E.g internal stakeholders, external stakeholders, other survivor advocates. Provide information on their role in family violence work and family violence literacy and awareness.
- Topics and themes** – Explain the topics that will be covered and the input you are seeking.
- Influence and outcomes** – Explain how their input will influence outcomes, the process for providing feedback and approval before outcomes are shared.
- Recording** – Outline if the engagement will be recorded, how it will be shared and who with.
- Feedback** – Outline how the survivor advocate can provide feedback about their engagement experience, and the processes that are in place to support this.
- Questions** – Invite the survivor advocate to ask questions or offer their suggestions.
- Project brief** – Confirm this information in a written project brief provided to the survivor advocate. Refer to the [Project Brief Template](#).

## Discuss the survivor advocate's engagement needs and expectations.

Use the [My Engagement Needs and Expectations Form](#), developed by the Safe and Equal Expert Advisory Panel, to record this information.

- **Experience** – What kind of advocacy experience and professional development have they had prior to this engagement?
- **Introductions** – How would they like to be introduced (e.g. as a survivor advocate, as a speaker with lived experience of family violence)? Would they like to introduce themselves and their role? Are they acting as an independent advocate, or representing a group or network?
- **Access requirements** – Explore access or support requirements E.g Auslan interpreter, interpreter, accessibility, breaks, how do they prefer to receive information, reminders or prompts, sending slides and questions in advance, technology requirements.
- **Safety** – Are there any legal, physical, emotional or cultural safety considerations? If so, what support or protection can your organisation put in place to support engagement?
- **Privacy and confidentiality** – How would they like their privacy and confidentiality to be maintained (use of first or full name, use of pseudonym, visibility of email address, use of image or recordings)? Develop a privacy and confidentiality agreement, including for what purpose their information will be used and for how long.
- **Environment** – Explore what is needed to create a safe space, whether in person or online. This could include knowing who else will be in and have power in the space, how the space is set up, where the exits are located and having an agreed way to communicate if the person is uncomfortable.
- **Boundaries** – Explore ways to uphold the survivor advocate's personal and professional boundaries and whether there are topics or themes they are not comfortable speaking about.
- **Support** – What type of support would the advocate find useful? Pre-briefing and debriefing, support from your organisation, from other survivor advocates or their own support person.

## Pre-briefing

- **Written information** – Confirm the purpose, participants or audience and any agreed actions to support safe engagement and when you will be in touch after the event at least seven days before the engagement. This could include a run sheet, agenda or Terms of Reference.
- **Pre-meeting** – Depending on the nature and scope of the engagement, explore the option of meeting beforehand to collaborate on planning and meet other contributors.



## During the engagement

- **Welcome** – Welcome the survivor advocate and introduce them the way you have agreed. Acknowledge them when they first enter the room, whether it is online or in-person.
- **Ways of working** – Whether through a Terms of Reference or group agreement, set agreed ways of working and give permission to take a break or step out of the session if needed. Remain flexible and open. Be mindful that you might need to adapt your timelines or approach to support participation.
- **Language** – Where possible, minimise jargon, acronyms and overt displays of hierarchy.
- **Power dynamics** – Address power and hierarchy, for example the physical set up of the space or use of titles. Check out the Experts by Experience Framework video on addressing power imbalances when working with people with lived experience of family violence.
- **Audience engagement** – Consider how much direct contact other event attendees or meeting participants will have with the advocate during the session, and whether additional supports need to be put in place. For example, if an audience has low level family violence awareness or literacy, it may be useful to have an extra colleague available to ensure the survivor advocate is not left unsupported at any point.
- **Discussions** – In group discussions, be intentional in asking survivor advocates to contribute. Give permission to pass or come back to a question.
- **Disclosures** – Ensure you have a plan to respond to disclosures of family violence and communicate what supports available for all participants. It should never be the responsibility of a survivor advocate to manage disclosures when engaging with a family violence service.
- **Respect** – Respect the survivor advocate's time and start and finish engagements on time.
- **Thank you** – Have a clear process for what the conclusion of the engagement looks like. Thank them for their contributions and the value they brought.



## After the engagement

- **Debrief** – Check in with the survivor after the engagement. Did anything occur during the engagement that impacted them? Did anything come up that could affect their legal, physical, emotional, and cultural safety? Ensure they are comfortable with what they shared, for example, was anything disclosed that they would like edited from a recording or submission? Ensure the time for debrief or time to decompress following an engagement is remunerated.
- **Invite Feedback** – check in how they felt it went, ask if they have feedback about the session. Could anything have been done differently or better? You might consider multiple ways to provide feedback, with the option of anonymity.
- **Offer feedback** – share your reflections on how the engagement went, what the survivor advocate did well, the value they contributed and constructive feedback.
- **Next steps** – Confirm next steps, including how any outcomes from the engagement will be collated and shared. Confirm the process for remuneration including when they will receive payment.



## **Other Useful Resources**

[Survivor Advocate Feedback Template](#)

[My Engagement Needs and Expectations](#)

[Survivor Advocate Project Brief Template](#)

[Skills and Capability Self-Reflection Tool](#)



## Domestic, Family and Sexual Violence Services Workforce Survey Report 2024

### Introduction

Embolden is South Australia's peak body for specialist domestic, family and sexual violence (DFSV) services. The DFSV workforce is facing challenges nationally. Embolden, along with other peak bodies across Australia, has called for a national DFSV workforce strategy, and has advocated for actions at a statewide level. In the context of the opportunities presented by South Australia's Royal Commission into domestic, family and sexual violence, it is critical to understand the issues facing the DFSV sector in our State.

In July 2024 Embolden surveyed organisations that provide specialist domestic, family and sexual violence services in South Australia to obtain a more nuanced understanding of the issues facing the sector. 13 organisations providing 16 specialist services responded, including 60% of Embolden's members. These organisations provide:

- Services to victim-survivors of domestic & family violence
- Dedicated child-focused services
- Specialised sexual violence services
- Interventions for people who use violence

Over half (53%) of respondents were regional and remote services, with the remaining 47% representing metropolitan or statewide services. The following services responded to the survey:

- The Salvation Army
- Cedar Health Service
- Centacare Catholic Country Services
- Family Violence Legal Service Aboriginal Corporation
- Junction SA
- Centacare Catholic Community Services
- Neami National
- OARS Community Transitions
- Relationships Australia (SA)
- Women's Safety Services SA
- Yarredi Services
- Yarrow Place, SA Health
- Zahra Foundation Australia

## Key Findings

Organisations noted the high levels of skill and resilience across the specialist domestic, family and sexual violence workforce in managing the intensity, complexity and vicarious trauma associated with their work. However, there is a lack of recognition of the specialisation of this workforce and of the true cost of DFSV service provision. This, coupled with static or reduced funding and increasing complexity and demand, has made workloads unsustainable and recruitment and retention challenging for service providers. The funding pressure on organisations is evidenced by the significant contribution they make to sector FTE from broader organisational resources, which may include donations and philanthropy.

Organisations acknowledge that they are competing to recruit and retain staff with the specialist skills and experience required to provide effective services in this sector. This is especially challenging for regional and remote organisations that may be unable to offer salaries that are competitive with metropolitan organisations, while also contending with higher costs of living and housing. More generally, this competition poses challenges for all organisations, and for the sector in attracting new staff. Embolden also acknowledges that the introduction of the Social Work Registration Scheme will be an important part of the landscape for future workforce planning. As a result, the registration scheme needs to be carefully considered in the context of the challenges and opportunities highlighted in this report, and of the impacts and associated risks for service delivery in the DFSV sector.

Furthermore, organisations highlight the danger posed by inadequate resources and support across the sector and the state to provide an effective and comprehensive approach to addressing domestic, family and sexual violence in South Australia. As a result of insufficient funding, most resources have been focused on the “pointy end” of crisis response, with little left for community education, prevention and early intervention initiatives. This focus also reduces the resources available for recovery and healing supports.

Key workforce considerations and opportunities identified by organisations include:

- Remuneration for staff needs to be commensurate with skills and keep pace with inflation, accounting for cost of living and with a loading for regional and remote work.
- Funding and resources need to be scaled to meet increased demand and complexity of the work.
- Duration of funding needs to be reviewed to support job security in the sector.
- A strategic approach to regional and remote employment needs to be adopted to account for unique circumstances and need.
- Investment in capacity building is needed to support comprehensive training and development of specialisation, practice frameworks and dedicated staff wellbeing initiatives. This needs to include accessibility for regional and remote staff.

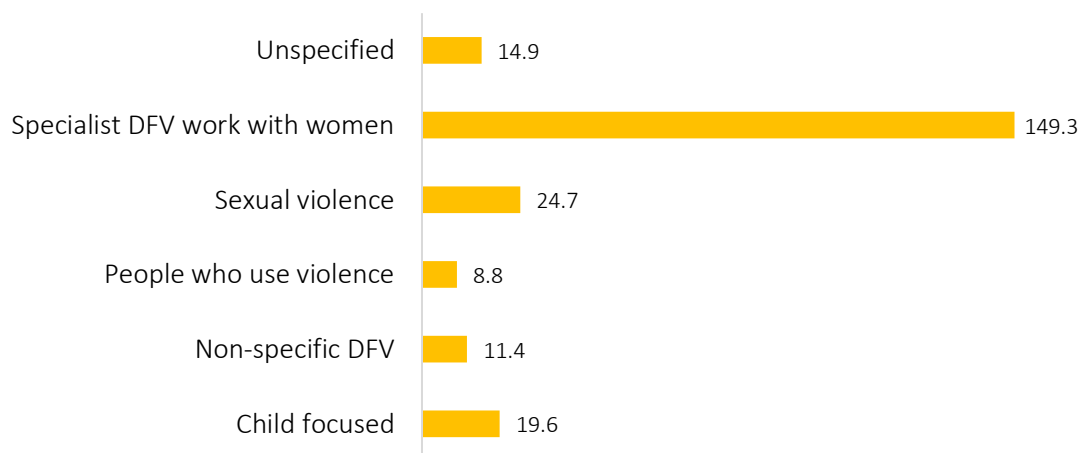
- The sector is strengthened through existing cooperative relationships between sector organisations and would benefit from further opportunities to develop staff networks and communities of practice to build staff capacity.
- Professionalisation and specialisation of the workforce are important, however they need to be managed in a way that does not exacerbate current challenges to recruitment of specialist staff, including in regional and remote areas.
- Current tertiary education programs in relevant fields need to be reviewed for their domestic, family and sexual violence focus, and there need to be more accessible and affordable qualification programs in gendered violence and trauma-informed care.
- Mainstream and generalised services outside of the specialist DFSV services sector need to be upskilled to ensure they understand DFSV and are trauma-informed in their service provision, supporting more positive outcome for victim-survivors.

## The Surveyed Domestic, Family and Sexual Violence Workforce

The survey captured information for 279.4 FTE across the 14 Embolden members services, with **82% client facing** work and **18% administration and/or management**.

While FTE is spread across various focus areas, **65% is dedicated to specialist domestic and family violence work with women**. Roles that focus on victim-survivors of sexual violence (11%), children (9%) and people who use violence (4%) have considerably less dedicated FTE.

### FTE dedicated to specialist areas

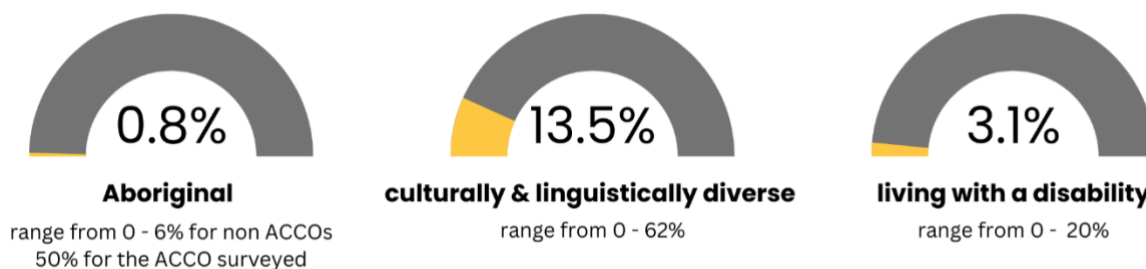


### Permanency & Flexible Work Arrangements

Permanency and flexible work arrangement information was not available for all roles. However, where this information was available for staff, **59% work full time** and **62% are permanent** and have ongoing contracts.

## Workforce Diversity

Not all organisations collect information on the diversity of their workforce. For those that do, there is a significant range across the organisations. Except for the single Aboriginal Community Controlled Organisation that responded, most respondents have a significant under-representation of Aboriginal staff. Several organisations outlined strategies to improve recruitment of Aboriginal staff but are yet to see success in terms of staff diversity.

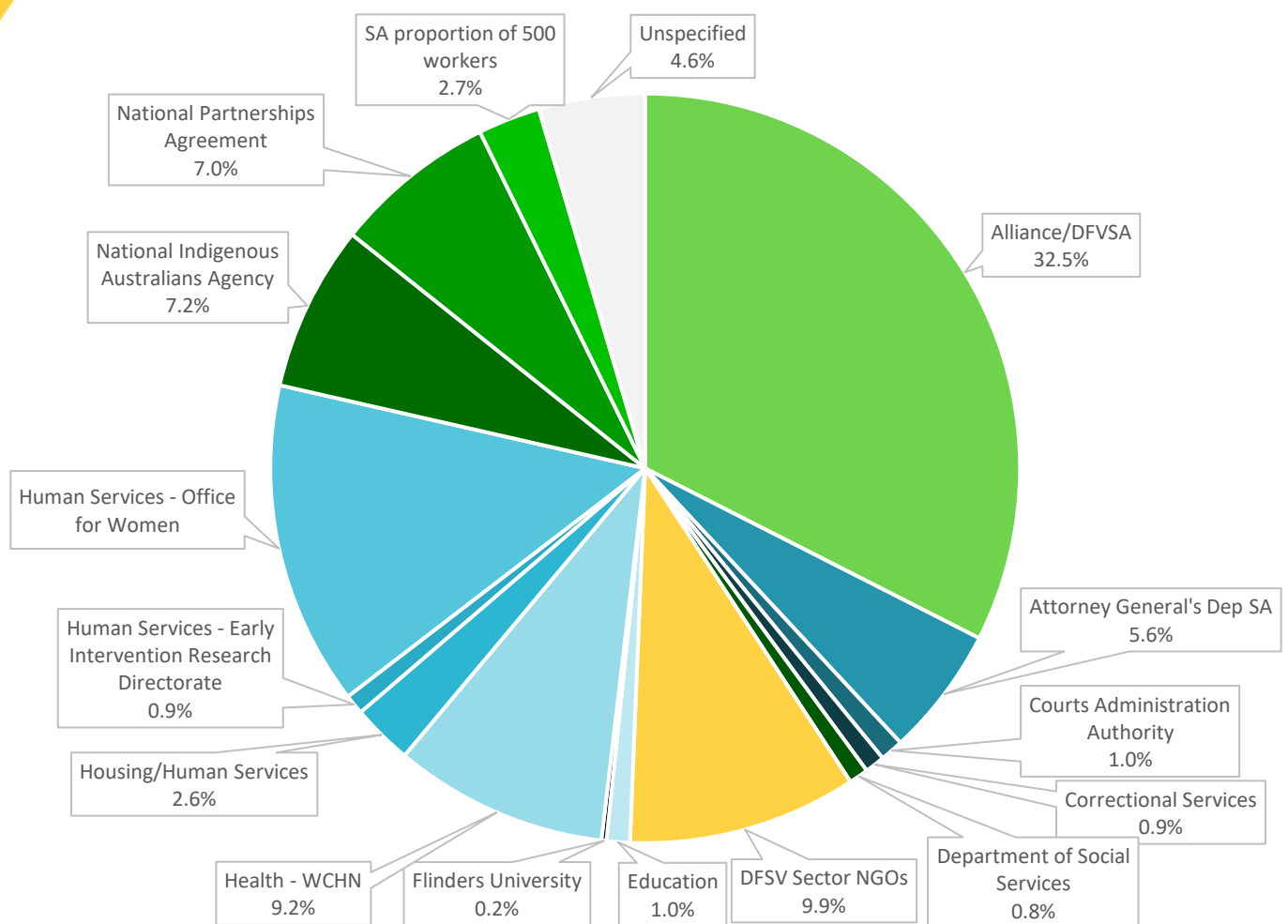


## Award Classification

Most staff in the organisations surveyed sit under the Social, Community, Home Care and Disability Services (SCHADS) Award. Staff are distributed across levels; however, the greatest proportion of staff are employed at SCHADS 4 and SCHADS 5 levels or equivalent. In sexual violence services, the greatest proportion of staff are employed as Allied Health Professionals at AHP 2 level.

## Funding

Over one third of funding for the survey respondents comes through the Domestic and Family Violence Safety Alliance accounting for 91 FTE, with a further 39 FTE funded by the Office for Women. SA Health funds 25.8 FTE to support sexual violence services, while other State Government agencies fund a further 33 FTE across a range of services. Of note is the 10% of funding used by organisations that responded to the survey, which comes from broader organisational resources, including donations and philanthropy. This supports 28 FTE across the sector, almost matching combined State Government contributions to survey respondents, except for SA Health and the Office for Women.



## Qualifications

As noted in the recruitment section of this report, attracting suitably qualified and experienced staff is a significant challenge across the sector. As a result, many organisations and positions do not have essential minimum qualifications. Half (50%) of the client facing FTE across a wide range of positions had no essential minimum qualifications, accounting for 65 FTE. This, in addition to the diversity of qualifications listed below, has significant implications in the context of the Social Workers Registration Scheme and the impact it will have on the DFSV workforce in South Australia.

For those that have set minimum qualifications, in client facing roles these are most commonly bachelor or equivalent level tertiary qualifications in:

- Human Services
- Community Development or International Relations
- Community Services
- Counselling
- Psychology

- Social Sciences
- Social Work

Specialised services have other minimum tertiary qualification requirements. For some roles in sexual violence services, these are predominantly health related, including medicine, midwifery, nursing, Aboriginal primary health care and allied health assistance. In legal services, these minimum required qualifications in Laws and Legal Practice in addition to the mandatory training and experience requirements for maintaining practicing certificates.

For non-client facing roles such as management and administration, some organisations require bachelor or equivalent qualifications in:

- |                                       |                  |
|---------------------------------------|------------------|
| • Business Administration             | • Human Services |
| • Communications                      | • Management     |
| • Financial and Accounting Management | • Marketing      |
|                                       | • Social Work    |

Staff working across the sector have a wide range of qualifications from certificate through the PhD level in:

- |   |                                       |
|---|---------------------------------------|
| • Aboriginal and Torres Strait Islander Primary Health Care | • Law                                 |
| • Arts (Women's Studies)                                    | • Mental Health                       |
| • Behavioural Science                                       | • Midwifery                           |
| • Child & Adolescent Welfare                                | • Nursing                             |
| • Client Assessment & Case Management                       | • Psychology                          |
| • Community Services  | • Psychotherapy                       |
| • Counselling   | • Risk Assessment & Safety Management |
| • Criminology   | • Social Work                         |
| • Government Investigations                                 | • Training & Assessment               |
|   | • Youth Work & Family Intervention    |

## Challenges & Opportunities Facing Survey Respondents

### Recruitment

In the specialist DFSV services sector, the ability to recruit specialised staff is of vital importance to ensure sustainable workloads. The time taken to fill positions has an impact both on staff caseloads and on the ability to meet service demands. The metropolitan organisations surveyed stated that it can take one to three months to fill vacancies. This timeframe is doubled for organisations delivering regional and remote services, with recruitment for regional vacancies taking more than six months and, for some specialisations, more than 12 months.



Regional organisations report undertaking multiple rounds of recruitment to fill a single position.

Organisations providing specialist DFSV services highlight several challenges with recruiting in the sector, including:

- Difficulty recruiting specialised staff with the skills, knowledge and experience in domestic and family violence as well as specialised areas such as sexual violence, child-focused services, people who use violence, legal services.
- Insufficient tertiary level education for responding to DFSV in relevant bachelor degrees and nursing.
- Competing with other DFSV organisations for a limited pool of experienced and specialised staff.
- Difficulty recruiting to short-term contract roles with candidates looking for continuity of employment.
- Reluctance to undertake full-time work, shift work or after hours on-call for 24/7 response services.
- Trauma work requires work-life balance, which is challenging to offer in under-resourced crisis response areas.
- Limited entry points for graduates and staff to upskill in specific areas, such as sexual violence, people using violence and specialised legal services.
- Qualification and/or HR requirements restricting applicants and creating barriers for prospective employees.

### **Recruitment in Regional and Remote South Australia**

Regional and remote services often face a perfect storm when it comes to recruitment. Organisations strive to recruit from local communities; however, the regions often lack qualified or experienced staff. Metropolitan staff with qualifications or experience either do not want to relocate or see regional work as a short-term option. When organisations are able to attract staff from metropolitan areas, this is undermined by a lack of available housing and increased costs of renting and buying.

The lack of access to qualified or experienced staff regionally and remotely also results in an inability to recruit to senior positions. This has a flow-on effect, impacting not only one-to-one client services, but also the ability to provide community education and early intervention programs.

These current challenges are likely to be compounded by the Social Worker Registration Scheme and its impact on the capacity of regional and remote organisations to deliver services.

To address recruitment challenges, organisations across the DFSV sector have adopted various strategies. These include:

- Establishing links within and outside of the sector, including:
  - Sector-wide groups such as the Domestic and Family Violence Safety Alliance.
  - Linking with Volunteering SA/NT to recruit volunteers.
  - Engaging external organisations and using local community avenues for promoting vacancies, such as recruitment agencies and community partnerships.
- Varied recruitment strategies, including:
  - Direct community engagement initiatives, such as recruitment drive days.
  - Rolling recruitment campaigns.
  - Reviewing role descriptions and essential minimum criteria.
  - Reducing complexity of selection process and using alternative selection processes like video recruiting.
- Developing alternative pathways to paid employment including:
  - Student pathways and relationships with tertiary institutions.
  - Skilled volunteer opportunities with structured training and development plans to support development into paid positions.
  - Lived experience paid opportunities.
- Development of targeted recruitment strategies and seeking specialist input and cultural expertise for recruiting Aboriginal staff or to Aboriginal specific roles.
- Dedicated efforts to become employers of choice, including offering flexible work arrangements and maintaining a family-first focus to support staff with caring roles.
- Incentivised positions, including:
  - Higher than average salaries and salary packaging.
  - Assistance with relocation costs and accommodation.
  - Location flexibility.

### **Relationships with Tertiary Institutions**

Across the sector, organisations currently have relationships with Flinders University, UniSA, TAFE, Torrens University, Adelaide University. Relationships with tertiary institutions form a valuable part of recruitment strategies through student placement programs and by using tertiary institutions to advertise employment opportunities and vacancies.

Of equal importance is the opportunities these relationships provide the sector to upskill graduates in understanding and responding to domestic, family and sexual violence through placement programs and the delivery of training by specialist organisations for Social Work and Medicine degree programs.

Organisations highlighted the opportunity for tertiary institutions to do more to support the sector. This includes:

- reviewing core modules of relevant degrees to include specific content on DFSV
- establishing core refresher modules for all sector staff and those working with victims of violence on DFSV and vicarious trauma
- providing more affordable graduate diploma programs in gendered violence and trauma-informed care

### **Retention**

Along with recruitment, retention is a key issue for the DFSV sector. There is wide variety across the sector in terms of length of service for current staff. However, for most organisations, the largest proportion of their workforce (30% to 50%) have been with the organisation for less than two years. The proportion of staff being with DFSV organisations for 10 years or more ranges from no staff to 50%.

Some organisations note they have few problems retaining staff, with their greatest challenges being recruitment. However, most highlight several challenges, with retention including:

- The impact of vicarious trauma.
- The complexity and intensity of DFSV work.
- Insufficient FTE resulting in unsustainable workloads and burn out.
- On call work affecting staff wellbeing and service continuity for small teams.
- Uncompetitive remuneration rates and/or inability to offer financial incentives.
- Funding based short-term contracts.
- Delayed extension of contracts resulting in uncertainty for staff.
- Limited opportunities for growth and career progression.

Regional and remote organisations face unique challenges, including:

- Staff viewing regional roles as short term before relocating to metropolitan Adelaide.
- Staff leveraging experience gained regionally and remotely for higher paid metropolitan positions.

- Lack of local services available to adequately support clients, as outlined immediately below.

### **Market Failure in Regional and Remote South Australia**

Regional and remote service providers highlight the lack of other local services available to provide comprehensive support to clients. This undermines the efforts of staff and service providers to provide positive outcomes. Regional organisations state this directly impacts staff wellbeing and longevity in client facing roles.

Organisations across the sector have adopted various strategies to support the retention of DFSV staff. These include:

- Day-to-day operational supports:
  - Formal and informal supervision and support structures
  - Reflective practice
  - Building strong team cultures through connection
- Career development:
  - Career pathways such as senior practitioner level positions
  - Other opportunities within the organisation
  - Dedicated development of DFV specialisation for staff
  - Supporting further training, qualifications, attendance at conferences
- Advocacy with contract managers and government for longer term contracts.
- Understanding retention issues through exit surveys.
- Supporting work-life balance through grace days, time out and workplace flexibility.

### **Supporting the DFSV workforce with vicarious trauma**

Staff working in the DFSV sector are likely to experience vicarious trauma in the course of their work. Organisations are dedicated to supporting workforce wellbeing through several strategies, including:

- Vicarious trauma training included in staff and student induction and regular training.
- Specialised trauma-informed EAP and access to other counselling options as required.
- Staff wellbeing days.

## **Trends Impacting the Domestic, Family and Sexual Violence Sector**

Surveyed organisations providing specialist DFSV services have noted several changes over the last five years that are having workforce impacts, some of which have been previously mentioned. These trends include:

- Significant increases in demand, which have resulted in:
  - Significant waiting lists for services.
  - Increasing numbers of clients being turned away, particularly those assessed as low and medium risk.

- The significant impact of the COVID-19 pandemic on domestic and family violence in general and compromising outreach services to Aboriginal communities in particular.
- Increased government and community awareness of risk and safety and of rights and options to seek support, resulting in increased risk screening requirements and higher service and sector demands.
- Staff requiring skill sets across a wider range of complex issues to effectively meet client needs, including DFV and homelessness complexities.
- No increases in funding and resources to meet increased demand and complexity or reductions in funding.
- Delayed funding extensions and short-term contracts resulting in job insecurity.
- Remuneration not keeping pace with skills and experience, coupled with increased cost-of-living.
- More attractive working conditions and remuneration in private sector, for example with NDIS funding.
- Decreased funding restricting focus to crisis response leaving less available for prevention, early intervention and recovery and healing services.
- Funding for men's behavioural change group programs at the expense of individualised and tailored interventions.

## Future Opportunities to Improve the Capacity of the Domestic, Family and Sexual Violence Sector

Organisations that responded to the survey highlighted opportunities for strengthening the sector and improving the capacity of staff and services to meet increasing demand and complexity. The following opportunities could inform dedicated state-based actions and planning for the specialist DFSV workforce.

In terms of recruitment and retention, organisations emphasised:

- Better remuneration of staff, including attraction and retention allowances for staff working in services specialising in domestic and family violence/sexual assault/trauma.
- Funding for more resources to meet demand. This would also support the adjustment of staff workloads to sustainable levels to improve workforce wellbeing and reduce burn-out.
- Review of duration of funding to support longer term contracts.
- Dedicated strategies for recruiting regionally and remotely and approaches to address the actual costs and challenges of operating regionally and remotely, including:
  - Funding to offer salaries that cover increased costs of relocating and living regionally/remotely
  - Subsidies for housing and/or dedicated housing pool
  - Reduction in tertiary education debts like HECS/HELP

- Dedicated prevention and early intervention funding to overcome current resourcing issues that restrict organisations to crisis response work.

Training and development were identified as key to improving workforce capability for all organisations surveyed. They noted the importance of:

- Standardised qualifications including certificates, diplomas in community services, social work or trauma-informed care for support roles.
- Qualification incentives, such as subsidised course fees and study leave.
- Investment in training, professional development, qualifications, practice frameworks and principles to support specialisation of workforce, including an accountability lens for working with people using violence.
- Dedicated DFSV training opportunities based in regional areas to reduce financial and time costs of travel, supplemented by travel allowances for metropolitan-based training as needed.
- Opportunities for in-sector and cross-sector staff networks and communities of practice forums to support capacity building and professional development in specialised areas of DFSV work.

Other opportunities identified for improving workforce capacity included defining the specialised DFSV workforce with a clear delineation between it and more generalised family support services. Organisations also emphasised the importance of increasing the capacity of mainstream and general services in delivering trauma-informed and violence-informed approaches to service delivery.