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House of Representatives Standing Committee on  
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**RE: Inquiry into family, domestic and sexual violence**

The Australian Psychological Society (APS) welcomes the opportunity to respond to the House Standing Committee on Social Policy and Legal Affairs' inquiry into family, domestic and sexual violence. We hope that as a result of this inquiry policy and programs are strengthened to prevent violence, and the safety of victims of family violence who are predominantly women and children, are ensured.

Family, domestic and sexual violence has a significant impact on the mental health and the wellbeing of victims. Violence of any sort against women and children is a major cause of reduced quality of life, of distress, injury and death, and has major secondary effects for families, communities, and the economy. The outcomes for both survivors and offenders are dire psychologically. Family, domestic, and sexual violence leads to a high prevalence of acute and chronic mental and physical health consequences, and being assaulted or witnessing assaults toward family members in childhood or adolescence increases the likelihood of mental health problems, substance abuse, and involvement in a relationship with an abusive partner as an adult.

A range of prevention, early intervention and tertiary level responses is needed to prevent and address family violence. Policy and service responses across sectors can impact upon, and potentially support, victims of family violence, including legal, housing, health, mental health and welfare responses. There is also a need for more research into interventions that help survivors recover and assist behaviour change in offenders.

**APS work on family, domestic and sexual violence**

The APS [response](#) to the Australian Law Reform Commission's Review of the Family Law System (2018), the APS [submission](#) to the Senate Inquiry into Domestic Violence and Gender Inequality (2016), and the APS [submission](#) to Royal Commission Into Family Violence (Victoria, 2015) remain relevant to the current inquiry. The APS has also published a number of [articles](#) and developed

[resources](#) that provide guidance for psychologists in responding to domestic, family, and sexual violence (including [guidelines](#) published in August 2020).

## **Recommendations**

The APS recommends:

- Increased investment in quality standards and governance mechanisms to ensure better integration and coordination of services
- That Australian governments collaborate and consult with Aboriginal and Torres Strait Islander family violence services, including Aboriginal Community Controlled Organisations, and local communities to address family violence in a culturally safe manner
- Address the limited services, evidenced-based interventions, and supports for women with disabilities who are experiencing domestic and family violence
- Development of workforce expertise and specialised training across all sectors, including for psychologists, to safely support women and children who are experiencing domestic, family, and sexual violence
- A nation-wide prevention response must address gender inequality, work to raise the status of women, and empower communities to take responsibility to prevent domestic, family, and sexual violence

## **Integration, coordination, and access to services**

A whole of government response is necessary for effective integration and coordination across the system, including federal and state agencies working together. Crisis response systems have improved in recent years, and resources need to be available to ensure swift access to services. For example, some Men's Behaviour Change programs have significant waiting lists, especially in rural areas. A more coordinated response system could alleviate difficulties caused by inconsistent treatment philosophies, resource constraints and timing.

Alerts between state and territory governments regarding child protection concerns associated with domestic and family violence are more effective than in the past, particularly when matters are before the court (e.g. seeking an Apprehended Violence Order). However, exchange of information between states and territories where children's wellbeing is concerned due to family and/or domestic violence can be less easily accessed, or is slower, particularly if sought from non-government organisations. This places children at increased risk of adverse experiences.

Child and adolescent mental health teams are known to decline services to young people when there are family court matters in process involving conflict between family members. APS members also report that there are integration issues between the National Disability Insurance scheme (NDIS) and other support services.

Improved mechanisms are required to support integration, coordination, and communication across all sectors that work with victims of family, domestic, and sexual violence. This requires investment in quality standards and governance mechanisms to ensure consistent application of legislative and policy changes, and prevention efforts.

### **The experiences of Aboriginal and Torres Strait Islander women and women with a disability**

While family violence affects women of all backgrounds, Aboriginal and Torres Strait Islander women are 32 times more likely to experience it, 3.4 times more likely to experience sexual assault, and approximately 11 times more likely to die due to assault. Action four, and actions six to nine in the *Fourth National Action Plan to Reduce Violence against Women and their Children (2019)* addresses ways the service system can better respond to the needs of Aboriginal and Torres Strait Islander peoples. The APS urges Government to work collaboratively with Aboriginal and Torres Strait Islander family violence services, peak bodies, Aboriginal Community Controlled Organisations, and local communities to address family violence in a culturally safe manner.

Less well known is the prevalence of violence against women with a disability; however a growing body of evidence suggests that women with a disability in the home and in institutional or residential care settings are more likely than other women to experience violence, and that the impact of this violence may be more severe.

Women with disabilities, such as autism spectrum disorder (ASD) or acquired brain injury (ABI) are particularly vulnerable to domestic and family violence. However, there are limited services and supports for women with disabilities that are specifically targeted at supporting them with domestic and family violence based on their learning and problem solving needs. There is also an absence of research and evidenced based interventions available for women with intellectual disability, ASD and ABI regarding the impact of domestic and family violence.

Given the specific learning and problem-solving needs for women with disability, a 10-session framework for psychological therapy is inadequate. Of the available evidence, Trauma Focused-Cognitive Behavioural Therapy is recommended between 12 – 16 sessions, and women with executive functioning difficulties require additional sessions to those without additional cognitive difficulties. For example, women may benefit from shorter and more frequent sessions to support their learning needs. The current system does not adequately meet this need.

Partnerships with groups and organisations that work with minority communities are the recommended strategy to effectively respond to their needs, and to

ensure the family violence system is improved to reflect the diversity of people's experiences.

### **The impact of lock-down orders on the prevalence of domestic violence and provision of support services.**

One consequence of the public health community lock-down orders is the impact on people living in family violence situations. This is a significant concern for those who work in the sector. It is likely to mean that victims are forced to spend an increased amount of time confined with perpetrators, when normal avenues for seeking and receiving assistance are reduced. Moreover, there is decreased access to protective factors, or experiences and opportunities that indirectly build resilience including school, sport, community-based activities and other group-based programs

During the COVID-19 pandemic, many children who have experienced post-traumatic stress disorder and have learning difficulties or complex needs have not attended school. For many of these children, online learning was not/is not a viable option for their learning needs and they experience further disadvantage and isolation. Adapting curriculum, support and connection has been difficult. For those where school non-attendance was already a concern, these difficulties have now been exacerbated. Inequitable access to internet or technological devices further isolate children from protective and supportive factors related to the negative impact of exposure to domestic and family violence.

### **Immediate and long-term measures to prevent violence against women and their children, and improve gender equality**

Funding is required to be directed to services where demand exceeds capacity – especially in the justice and community service systems. Investment is also needed in prevention and interventions that will ease the burden of increased demand on the rest of the system and reduce the inefficiencies created in the 'revolving door'; that is, women and children returning to the service system due to inadequate supports the first time round. Emergency help lines must also be adequately resourced so that callers whose lives may be in danger are attended to straight away.

Broader education and training across all sectors is essential, including family court professionals, maternal child and health nurses, psychologists, doctors and all other members of the legal profession. Integration and coordination of services across these systems is also essential for supporting the safety and options for women and children who are experiencing family violence. Developing workforce expertise around domestic violence means that training should be mandatory and ongoing for maternal and child health nurses, psychologists and other counsellors/allied health professionals, doctors, members of the legal profession, including magistrates and judges, and police.

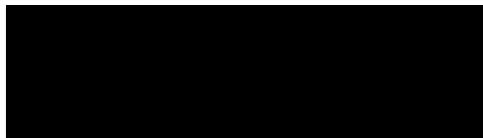
There is a clear need for fundamental social change to remove the cultural conditions that result in violence against women and their children, and perpetuate gender inequality. Central to any preventative response to domestic and family violence, and gender equality is community responsibility. Addressing violence is not a private matter but a community responsibility and requires community-level education and partnerships.

Addressing gender inequality and raising the status of women are essential. A systems-wide approach addressing the 'cultural facilitators' of violence against women and their children is needed to ensure that legal, medical and social responses serve to expand the options available to women and their children experiencing violence, and to limit the opportunities currently afforded to perpetrators to use violence with impunity.

In the long-term, there needs to be a focus on challenging the aspects of our culture that lead to violence against women and children. Genuine commitment to gender equality needs to be demonstrated across society – particularly in business and politics. This will require changes to childcare arrangements and cultural assumptions so that women and men share this role more equally. Multiple levels of intervention are needed not only to address the known antecedents of violence, but also to disrupt the social-cultural norms and hierarchies that provide the fertile ground for violence to persist.

The APS would be very happy to provide any further information to the Committee as required.

Yours sincerely,



**Zena Burgess**  
Chief Executive Officer

*The APS supports the submissions of organisations that focus on family, domestic, and sexual violence and have significant expertise in area, such as: **Australia's National Research Organisation for Women's Safety, WESNET, and Our Watch**. The guiding principle being that raising the status of women in this context means acknowledging and prioritising the expertise of women-specific services.*