

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

September 2024

**SHINE<sub>SA</sub>**

# Table of Contents

<b>About SHINE SA</b>	<b>3</b>
<b>Key recommendations</b>	<b>4</b>
<b>Background information</b>	<b>5</b>
<b>Submission response</b>	<b>6</b>
<b>Prevention</b>	<b>6</b>
<b>Early Intervention</b>	<b>14</b>
<b>Response:</b>	<b>16</b>
<b>Recovery and healing:</b>	<b>22</b>
<b>References</b>	<b>23</b>

# About SHINE SA

SHINE SA has been providing sexual and reproductive health services and programs to the communities of South Australia for 54 years and is deeply committed to improving the sexual health and relationship wellbeing of all South Australians. While SHINE SA is not generally considered a frontline service provider in the Domestic Family and Sexual Violence (DFSV) sector, we have been providing counselling, support, referral, information, education and advocacy in relation to DFSV for decades. We have also been working in primary prevention of gender-based and sexual violence for over twenty years.

SHINE SA has been delivering a nationally regarded best practice comprehensive relationships and sexual health education (CSE) program in schools since 2003, known as the Focus Schools Program. Alongside this program, SHINE SA also delivers a suite of health promotion and workforce development programs aimed at building the capacity of health and community services to include sexual health in their work with vulnerable and marginalised communities. The Focus Schools program, which is delivered in partnership with SA Health and the Department for Education, is based on the WHO and UNESCO International Technical Guidance on Sexuality Education<sup>1</sup> and is currently delivered in nearly 80% of all South Australian government schools with a secondary component (Years 7-10). SHINE SA also offer fee-for-service training, curriculum and support for primary school educators (Years 3-6) in any government, independent or religious school on request.

In recognition of our significant and long-term commitment to providing inclusive services and programs led by lived-experience, we have recently partnered with the Office for Women to establish South Australia's first specialist, peer-led lesbian, gay, bisexual, transgender, intersex, queer, asexual + (LGBTIQA+) DFSV counselling and support service, and LGBTIQA+ inclusive practice training for mainstream frontline services in South Australia.

SHINE SA's submission is structured around the four key areas outlined in the Issues Paper and has used these to frame our response.

SHINE SA would appreciate the opportunity to provide further advice in relation to the issues outlined in this submission. Please contact Holley Skene, CEO on [holley.skene@shinesa.org.au](mailto:holley.skene@shinesa.org.au)

# Key recommendations

**Scale up and strengthen evidence-based comprehensive relationships and sexual health education programs and ensure equitable access across private and independent schools.**

**Ensure evidence-based comprehensive relationships and sexual health education programs are available earlier (primary and early childhood) and later (including years 11 and 12).**

**Invest in innovative and evidence-based programs that support primary care services to respond to DFSV.**

**Invest in a holistic approach to LGBTIQ+ health and relationships.**

**Capture accurate and inclusive data to stop the cycle of LGBTIQ+ invisibility in DFSV work.**

**Integrate LGBTIQ+ inclusive and culturally safe practices and specialist services.**

# Background information

The following submission is informed by our experience as a long-standing sexual and reproductive health service provider alongside research and evidence that informs our services and programs. Our submission includes information on our primary prevention work in schools-based education as well as examining the broader systemic gaps in LGBTIQ+ DFSV understandings alongside examples of our clinical service provision.

We would like to acknowledge the significant work of LGBTIQ+ organisations in Victoria and New South Wales, as we continue to engage with colleagues at ACON and Rainbow Health Australia to share learnings and draw on their extensive evidence-based work.

The Pride in Prevention guide by Rainbow Health Australia for the LGBTIQ Family Violence Prevention Project provides a detailed overview of the specific drivers of DFSV for LGBTIQ+ people and recommends integration of family violence experienced by LGBTIQ+ communities in primary prevention responses.

SHINE SA draws on this framework alongside the work of Our Watch as key references in our work, including in our school-based programs.

# Submission response

SHINE SA welcomes the opportunity to provide a submission to the South Australian Royal Commission into Domestic, Family and Sexual Violence.

The following submission responds to the four key areas outlined in the Issues Paper, providing further detail and supporting evidence.

**Prevention: How South Australia can facilitate widespread change in the underlying drivers of family, domestic and sexual violence.**

## Recommendation 1:

**Scale up what works – evidence-based comprehensive and inclusive relationship and sexual health education programs are critical in prevention–** however, the impact of SHINE SA’s Focus Schools program at a population level is limited by funding requirements that hamper scale and reach.

## Background/Research

Evidence shows that comprehensive, evidence-based relationships and sexual health education (CSE) school-based programs positively impact attitudes and behaviours related to gendered violence, sexual violence and gender equality<sup>23</sup>. An international systematic review of evidence in 2021<sup>4</sup>, covering the past 30 years, confirmed the effectiveness of CSE in preventing intimate partner violence and promoting healthy relationships.

CSE equips young people with the knowledge to understand their bodies, promote emotional and sexual wellbeing as they grow, and foster respectful, healthy relationships. It has also been shown to effectively reduce the risk of negative sexual experiences and sexual violence.

SHINE SA provides curriculum and training for educators and schools staff from years 3 – year 10, with specific lessons on healthy relationship development, gender inequality, intimate partner violence, harassment and assault.

Our curriculum explicitly describes the connections between gender inequality, other forms of inequality and gendered violence, the drivers of this violence and supporting actions young people can employ to challenge the social foundations that lead to enacting, excusing or condoning violence, including violence against women and LGBTIQ+ people.

In South Australia, SHINE SA primarily delivers CSE through the Focus Schools program which operates in partnership with SA Health and the South Australian Department for Education.

**Recognised nationally as a best practice model, the Focus School program is compliant with the WHO and UNESCO International Technical Guidance (ITG) on Sexuality Education<sup>5</sup>, meaning that it is:**

**Based on a whole of school approach**  
(delivered in formal and non-formal settings,  
inclusive of parents and carers)

**Incremental**

**Scientifically accurate (based on  
evidence and medically reviewed)**

**Age and developmentally appropriate**

**Curriculum based**  
(and mapped to the Australian Curriculum and the South Australian  
Department for Education's Child Protection Curriculum)

**Comprehensive**  
(covers all topics defined in the International Technical Guidance)

**Based on a human rights approach**

**Based on gender equality**

**Culturally relevant and context appropriate**

**Transformative**

**Develops life skills needed to support healthy choices**

In practical terms, our Focus Schools program is delivered under the following key design elements:

- Years 7 to 10 training programs are funded by SA Health, Communicable Disease Control Branch as part of SA's response to the National STI and BBV Strategies.
- The program is delivered under a Memorandum of Understanding (MoU) with the Department for Education.
- Focus School Agreements are established between SHINE SA and each participating school governing council.
- Curriculum is developed and reviewed by SHINE SA's registered teachers and reviewed by clinicians.
- Curriculum is comprehensively updated every two years and is mapped to the Australian Curriculum Assessment and Reporting Authority Health and Physical Education Curriculum and the Keeping Safe: Child Protection Curriculum, this supports teachers and educators to practically implement the program within their already significant curriculum requirements.
- A supported, train-the-trainer approach i.e. registered teachers training other registered teachers to deliver curriculum.
- Each Focus School is allocated a SHINE SA Schools Coordinator, with strong expertise in the curriculum and training content, who is a point of contact throughout the year. The SHINE SA Schools Coordinator can be contacted any time the school experiences challenges with the program, has a question, would like to seek out more information or there is a localised issue they wish to explore. This SHINE SA Schools Coordinator also provides the site with an annual update and student feedback specific to their school.
- The curriculum is only provided to those who have completed the training which limits misinformation and supports the confidence of educators to deliver the training.
- Student surveys, teacher feedback and parent/carer feedback inform program updates.
- The program connects with sexual health and wellbeing services and health promotion campaigns.

In addition to the Focus Schools Program SHINE SA supports the delivery of primary education to scaffold and build on important concepts introduced in secondary education. However, this work is currently unfunded by SA Health.

SHINE SA also provide workforce education and training for schools and teachers that work with students with a disability as well as tailored learning/ FLO students.



Independent and faith-based schools, and other education settings with school-aged children and young people, can access the training courses and teaching resources provided by SHINE SA. However, post course support to participants, student talks, and parent/carer/school governing council workshops, annual student feedback reports, and other Focus School program elements are available on a fee for service basis only limiting the scale and reach of this program.

The Focus Schools Student Feedback Survey runs annually, and every student in a participating school is invited to use this opportunity to provide feedback on their experience of the delivery of the curriculum content over the year. This feedback is collated and provided to each participating site as part of their annual update, which provides the school with critical insight and student perspectives on what was done well and where there is room for improvement.

In 2022, SHINE SA received a total of 5,289 responses from students with 92% of students indicating that the curriculum being taught is useful to them now and in the future, with one student sharing that “I will now know if there is something wrong with a relationship. I know where to go for help and sexually I know what is safe and what isn’t.”

## Our experience

Although our Focus Schools program continues to provide impactful schools-based education to almost 80% of our state’s secondary schools, there is significant opportunity to improve on the impact of our work to increase the scale and reach.

To further scale this program, a fully-funded model is required for primary and secondary years, with further investment in targeted programs for students with a disability, Aboriginal students and culturally and linguistically diverse students.

*“We have ongoing relationships with schools, teachers and their support staff and this means that we can provide impactful relationships and sexual health education that people care about.*

*Educators can feel confident to talk about topics of consent, relationships, gender and power and they can provide ongoing support to their students because they’ve built up trust with our team.*

*Teachers and students tell us that our curriculum, training and resources support them to better understand what a healthy relationship looks like as well as what drives gendered violence.*

*Further investment in our work, particularly in the primary years, for students with a disability, Aboriginal students and CALD students would make a significant difference in primary prevention of gendered violence.”*

– SHINE SA Schools Coordinator

**“I personally feel that learning about relationships is a very important subject which occurs in so many ways such as friends, marriage, parents, all the different relationships have an effect on us as a person, they are meant to be safe and healthy and not toxic.**

**Learning about what is right and wrong in a relationship is important so we can maintain them this is why I feel this was one was of the most important lessons”**

**- Plympton International School year 8 student**  
(feedback on SHINE SA’s Relationships and Sexual Health Education Curriculum delivered in their school)

**“[I learnt] how to know if you are in a safe relationship with friends, family or your partner.**

**This [is] helpful so you know what to look out for.”**

**- Banksia Park International year 10 student**  
(feedback on SHINE SA’s Relationships and Sexual Health Education Curriculum delivered in their school)

### **Recommendation 2:**

**Invest in starting younger – the current Focus Schools program is funded as a secondary school program (commencing in year 7).**

## **Background/Research**

We know that education about gender (roles, stereotypes, power, identity), healthy relationships, online safety, porn literacy, and body changes need to start much younger – before young people are exposed to these issues in their own lives, as well as potentially harmful and risky information from peers and online. Introducing topics such as gender equality early (in a developmentally appropriate way) can challenge stereotypical and harmful biases before they become reinforced by their environment<sup>6</sup>. There is also a need for early childhood education programs and parenting support to begin age and developmentally appropriate learning opportunities in the early years.

There is significant evidence to show that CSE is most effective when started early, prior to sexual activity, and built upon in successive lessons, that is, scaffolded<sup>7</sup>. Evidence shows young children can benefit from sexual abuse prevention education, gaining self-protective skills with evidence showing that these topics can be developmentally appropriate and lead to positive outcomes<sup>8</sup>.

## Our experience

SHINE SA currently support educators and schools to deliver a comprehensive, developmentally appropriate year 3, 4, 5 and 6 school-based program. This program is not fully funded and is therefore provided on a cost-recovery basis, meaning that the full Focus School model cannot be implemented (only the training, curriculum and resources component).

Further investment in primary years and earlier is needed to see further success in this primary prevention initiative.

*“We frequently hear from teachers that their students will get to year 7 and haven’t received any form of relationships education, so they come into the relationships and sexual health education lessons starting from scratch.”*

– SHINE SA Schools Coordinator

**“As a newly graduated teacher in 2nd term of teaching, I feel so much better equipped to deliver and understand relationships and sexual health education”**

– Teacher participant in SHINE SA’s Relationships & Sexual Health Education – Primary course (2024)

### Recommendation 3:

**Fill the gap in CSE for years 11 and 12** – currently, comprehensive curriculum-based learning for young people finishes (for most) at year 10 level. There are limited options provided for years 11 and 12, but this is a critical time to further and embed and reinforce the learnings and lessons from earlier years.

## Background/Research

Curriculum-based learning programs beyond year 10 is not feasible in secondary schools and alternative program models are required. There is limited research available which looks at this specific gap in detail, therefore this recommendation is primarily based on the experience, expertise and observation of SHINE SA personnel.

## Our experience

*“Some service providers will fill in the gaps of this work with talks etc, but they rarely speak to comprehensive needs e.g. up-to-date clinical information, LGBTIQ+ issues, respectful relationships, recognising the signs of coercive control etc, or they’ll rely on scare tactics/be overly legalistic when we know young people don’t respond well to that. There might be a place for these types of talks but there is no consistency”*

– SHINE SA Schools Coordinator

**“[I found the training on technology and relationships and porn useful, this is] new and fast changing and something I think a lot of teachers struggle with teaching as they know students often know so much more.”**

– Teacher participant in SHINE SA’s Relationships & Sexual Health Education – Secondary course (2024)

### Recommendation 4:

**Ensure equity of access to CSE**

## Background/Research

Children and young people experience a ‘school lottery’ when it comes to CSE. Alternative programs such as Made in the Image of God are provided in some Catholic and Independent schools, while there are many other private for-profit and non-government providers now offering a range of “Respectful Relationships”, “Consent”, “Period” or other topic focused education programs in schools. There is currently no state policy prescribing or mandating relationships and sexual health education in schools, and this has led to a lack of coordination and a patchwork of programs in place across the state.

In August 2024, the SA Department for Education released an Expression of Interest for an ‘Approved Providers List’ for organisations/providers delivering CSE in government schools in the state. This process will be finalised by 31 October 2024 and it is hoped this new process will provide improved coordination and quality control for providers of CSE programs across the state.

**Recommendation 5:**

**Invest in public campaigns and media accountability** – work to counter the broader impact of public discourse regarding gendered violence, and vilification of LGBTIQ+ people (and particularly trans and gender diverse people) through media, messaging, political strategy and the perpetration of violence/ideologies that feed into what becomes violence (gender, race, bodies) is needed.

**Background/Research**

As highlighted in the Pride in Prevention guide by Rainbow Health Victoria<sup>9</sup>, the lack of recognition for LGBTIQ+ bodies, identities, and relationships contribute to their devaluation and perpetuates stigma and discrimination. Negative media portrayals and commentaries can reinforce harmful stereotypes, further marginalising LGBTIQ+ people (and in particular trans and gender diverse people) and legitimising violence against them. This failure in recognition also leads to the invisibility of LGBTIQ families and intimate relationships, fostering an environment where family violence within LGBTIQ+ communities often goes unnoticed and unaddressed in policy and service responses<sup>10</sup>.

The Pride in Prevention evidence guide recommends that “messaging guidance should be developed to support media and marketing campaigns that focus on responsible and positive representation of LGBTIQ people, myth-busting to assist in recognition of violence, and messages on how to be a good ally”<sup>11</sup>. SHINE SA supports the Pride in Prevention work and support local adaptation of the communications guide produced as part of this work<sup>12</sup>.

**Our experience**

Backlash against SHINE SA's work in schools, as well as our work in delivering sexual and reproductive health services (including adult gender affirming care) has been increasing in recent years. It has also been experienced since the inception of the Focus Schools program in 2003, when a year-long campaign of coordinated backlash led to significant media coverage, harassment and even threats of violence and murder towards SHINE SA staff. Navigating an increasingly hostile and divisive media landscape, alongside continued attempts to politicise the program (including the creation and promulgation of misinformation and disinformation) is increasingly challenging. These public campaigns based on moral panic undermine the aims and messages delivered in CSE programs, spread fear and incite hatred and violence. Positive messaging to the broader community, reinforcing the messages and learnings of CSE to all in our communities is needed to combat the rising tide of backlash on the matters locally, nationally and internationally.

## Early Intervention: How South Australia can improve effective early intervention through identification and support of individuals who are at high risk of experiencing or perpetrating domestic, family and sexual violence.

### Recommendation 5:

**Invest in innovative and evidence-based programs to identify and respond to clients experiencing DFSV in clinical services** - Sexual and reproductive health services (and primary care services generally) are known as critical capture points for the identification of vulnerable individuals at risk of DFSV. Programs such as the ADViSE<sup>13</sup> (Assessing for Domestic Violence and Abuse in Sexual Health Environments) program in the UK or the Safe to Tell project<sup>14</sup> supports sexual health clinicians to identify and respond to clients affected by DFSV and provides them with a simple referral pathway to specialist services.

### Background/Research

A research report published by ANROWS<sup>15</sup> examining experiences of victims and survivors and people who use domestic and/or sexual violence across Australia has made several appropriate policy recommendations for service provision including strengthening the professional and cultural competency of general practice, mental health, and counselling services to provide comprehensive emotional and practical support for victims and survivors of violence.

The report has also recommended building the capacity of general practice, mental health, and counselling services to actively engage individuals who use domestic or sexual violence promoting help-seeking behaviours and challenging violence-supportive attitudes.

ANROW's research report also recommended further funding for trauma- and violence- informed care through the Medicare Benefits Scheme for general practice and private mental health services.

Barriers for clinicians to identify and provide referral and support for people experiencing domestic and sexual violence also exist for those experiencing reproductive coercion and abuse<sup>16</sup>.

## Our experience

As a sexual and reproductive health service that provides clinical and sexual health counselling services, we support clients from populations with the highest needs and vulnerabilities to poorer health outcomes.

The nature of sexual and reproductive care means that we often see clients who are at risk of or experiencing DFSV.

Our clinical staff tell us that many of the clients we see in our clinics have at some point been victim/survivors of sexual violence or coercion. Our clinical services would benefit from broader investment in innovative and evidence-based programs (such as the ADViSE program or Safe to Tell project) which support clinicians to identify and respond to clients. Sexual health service providers as well as primary care providers would benefit from a strategic, cohesive and innovative approach to clinician education on early intervention and referral pathways.

At SHINE SA, we regularly support and identify young people and others who have experienced or could be experiencing DFSV. However, we know that this work can be lengthy and complex. While this is essential, it often goes beyond the clinical services we are funded to provide and can sometimes impact our ability to see more clients.

### Client experience

#### **Rebecca\* attended a SHINE SA clinic for syphilis treatment.**

She felt comfortable and safe with her sexual health doctor and reported that her sexual partner was violent towards her and was intermittently incarcerated. Rebecca was worried about her future. SHINE SA clinicians provided the best care available to them, but that meant the consultation took over 1.5 hours, largely unfunded by Medicare. Rebecca deserves responsive and accessible domestic violence care.

\*Client name has been changed

### **Recommendation 7:**

**Integrate inclusion across the spectrum** – Ensure programs focused on supporting people who use violence are accessible for people of all genders, sexual orientations, cultural backgrounds and abilities.

## **Background/Research**

Responses to DFSV and perpetrator programs need to be accessible, inclusive and tailored. Research has shown that programs for perpetrators should be codesigned with their impacted communities<sup>17</sup>, including LGBTIQ+ people, Aboriginal and Torres Strait Islander people<sup>18</sup>, culturally and linguistically diverse people<sup>19</sup> and people with disabilities. Such programs also need to build relationships and connections with these communities and build partnerships with services providing support to these communities<sup>20</sup>.

**Response: How South Australia can ensure best practice response to domestic, family and sexual violence through the provision of services and supports.**

### **Recommendation 8:**

**Capture accurate and inclusive data to stop the cycle of invisibility for communities experiencing DFSV.**

## **Background/Research**

The provision of high-quality services to LGBTIQ+ people requires better data on LGBTIQ+ experiences of DFSV. LGBTIQ+ communities are regularly overlooked in data collection due to non-inclusive methods, or are left out due to the scope of services (e.g. where services are funded to provide services only to women)<sup>21</sup>. This necessitates more inclusive, co-designed data collection processes for state and federal government activities, including the national Census, and service activities, including outcomes monitoring and complaints procedures.

As outlined by the Australian Medical Association (AMA), “the lack of nationally representative data on LGBTQIASB+ populations makes it difficult for governments to plan and design appropriate health services for these communities”. The Australian Bureau of Statistics’ Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variable outlines standard questions and answers for these four variables.



The AMA argues that “full implementation of this standard across federal and state data collection activities, as well as investment in rigorous academic and clinical research, should enhance understanding of the LGBTQIASB+ population in Australia”<sup>22</sup>.

## Our experience

*“Often when I’m providing education on relationships, people will ask me about specific data for LGBTIQ+ people to inform their practice, and I’ll have to say, look this data is all I have.”*

– SHINE SA Community Educator

### Recommendation 9:

**Invest in targeted and local research to address gaps in our knowledge about LGBTIQ+ DFSV, particularly for transgender and intersex people, people with complex needs and people with intersectional experiences**<sup>23</sup>. Research agendas should prioritise identifying what works (for all populations) and provide tangible recommendations for scaling up these interventions.

## Background/Research

There are significant gaps in targeted and local research, particularly research that looks at complex needs and intersectional experiences of LGBTIQ+ DFSV<sup>24</sup>. While some research has been done in this space there is increasing need for research that provides evidence-based recommendations for interventions including prevention, early intervention and response<sup>25</sup>.

Research recently conducted by ANROWS highlights the need for further research to look at gaps in LGBTIQ+/intersectional experiences. The ANROWS report found that trans women of colour living in Australia are more likely than other women to report having been assaulted by a stranger. The report found that “trans women of colour are subject to pervasive violence both outside and inside the home, from verbal violence—such as catcalling—to assaults. As a result, there are very few places where trans women of colour are safe from abuse”.

ANROWS research “demonstrates that the absence of culturally competent information and knowledge about transgender experience, accompanied by misinformation, can lead to stigma, prejudice and discrimination, results in unmet health and justice needs for trans women”<sup>26</sup>.

As highlighted by La Trobe University, there is also a strong need to further explore experiences of intersex people as well as experiences of and responses to LGBTIQ+ sexual violence and abuse perpetrated by families of origin, as the multifaceted and complex nature of these issues requires dedicated attention<sup>27</sup>.

### **Recommendation 10:**

**Invest in the frontline workforce to better support LGBTIQ+ clients and those with intersectional experiences** – Development of specialist LGBTIQ+ and an intersectional lived experience workforce across the frontline DFSV and crisis service system is needed. This must take place alongside investment in ongoing workforce development and supports for improved cultural safety and accessibility of all mainstream services (e.g. Rainbow Tick Accreditation), including lived experience LGBTIQ+ Inclusive Practice leadership roles and FTE embedded in mainstream organisations.

## **Background/Research**

There is a well-recognised need for increased investment in resources to support LGBTIQ+ community-controlled organisations and the specialist LGBTIQ+ workforce to enhance their DFSV services to promote the creation of tailored, purpose-built interventions and innovative approaches to addressing DFSV<sup>28,29</sup>. This work sits alongside and can be shared across both mainstream and LGBTIQ+ services. There is also significant recognition for the need to invest in improved LGBTIQ+ safety and accessibility in mainstream services including through workforce development<sup>30,31</sup>.

## **Our experience**

*“There is a considerable lack of knowledge within the mainstream sector on drivers of violence/DFSV towards women and children and the connection between these drivers and the drivers of violence against LGBTIQASB+ people alongside societal violence related to having a queer identity”.*

– SHINE SA Community Educator LGBTIQ+ Family, Domestic, & Sexual Violence Sector

*“Rainbow Tick Accreditation has improved our support for LGBTIQ+ people in our clinical and counselling services, we’re not left guessing about how we can be inclusive. It ensures that we prioritise LGBTIQ+ people from every level”.*

– SHINE SA staff member

### **Recommendation 11:**

**Urgently address emergency accommodation and crisis response gaps for LGBTIQ+ people** – LGBTIQ+ specific emergency accommodation services are a critical gap to address in the current service system.

## **Background/Research**

Research has highlighted critical gaps in support for LGBTIQ+ people within the specialist DFSV sectors including emergency accommodation and crisis response<sup>32,33</sup>.

As stated by Embolden, there are currently few, if any, dedicated support services for LGBTIQ+ people<sup>34</sup>, recognising that existing specialist women's services lack the resources to provide this level of support.

There is a critical need for the development and provision of specialised LGBTIQ+ housing support options that are safe and appropriate for LGBTIQ+ victim-survivors, supported by adequate funding and delivered in collaboration with the specialist DFSV sector.

## **Our experience**

*“There is inconsistency across organisations providing core and cluster accommodation services to agree on (in their words) “what makes a trans woman a woman” and be eligible for a service. Mainstream services have been unable to articulate how they would respond to trans women and are unable to distinguish between expression vs identity beyond a minimal understanding.*

*All too often sector workers make considerations on a client's behalf and place them outside communal models, where support for recovery is much more limited.”*

– Community Educator LGBTIQ+ Family, Domestic, & Sexual Violence Sector

*“DFSV services have very little idea of the entry points for gender non-conforming clients (e.g. non-binary clients) in respect to accommodation core and cluster. No organisation has a policy and workers do not seem to feel they have clear direction regarding this cohort”.*

– Community Educator LGBTIQ+ Family, Domestic, & Sexual Violence Sector

### **Recommendation 12:**

**Address key barriers to reporting DFSV to SA Police** - Historical and current experiences of LGBTIQ+ people in relation to police and the justice system has led to significant loss of trust in police and understandable fear of engagement. Alternative pathways to access justice need to be explored and considered while also ensuring SAPOL develop and are held accountable for addressing this challenge in a meaningful way.

### **Background/Research**

Many LGBTIQ+ may be reluctant to reach out to police for support due to the expectation that they will experience discrimination or prejudice<sup>35</sup>.

In research undertaken by ACON, 64% of LGBTQ+ people who had experienced sexual violence reported that they agreed or strongly agreed that police are not supportive<sup>36</sup>. ACON's report amongst the growing literature in this area highlights an urgent need for support services and police to commit to engaging in LGBTIQ+ community-led specialist training that fosters inclusive and affirming responses for people from LGBTIQ+ communities seeking help after sexual violence and domestic and family violence more broadly.

### **Recommendation 13:**

**Increase accessibility of sexual assault services and easy to navigate support pathways for young people under 16 years of age** – Funding for a holistic wraparound service for young people under 16 years of age with case management services that provide continuity of care from reporting, systems navigation, support for justice interventions, and trauma informed care for recovery and healing.

### **Background/Research**

As discussed earlier in this submission, there are significant gaps in the ability for South Australian clinicians (both in sexual health services and general practice) to provide adequate intervention and response for young people experiencing DFSV (and in particular, sexual violence).

Our clinical experience is that a holistic and adequately resourced service and support for young people experiencing DFSV is needed in South Australia.

This experience is echoed by Embolden’s submission, noting that 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”.<sup>37</sup>

### Client experience

#### **Katie attended SHINE SA’s walk-in and wait clinic for STI testing.**

Katie told our sexual health nurse she was 15 years old and was raped by someone at her friend’s house. Our sexual health nurse contacted Women’s and Children’s child protection duty social worker as the client was too young to attend Yarrow Place. A ‘CARL’ notification and police report were made. The CARL notification took an extremely long time because of long phone wait times. Because of Katie’s age, the police were required to arrange forensics. When SHINE SA contacted Katie to do a welfare check, Katie reported that she had met with SAPOL to make police report but was not supported to attend forensics.

\*Client name has been changed

## **Recovery and healing: How South Australia can embed an approach that supports recovery and healing through reducing the risk of re-traumatisation and supporting victim-survivors to be safe and healthy.**

### **Recommendation 14:**

**Integrate LGBTIQ+ inclusive and culturally safe practices and specialist services** - As with the response system, recovery and healing services and programs should be inclusive of and accessible to LGBTIQ+ victim-survivors via mainstream services and via specialist (LGBTIQ+ community led) programs and organisations.

### **Background/Research**

Examples of mainstream support services collaborating with community-led programs show that such work is possible but requires adequate, sustained funding and support. For example, Relationships Australia NSW and ACON collaborated in the Surviving Abuse (LGBTQ victims/ survivors) 8-week program, removing content that was potentially misgendering and heteronormative, while incorporating community-appropriate exercises, resources and language to positive results<sup>38</sup>.

To be effective in supporting communities impacted by DFSV, recovery and healing programs must understand the needs of LGBTIQ+ people (and other communities at-risk) and tailor and evaluate their evidence-based work to this cohort.

## References

1. UNESCO (2018) International technical guidance on sexuality education: An evidence-informed approach. Available at: [www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf) Goldfarb, E. S., & Lieberman, L. D. (2021).
2. Goldfarb, E. S., & Lieberman, L. D. (2021). Three decades of research: The case for comprehensive sex education. *Journal of Adolescent Health*, 68(1), 13–27. <https://doi.org/10.1016/j.jadohealth.2020.07.036>
3. Marson, K. (2019) "Ignorance Is Not Innocence: Safeguarding Sexual Wellbeing through Relationships and Sex Education." <https://www.churchilltrust.com.au/project/the-peter-mitchell-churchill-fellowship-to-research-new-practical-and-effective-methods-to-prevent-sexual-violence-through-youth-education-germany-netherlands-uk-ireland-canada-usa/>
4. Goldfarb, E. S., & Lieberman, L. D. (2021). Three decades of research: The case for comprehensive sex education. *Journal of Adolescent Health*, 68(1), 13–27. <https://doi.org/10.1016/j.jadohealth.2020.07.036>
5. UNESCO (2018) International technical guidance on sexuality education: An evidence-informed approach. Available at: [www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf)
6. Goldfarb, E. S., & Lieberman, L. D. (2021). Three decades of research: The case for comprehensive sex education. *Journal of Adolescent Health*, 68(1), 13–27. <https://doi.org/10.1016/j.jadohealth.2020.07.036>
7. Ibid
8. Ibid
9. Pride in Prevention: A guide to primary prevention of family violence experienced by LGBTIQ communities. (2020). In [https://www.latrobe.edu.au/\\_\\_data/assets/pdf\\_file/0003/1141833/Pride-in-Prevention-Evidence-Guide.pdf](https://www.latrobe.edu.au/__data/assets/pdf_file/0003/1141833/Pride-in-Prevention-Evidence-Guide.pdf). Rainbow Health Victoria. Retrieved September 1, 2024, from [https://www.latrobe.edu.au/\\_\\_data/assets/pdf\\_file/0003/1141833/Pride-in-Prevention-Evidence-Guide.pdf](https://www.latrobe.edu.au/__data/assets/pdf_file/0003/1141833/Pride-in-Prevention-Evidence-Guide.pdf)
10. Ibid
11. Ibid
12. Ibid
13. [About the ADViSE Programme - IRISi](#)
14. [Safe to Tell: Implementation of a screening tool for detecting intimate partner violence and reproductive coercion in healthcare settings - SiREN](#)
15. Hegarty, K., McKenzie, M., McLindon, E., Addison, M., Valpied, J., Hameed, M., Kyei-Onanjiri, M., Baloch, S., Diemer, K., & Tarzia, L. (2022). "I just felt like I was running around in a circle": Listening to the voices of victims and perpetrators to transform responses to intimate partner violence (Research report, 22/2022). ANROWS.
16. Wellington, M., Hegarty, K., & Tarzia, L. (2021). Barriers to responding to reproductive coercion and abuse among women presenting to Australian primary care. *BMC Health Services Research*, 21(1). <https://doi.org/10.1186/s12913-021-06420-5>

17. ANROWS. (2021). Interventions for perpetrators of domestic, family and sexual violence in Australia (ANROWS Insights, 02/2021). ANROWS
18. Carlson, B., Day, M., & Farrelly, T. (2024). What works? A qualitative exploration of Aboriginal and Torres Strait Islander healing programs that respond to family violence (Research report, 02/2024). ANROWS.
19. Koleth, M., Serova, N., & Trojanowska, B. K. (2020). Prevention and safer pathways to services for migrant and refugee communities: Ten research insights from the Culturally and Linguistically Diverse Projects with Action Research (CALD PAR) initiative (ANROWS Insights, 01/2020). Sydney, NSW: ANROWS.
20. ANROWS. (2021). Interventions for perpetrators of domestic, family and sexual violence in Australia (ANROWS Insights, 02/2021). ANROWS
21. Pride in Prevention: A guide to primary prevention of family violence experienced by LGBTIQ communities. (2020). In [https://www.latrobe.edu.au/\\_\\_data/assets/pdf\\_file/0003/1141833/Pride-in-Prevention-Evidence-Guide.pdf](https://www.latrobe.edu.au/__data/assets/pdf_file/0003/1141833/Pride-in-Prevention-Evidence-Guide.pdf). Rainbow Health Victoria. Retrieved September 1, 2024, from [https://www.latrobe.edu.au/\\_\\_data/assets/pdf\\_file/0003/1141833/Pride-in-Prevention-Evidence-Guide.pdf](https://www.latrobe.edu.au/__data/assets/pdf_file/0003/1141833/Pride-in-Prevention-Evidence-Guide.pdf)
22. Australian Medical Association. (2023). Position Statement: LGBTQIASB+ Health. <https://www.ama.com.au/sites/default/files/2024-02/LGBTQIASB%2B%20Position%20Statement%20-%202023.pdf>
23. Pride in Prevention: A guide to primary prevention of family violence experienced by LGBTIQ communities. (2020). In [https://www.latrobe.edu.au/\\_\\_data/assets/pdf\\_file/0003/1141833/Pride-in-Prevention-Evidence-Guide.pdf](https://www.latrobe.edu.au/__data/assets/pdf_file/0003/1141833/Pride-in-Prevention-Evidence-Guide.pdf). Rainbow Health Victoria. Retrieved September 1, 2024, from [https://www.latrobe.edu.au/\\_\\_data/assets/pdf\\_file/0003/1141833/Pride-in-Prevention-Evidence-Guide.pdf](https://www.latrobe.edu.au/__data/assets/pdf_file/0003/1141833/Pride-in-Prevention-Evidence-Guide.pdf)
24. Lusby, S., Lim, G., Carman, M., Fraser, S., Parsons, M., Fairchild, J., & Bourne, A. (2022). Opening doors: Ensuring LGBTIQ-inclusive family, domestic and sexual violence services. Australian Research Centre in Sex, Health and Society, La Trobe University
25. Ibid
26. Ussher, J. M., Hawkey, A., Perz, J., Liamputtong, P., Marjadi, B., Schmied, V., Dune, T., Sekar, J. A., Ryan, S., Charter, R., Thepsourinthone, J., Noack-Lundberg, K., & Brook, E. (2020). Crossing the line: Lived experience of sexual violence among trans women of colour from culturally and linguistically diverse (CALD) backgrounds in Australia (Research report, 14/2020). Sydney: ANROWS.
27. Lusby, S., Lim, G., Carman, M., Fraser, S., Parsons, M., Fairchild, J., & Bourne, A. (2022). Opening doors: Ensuring LGBTIQ-inclusive family, domestic and sexual violence services. Australian Research Centre in Sex, Health and Society, La Trobe University
28. Lusby, S., Lim, G., Carman, M., Fraser, S., Parsons, M., Fairchild, J., & Bourne, A. (2022). Opening doors: Ensuring LGBTIQ-inclusive family, domestic and sexual violence services. Australian Research Centre in Sex, Health and Society, La Trobe University
29. Gray, R., Walker, T., Hamer, J., Broady, T., Kean, J., Ling, J., & Bear, B. (2020). Developing LGBTQ programs for perpetrators and victims/survivors of domestic and family violence (Research report, 10/2020). Sydney, NSW: ANROWS.
30. Our Watch. (2022). National primary prevention report: Evaluation and learning and engagement with the private sector. Our Watch.



31. Layard, E, Parker, J, Cook, T, Murray, J, Asquith, N, Fileborn, B, Mason, R, Barnes, A, Dwyer, A, Mortimer, S (2022). LGBTQ+ peoples experiences and perceptions of sexual violence ACON research summary report.
32. Lusby, S., Lim, G., Carman, M., Fraser, S., Parsons, M., Fairchild, J., & Bourne, A. (2022). Opening doors: Ensuring LGBTIQ-inclusive family, domestic and sexual violence services. Australian Research Centre in Sex, Health and Society, La Trobe University
33. Embolden SA Inc. (2020). Position Paper on Housing & Homelessness in the Context of Domestic, Family & Sexual Violence. <https://embolden.org.au/wp-content/uploads/2022/03/Embolden-Position-Paper-on-Housing-and-Homelessness-July-2020.pdf>
34. Ibid
35. Lusby, S., Lim, G., Carman, M., Fraser, S., Parsons, M., Fairchild, J., & Bourne, A. (2022). Opening doors: Ensuring LGBTIQ-inclusive family, domestic and sexual violence services. Australian Research Centre in Sex, Health and Society, La Trobe University
36. Layard, E, Parker, J, Cook, T, Murray, J, Asquith, N, Fileborn, B, Mason, R, Barnes, A, Dwyer, A, Mortimer, S, (2022), 'LGBTQ+ peoples experiences and perceptions of sexual violence', ACON research summary report.
37. Embolden. (2022). Submission to South Australia's Royal Commission into domestic, family and sexual violence [Review of Submission to South Australia's Royal Commission into domestic, family and sexual violence]. [https://embolden.org.au/wp-content/uploads/2024/08/Embolden-submission-to-Royal-Commission\\_Aug-24.pdf](https://embolden.org.au/wp-content/uploads/2024/08/Embolden-submission-to-Royal-Commission_Aug-24.pdf)
38. Gray, R., Walker, T., Hamer, J., Broady, T., Kean, J., & Ling, J. Bear, B. (2020). Developing LGBTQ programs for perpetrators and victims/survivors of domestic and family violence (Research report, 10/2020). Sydney, NSW: ANROWS.