



yourtown
POWERING **kids**helpline

Royal Commission into Domestic, Family and Sexual Violence: Issues Paper

A submission to the South Australia Royal
Commission into Domestic, Family and Sexual
Violence

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yourtown is a trusted provider of services for young people, with a focus on mental health and wellbeing, parenting and early childhood development, long-term unemployment, prevention of youth suicide, child protection, and support for those experiencing domestic and family violence. **yourtown** has evolved to helping hundreds of thousands of young people each year through a range of service offerings, supporting them through many difficult challenges.

Our services

- Domestic and family violence refuge, accommodation, and therapeutic supports for women and their children, including post-refuge support
- Expressive Therapy interventions for young children and infants who have experienced trauma and abuse, or been exposed to violence
- Accommodation and therapeutic supports for young parents and their children at high risk
- Parentline, a telephone and online counselling and support service for parents and carers in the Northern Territory and Queensland
- Young Parents Program providing parenting support to help with child development, life skills and health and wellbeing activities in safe, supportive environments.
- Kids Helpline, providing professional counselling and support to 5–25-year-olds across Australia since 1991
- Kids Helpline @ School and Kids Helpline @ High School, which delivers early intervention and prevention programs through primary and secondary schools
- My Circle, a confidential, private, online peer support network for 13–25-year-olds to share information and build coping skills
- Mental health service/s for children aged 0-11 years old and their families, with moderate mental health needs, and
- Employment, education, and social enterprise programs to help long term unemployed young people re-engage with education and/or employment.

Family and Domestic Violence Refuge and Transitional Housing

yourtown's refuge offers supported accommodation for up to 12 weeks. A specialised team provides women and children with a safe and welcoming environment and creates opportunities for mothers to re-build self-concept and experience control and empowerment over their lives. The wrap-around care also includes linking with transitional housing and community outreach programs for women and children exiting refuges. Transitional housing is a vital steppingstone for women and children moving towards long term, safe and sustainable independent living in the community. **yourtown's** transitional housing offers a safe and supportive environment for 6 – 12 months, with support for legal and financial matters, accessing pre-employment support, and helping children into school. In 2023-24, we supported 20 mothers and 33 young children in our refuge and 24 families in our transitional housing.

Early Childhood Development Programs

We support vulnerable pre-school aged children to make a successful transition to school by using prevention and early intervention approaches to create health families and strong, child-friendly communities. This includes working with parents to better understand their child's barriers to reaching social development milestones, how to help them thrive at school, collaborative case management and support, and in-home help. In 2023-24, we supported more than 70 parents and 65 children in Elizabeth, South Australia and Bridgewater, Tasmania.

ParentsNext

We provide specialised support for parents with children under six years of age, to plan and prepare for their future employment in regional South Australia, from Port Pirie. Our primary goal for ParentsNext is to empower parents to embrace life changes, improve their skills and self-confidence, and achieve their education and employment goals. More than 1,600 young parents participated in our ParentsNext program since it commenced in July 2018.

Children and Families

yourtown's Penrose Young Parents Program in Port Pirie South Australia provides practical parenting support to help with child development, life skills, and health and wellbeing activities in safe, supportive environments. In 2023-24, Penrose supported 33 parents and their young children. **yourtown** provides accommodation and intensive individualised support to vulnerable at-risk young parents and their children through our San Miguel service. For over 40 years, San Miguel has provided a place to call home for vulnerable and at-risk families. In 2023-24, San Miguel supported 43 parents and 52 infants and young children.

Kids Helpline

yourtown's Kids Helpline is Australia's only free and confidential 24/7 phone and online counselling service for any young person aged 5 to 25. It offers children and young people a range of care options that are right for their needs and circumstances. Our commitment to being there anytime, and for any reason, has meant that we have responded to more than 8.7 million contacts from children and young people nationally in the 33 years since our service was first established, whilst also providing tens of millions of self-help interactions via our website and social channels. In 2023-24, our Kids Helpline counsellors responded to nearly 118,000 contacts from children and young people across Australia, including 4,047 crisis responses for children and young people at imminent risk of harm.

Parentline

Parentline offers free confidential phone and webchat counselling and support for parents and carers of children in Queensland and the Northern Territory. It offers a safety net for families by providing support when it is most needed. This includes after hours and weekends, where families feel isolated and where local services are unavailable. In 2023-24, there were more than 7,000 counselling contacts with parents and carers in Queensland and the Northern Territory.

Employment Services

For over 20 years **yourtown** has been delivering specialist youth employment services. Our employment services programs, including ParentsNext, Transition to Work, Skilling Queenslanders for Work, and Get Back in the Game provide young people with training to expand their options and help them find sustainable employment. During 2023-24 there were more than 7,000 commencements in our employment services and programs in South Australia, Queensland, and New South Wales.

Social Enterprises

yourtown has worked with young people and employers to break down barriers to sustainable employment for more than 20 years. As a leader in work-based enterprises we provide young people at risk of long-term unemployment paid jobs in the following areas: construction, landscaping, and asset maintenance to help their transition to open employment. In 2023-24, almost 200 young people were employed in our social enterprises across South Australia, Queensland, New South Wales, and Tasmania.

yourtown welcomes the opportunity to respond to the Royal Commission into Domestic, Family and Sexual Violence in South Australia. Domestic, family and sexual violence is a human rights violation.¹ **yourtown** is committed to using a human rights-based approach that reflects evidence-based practice nationally and internationally to advocate on this important issue. The United Nations Convention on the Rights of the Child Article 19 states that every child should be safe from violence, abuse, and neglect.² Under the United Nations Convention on the Elimination of All Forms of Discrimination against Women, member countries are required to implement the necessary strategies and supports to end violence against women.³ A rights-based approach involves: developing the capacities of those who are responsible for protecting and supporting parents and children who are experiencing domestic and family violence; and developing the capacity of parents experiencing domestic and family violence so they increase the safety of themselves and their children.⁴

yourtown has been supporting children and young people across Australia since 1961. Through our programs, we encounter women and children who have experienced or been exposed to domestic, family and sexual violence. For example:

- In Elizabeth, South Australia **yourtown's** Early Childhood Development Program supports vulnerable preschool-aged children to make a successful transition to school and assists parents to support their child's emotional, social and intellectual development
- In Port Pirie in regional South Australia, **yourtown's** Penrose Young Parents Program provides practical parenting support to help with child development, life skills, and health and wellbeing activities in safe, supportive environments
- **yourtown's** CARE Plus program in Port Pirie is an early intervention and family support service that aims to improve the development and wellbeing of children
- **yourtown's** ParentsNext engages with parents in the Port Pirie region to help identify and develop a pathway to achieve education and employment goals and prepare parents to join or re-enter the workforce by the time their youngest child commences school
- Our San Miguel child-centred family residential service for vulnerable young parents and their children provides a stable home, intensive and individualised support, social interaction with other young families, skills for independent living, child development support, expressive therapy, play groups, and counselling
- **yourtown's** Domestic and Family Violence Service offers supported emergency accommodation and therapeutic support to women and children escaping violence, and
- **yourtown** provides safe transitional housing and therapeutic support to families during the period between exit from a domestic and family violence refuge and transition to independent, long-term accommodation.

Given **yourtown's** extensive experience, we are well-positioned to provide feedback to select questions on the Domestic, Family and Sexual Violence Issues Paper. The main themes from our submission include:

- Children who have experienced or witnessed domestic, family and sexual violence should be supported in their own right and provided with tailored age-appropriate support and interventions
- More resourcing and funding is required for domestic, family and sexual violence support services, particularly in regional and remote areas
- Services and systems need to use a trauma-transformative approach to supporting victim-survivors in their recovery and healing and be responsive to the impact of trauma on children's development, functioning, and ability to engage with support
- Victim-survivors require social support over extended periods of time, tailored treatments and psychological therapies, and advocacy/case management in their recovery and healing, and

- Universally delivered, school-based violence prevention programs can equip students with the skills to form healthy relationships.

Prevention

What causes domestic, family and sexual violence?

yourtown's domestic and family violence refuge uses a trauma-transformative framework that works with victim-survivors as a whole person who is part of a network of relationships and wider society dynamics. Part of this framework involves addressing broader society narratives regarding domestic, family and sexual violence. We concur with contemporary research and socio-ecological models regarding the social drivers of the high prevalence of men's violence against women. These drivers include:

- Attitudes that condone or are dismissive of violence against women
- Men's control over women's behaviour and independence
- Strict gender stereotyping that emphasises feminine traits as being lesser than male traits, and
- Cultures that emphasise aggression and dominance, e.g., male cultures that use sexism to build social networks.⁵

Staff in our refuge and programs in South Australia that support victim-survivors acknowledge that one driver does not cause or increase violence; rather, it is a complex environment of interpersonal and contextual factors that intersect with and exacerbate domestic, family and sexual violence. These factors include higher levels of socio-economic disadvantage, substance misuse, and mental health issues.

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

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

More initiatives are needed to address the attitudes and systems that drive domestic, family and sexual violence. **yourtown** staff recommend the Love Bites program as a positive initiative that addresses attitudes that drive domestic, family and sexual violence. Love Bites is a Respectful Relationships Education national program for young people between the ages of 11-17 years old. It aims to prevent family and domestic violence by changing the attitudes, norms and behaviours that lead to violence. By providing a safe environment, skilled facilitators and evidence-based content, the Love Bites program provides young people the opportunity to understand and explore respectful relationships, alongside the knowledge and skills to build relationships that are free from violence and abuse, and to support their friends in doing the same. A recent social impact analysis of the Love Bites Program revealed statistically significant improvements in attitudes and knowledge regarding access to societal services and structures, relationship and communication skills, problem solving, and rejection of violence.⁶

Evidence is promising on the efficacy of universally delivered, school-based violence prevention programs. These school-based programs seek to prevent violence through supporting children to become critical of gender norms and violence-supportive attitudes and equipping them with the skills to form healthy relationships in adulthood.⁷ Given the effectiveness of the Love Bites program aimed at pre-teen and teenage students, it would be worthwhile implementing broader safety and wellbeing programs and activities aimed at primary and high school aged children. **yourtown's** Kids Helpline @ School Program could play a central role in delivering violence prevention programs because its video conferencing technology means classroom sessions are available to primary and high schools across Australia. The sessions are evidence-informed, tailored to the needs of each class, and facilitated by Kids Helpline counsellors.

Recommendation:

That strategies and initiatives aimed at preventing domestic, family and sexual violence prevention focus on universally delivered, school-based violence prevention programs that equip students with the skills to form healthy relationships

Early intervention

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

Early intervention is critical to minimise and prevent the negative effects of child maltreatment, including domestic and family violence, on young children. This can involve creating a safe environment, developing skills, or working therapeutically to address emotional, social or behavioural symptoms of trauma. It optimises children's adaptability and can help ensure that they have the cognitive and social foundational blocks needed to succeed in education, employment, and relationships.^{8 9 10 11} There is also strong evidence for programs that target support based on early signs of risk. These signs include child behaviour problems, insecure attachment, delayed development of speech and lack of maternal sensitivity.⁹ Furthermore, cross-sector support can improve outcomes. Studies show that cross-sector support interventions (such as such as case management, multidisciplinary teamwork and wraparound support and treatment) can improve outcomes for at-risk children by helping to meet their many needs.^{12 13}

Early intervention example: San Miguel residential service

yourtown's San Miguel residential service is an example of an early intervention creating a safe place and home for young people at risk and working under the premise that children's prospects will improve by addressing the cycle of intergenerational poverty, housing instability, and welfare dependence. San Miguel provides targeted support, practical assistance and education to pregnant/parenting young people aged 15-25 to ensure their children's safety and wellbeing, and to reduce the risk of their child/ren being placed into or remaining in out of home care. The service supports young parents to develop the knowledge, skills, and behaviours necessary to ensure their children are safe, loved, and well. Families accommodated at San Miguel receive significant support from a multi-disciplinary team. This includes case management; specialist child and youth development support; counselling support; parenting and personal development through group work and individual support; linkage to community health, medical and other specialist services; after hours and crisis support; and outreach support to help young families make a successful transition to independent living. The combination of onsite and community-based interventions aims to ensure parents have the support and skills they need to keep their children safe and on track to achieve developmental milestones.

Response

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

yourtown staff indicate there are a range of barriers for young women reporting to domestics, family and sexual violence to police: These include:

- **Intimidation and fear of reprisal**
Women are often afraid of the perpetrator's actions if they report the violence and/or leave the relationship. Perpetrators can threaten the physical safety of the victim-survivor and the family. In addition, perpetrators can threaten to spread confidential information such as revenge porn.
- **Lack of infrastructure**
In **yourtown's** experience of supporting women who are dealing with domestic, family and sexual violence, a key barrier to reporting the violence is that there is not enough housing where people can leave and be safe. This is particularly the case in regional and remote areas of South Australia.
- **No access to resources**
Victim-survivors may not have access to their finances due to the perpetrator controlling their bank accounts and/or not letting them work. In addition, people who are not Australian citizens, permanent residents or holders of a protected special category visa living in Australia do not have access to welfare support, including the Escaping Violence Payment, Crisis Payment, Safer Home Payment, as well as working age payments, family assistance and rent assistance.
- **Lack of self esteem**
Perpetrators will often blame the victim-survivor for the violence. Victim-survivors may not realise the effect of the ongoing violence, control and abuse on their self-esteem and their understanding of what a healthy relationship entails.
- **Family stability**
Some women do not report violence because they want to keep their family unit intact. Perpetrators also use this reasoning to guilt their partner into staying. Women may also be faced with the decision of uprooting their family from the community that they and their children live, work, play and interact with others.
- **Uncertainty of police response**
Unfortunately, there have been instances where the police and justice responses and systems in and of themselves have been barriers for women wanting to reporting domestic, family and sexual violence. Victim-survivors often question the effectiveness of AVOs when there is no way to ensure that the perpetrator will comply with "a piece of paper".

What are the elements of a best practice crisis response which will meet the needs of a victim-survivor?

Domestic, family and sexual violence systems are stressed, under-resourced, disconnected, and under-trained. The system is struggling to cope with the prevalence of domestic, family and sexual violence. For example, **yourtown** works closely with the domestic and family violence support services in regional South Australia. However, these services are operating at capacity.

Domestic, family and sexual violence systems do not adequately support people who have witnessed the violence deal with their grief and trauma. Specifically, children who have witnessed their parent experience violence need support to process their trauma to ensure it does not affect their development, relationships, and ability to feel safe. In addition, a parent who witnessed their child experience violence and reported the situation also needs support fulfilling their role as a parent supporting their child while also addressing their trauma and grief. There needs to be more support services and safe housing for victim-survivors.

Recommendation:

That the domestic, family and sexual violence systems work with and support victim-survivors individually as parents and children and as a family unit to address their respective experiences of trauma

Staff in the domestic, family and sexual violence response systems (such as crisis support, health services, police interventions and justice systems) require training to ensure victim-survivors are treated in a respectful, sensitive and safe manner. Furthermore, staff in the community sector (e.g. employment services, parenting support programs, counselling services) who are adjacent to the domestic, family and sexual violence response systems require similar training because their relational and engagement skills can increase the chances that victim-survivors will feel comfortable disclosing domestic, family and sexual violence.

Recommendation:

That funding agreements support the roll out training to staff in the domestic, family and sexual violence response systems and adjacent systems (e.g. community sector) on how to best respond to and support victim-survivors in a sensitive and helpful manner

Social support over extended periods of time is critical in moving people away from their violent situations. Support should be delivered by a dedicated case worker so that the people experiencing violence do not need to repeat their stories during their care and become apathetic with or re-traumatised by the process.¹⁴ Furthermore, informal social support for women who have experienced violence can arise from the development of positive links to other individuals or groups.¹⁵

The components of the domestic, family and sexual violence response systems do not work effectively and efficiently together. There is emerging evidence that women in hospital Emergency Departments due to injuries from experiencing domestic violence can benefit from access to advocacy/case management workers. The main role of these workers is to increase the safety of the women who have experienced violence through developing safety plans, providing referrals to community services, and liaising with judicial services. A case conferencing approach is required to assist victim-survivors beyond the response stage into the recovery and healing stage to navigate support for their changing needs.

Recommendation:

That domestic, family and sexual violence response systems and support services embed advocacy/case management interventions and roles in their service offering to assist victim-survivors to navigate support during crisis response and recovery and healing

Domestic, family and sexual violence systems and support services across states need to operate and collaborate in a more connected and seamless manner. Refuges and housing support services do not always recognise interstate referrals. This results in families who moved interstate to escape violence being viewed as homeless and treated as such in the housing system, rather than as victim-survivors who should be eligible for support from services in the domestic, family and sexual violence systems.

Recommendation:

That domestic, family and sexual violence support services recognise interstate referrals enabling support services and systems across states to connect efficiently

Recovery and healing

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

People who have experienced domestic violence and/or witnessed their children experience violence can have “multiple and competing negative psychosocial concerns, including the protection and care of children, physical health concerns, safety concerns, financial instability, legal proceedings, feelings of isolation and lack of social support, low self-esteem and feelings of grief, and managing ongoing threats from and relations with abusers, as well as ongoing trauma and psychological symptoms”.¹⁵

Mental health concerns are common among people who have experienced violence,¹⁶ and comorbidities can occur with mental health issues such as depression, anxiety, and post-traumatic stress disorder (PTSD).¹⁷ Interventions that take a holistic approach can lead to improved outcomes across a range of issues. Services that have established and trusted relationships with other services can expedite access to support and address various issues concurrently.¹⁵

Recommendation:

That services take a holistic approach to supporting the complex needs of victim-survivors and use their established relationships to expedite access to support

Children who have experienced or witnessed violence must also be supported with specific interventions. Complex trauma can have a significant impact on children's brain development, behaviour and experience of relationships. This in turn can affect children's developmental progress and ability to regulate their emotions, adapt their behaviour, and pick up on social cues. Services and systems must be able to address the challenge for children to experience safety and engage in relational exchanges that support them and be responsive to the impact of the trauma experiences on their development and functioning.

Recommendation:

That services and systems are responsive to the impact of trauma on children's development, functioning, and ability to engage with support

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

Women and children experiencing domestic, family and sexual violence face two high-risk transition points:

- When they leave the perpetrator to access accommodation and support, e.g., a refuge, and
- When they leave a refuge to settle into safe transitional or independent housing.

yourtown's refuge is a trauma-transformative service that works with the whole person who is part of a network of relationships, rather than focusing on symptoms of trauma in isolation to improve practice, healing and recovery. Our work is grounded on the principles of being culturally appropriate and safe, risk responsive, rights oriented, and strengths based. We address the current needs of women and children in our refuge as well as address the unmet needs from their past because of the trauma they have experienced. Our team of specialised staff supports families to restore safety, address practical concerns, apply reparative approaches to trauma responses and develop the necessary insight, knowledge, skills and confidence to regain control and empowerment over their lives. Victim-survivors have access to specialised counselling, child therapy, training in life skills, and links to health, legal and specialist services.

Recommendation:

That services use a trauma-transformative approach to supporting victim-survivors in their recovery and healing

Transitional housing is an important stepping stone for victim-survivors exiting refuges as they move towards long-term, safe and sustainable independent living in the community; however, the lack of appropriate transitional housing often means they are forced to stay longer in a refuge or consider unsafe alternatives. This includes returning to the perpetrator as they have nowhere to go and no financial support when they lose the stability that the refuge provides. **yourtown's** transitional housing provides physical, cultural and emotional safety especially at this stage when there is increased risk due to legal proceedings against the perpetrator. We provide coordinated and tailored support planning, counselling support, and practical assistance to families as they move, settle into and exit from transitional housing to independent housing.

Recommendation:

That examination of the policies, system structures and funding levers in the domestic, family and sexual violence systems focuses on the quantity and appropriateness of refuges and transitional housing to increase the safety of victim-survivors during high risk transition points

While there is no single intervention that works for all parents and children experiencing domestic and family violence, evidence-based initiatives that are most effective share many common features. The interventions explored in this section follow the widely accepted approach of targeted therapeutic care that is implemented after immediate crisis interventions have ensured women and children who have experienced or witnessed violence are safe and their situation has stabilised.¹⁵

Contemporary evidence indicates the following features of interventions are 'what works' for children exposed to domestic, family and sexual violence:

- **Interventions that include joint sessions with mothers and children are likely to sustain change**
yourtown staff discuss the importance of working victim-survivors as a family unit, i.e., the parent and the children. Interventions that work with mothers and children together are effective and should be combined with sessions working with mothers and children separately. The development of this dyadic relationship is seen to be critical to children's long-term recovery.^{18 19 20}
- **Interventions supporting mothers with younger children have better outcomes than those mothers with older children**

Although more likely to witness domestic violence, younger children are more receptive to their mothers' improved wellbeing after receiving treatment, compared with older children.²¹

- Children exposed to domestic and family violence need specific interventions**
 More research and rigorous evaluation is needed into interventions tailored specifically to meet the needs of children exposed to domestic and family violence.²² These interventions should respond to what children say they need, such as simultaneous support for their physical safety and emotional wellbeing needs and regular opportunities to talk about their experiences in formal and informal settings.²¹
- Individual and group-based approaches are helpful in reducing trauma symptoms**
 Individual and group-based interventions based on the concepts of Cognitive Behaviour Therapy (CBT) and delivered by professional mental health clinicians in one-on-one settings or in small groups are effective in reducing the emotional, psychological, and behavioural symptoms of trauma in children.²³ They work best on children with internalising symptoms and older cohorts of children in primary school.

Recommendation:
That children who are exposed to domestic, family and sexual violence are supported with specific and tailored interventions

There is well-established and emerging evidence for using the following components of interventions to support young parents who are recovering and healing from domestic, family and sexual violence. Specifically:

- Advocacy/case management interventions can increase mental health outcomes and social support access**
 Community-based advocacy/case management interventions involve helping people who have experienced violence to access resources and supportive relationships. These interventions can be delivered by mentors or case managers in the home or clinic. The results are a decrease in depression, fear, and PTSD, as well as increase in social support. In addition, there is no significant difference between remote and in-person delivery of advocacy/case management interventions on mental health (depression, fear, and PTSD) and social support outcomes.²⁴
- Psychosocial interventions can facilitate improvements in mental health**
 Interventions that teach skills such as problem solving and decision-making competence, goal setting, negotiation, and setting boundaries, can improve mental health of women who have experienced mental health issues. In addition, stress management practices such as breathing techniques, muscle relaxation, and mindfulness can improve mental health.¹⁵
- Tailored programs are more effective than universal programs**
 Treatments and therapies that are tailored to victim-survivors and their changing situations and evolving needs are more likely than universal or generalised programs to gain positive outcomes such as reduced PTSD, depression, and general distress, as well as increased self-esteem, life functioning, and emotional wellbeing.²⁵
- Individually delivered therapies are more effective than group interventions**
 Women who participate in one-on-one therapy, in comparison to those who participate in group therapy, are more likely to gain benefits in PTSD, self-esteem, depression, general distress, life functioning, and emotional wellbeing. This may be due to the individually delivered therapies being tailored to meet the unique needs of individuals who have varying experiences of domestic violence.²⁶

- **Interventions should be culturally sensitive**
Interventions should account for the cultural beliefs and language barriers of people who have experienced violence, by having resources in different languages, accessing interpreters, and having staff who are bilingual and/or have participated in cultural awareness training. This will increase trust and engagement with interventions.²⁶
- **Increased frequency and amount of time in therapy increases its effectiveness**
Therapy that is conducted for at least 10 sessions is more likely to improve the mental health of women who have experienced violence. The multifaceted issues faced by women who have experienced violence are likely to be addressed as they spend more time participating in therapy and interventions.²⁶
- **Time limited therapies should be supplemented with follow up sessions**
Women in shelters who have improved mental health are more likely to maintain these benefits when their brief therapies are supplemented with follow up or booster sessions.²⁶
- **Violence reduction and safety programs are effective**
Violence reduction and safety programs are effective in decreasing violence and increasing safety in relationships by providing information about safe places and shelters, help-seeking, and protecting oneself from and after a violent incident.¹⁶

yourtown strongly advocates for counselling for victim-survivors as a central part of their recovery and healing. Certain therapies are effective in managing the psychological effects of domestic, family and sexual violence. For example:

- **Psychological interventions are effective in reducing depressive symptoms**
Cognitive Behaviour Therapy (CBT) that is supplemented with interventions such as expressive writing and trauma-informed approaches are more likely to lower depressive symptoms compared to treatments that do not include these added interventions.¹⁶
- **CBT-based therapies and interpersonal therapies gain better outcomes**
CBT-based treatments and interpersonal therapy addressing current situational factors that are tailored to people who have experience intimate partner violence are most likely to gain outcomes regarding PTSD, self-esteem, depression, general distress, life functioning, and emotional wellbeing.²⁵
- **Trauma-informed therapies are more effective when they are adapted to changing situations and needs**
Trauma-informed therapies that focus on specific stressors are particularly effective at decreasing anxiety and increasing sense of control of women in shelters. These therapies have better outcomes for women compared to programs and treatments that work towards predetermined outcomes.²⁶
- **Cognitive trauma therapy can improve PTSD symptoms**
PTSD symptoms improve after participation in therapy tailored to women who have previously experienced violence. This cognitive trauma therapy focuses on PTSD psychoeducation, stress management, exposure (i.e. discussing the specific trauma), trauma-related guilt regarding effects on children and decisions to stay or leave, other traumatic experiences, potential contact with the perpetrator, and strategies to deal with victimisation. These improvement in symptoms occurred after treatment and were maintained for three months.²⁷

Recommendation:

That interventions for victim-survivors in their recovery and healing include social support over extended periods of time, tailored treatments and psychological therapies, and advocacy/case management.

We would welcome the opportunity to explore these ideas with you in further detail. Should you require further information about any issues raised in the submission, please do not hesitate to contact Tracy Adams, CEO of **yourtown** via email at advocacy@yourtown.com.au.

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³ United Nations, Convention on the Elimination of All Forms of Discrimination against Women, 1979.

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⁵ Our Watch. Change the story: A shared framework for the primary prevention of violence against women in Australia. 2nd ed. Melbourne: Our Watch; 2021.

⁶ Huber Social. Love Bites Social Impact Report prepared for National Association for Prevention of Child Abuse and Neglect. 2021 <https://irp.cdn-website.com/3de8aa75/files/uploaded/Love%20Bites%20Huber%20Social%20NT%20REPORT%202021.pdf>

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⁹ Early Intervention Foundation. (2016) Foundations for Life: Parent Child Interaction in the Early Years. Accessed at: Foundations for Life: What works to support parent-child interaction in the early years? | Early Intervention Foundation (eif.org.uk)

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¹⁴ J. Foote, S. Carswell, G. Nicholas, D. Wood, A. Winstanley and M. Hepi, "Selecting interventions to reduce family violence and child abuse in New Zealand: A report to The Glenn Inquiry.," Institute of Environmental Science and Research, Canterbury, 2013.

¹⁵ S. Paphitis, A. Bentley, D. Osrin and S. Oram, "Improving the mental health of women intimate partner violence survivors: Findings from a realist review of psychosocial interventions.," PLoS ONE, 2022.

¹⁶ G. Karakurt, P. Katta, N. Jones and S. Bolen, "Treatments for female victims of intimate partner violence: Systematic review and meta-analysis," Front. Psychol., vol. 13, pp. 1-13, 2022.

¹⁷ World Health Organization, "Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence.," World Health Organisation, 2013.

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