

SUBMISSION TO

Royal Commission into Domestic, Family and Sexual Violence 2024

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Introduction

COTA SA welcomes the opportunity to contribute to the *Royal Commission into Domestic, Family and Sexual Violence 2024*. COTA SA is an older people's movement run by, for and with older people. We represent the rights, interests and futures of around 700,000 (39%) older South Australians. We engage widely with older South Australians across the state and the lived experiences of the diverse community of older South Australians shape and inform COTA SA's policy and advocacy work.

COTA SA acknowledges the unique experiences of older women who have experienced or are experiencing domestic, family and sexual violence (DFSV). COTA SA's consumer engagement and research team, The Plug-in, is currently undertaking a research project supported by Office for Women that explores these experiences by older women in South Australia (due for completion in October 2024). It has been found that the intersectionality of age, gender and violence is often missing from academic literature and research. Consequently, the unique experiences of older

people, and especially older women, who are experiencing, or have experienced, violence are often invisible and rather get conflated with discourse regarding elder abuse. Given that people aged 65 years and over account for approximately 16% of the Australian population and by 2066 that figure is estimated to increase between 21–23%, the experiences of older women must be considered if we are to end violence against all women¹.

As per our research, this submission will therefore focus on older women’s experiences of DFSV. While we acknowledge that older men have experiences of DFSV, the data shows that older women are more likely to be the victims, in comparison to older men, showing that DFSV has a gendered aspect in the drivers of this violence².

In the context of this Royal Commission, we urge that the unique experiences of older women are considered regardless of whether it is labelled ‘domestic, family and sexual violence’ or ‘elder abuse’. Our submission is organised into the four critical topics identified in the issue paper, with key takeaways summarised at the end of each section. We have addressed the discussion questions where we feel we can meaningfully contribute.

Prevention: How South Australia can Facilitate Widespread Change in the Underlying Drivers of Domestic, Family and Sexual Violence

Underlying Causes of Domestic, Family and Sexual Violence

Throughout our discussions with service providers and victim-survivors, it has been evidently clear that gender inequality and entrenched sexist and ageist attitudes are fundamental causes of older women experiencing DFSV. It is important to note, while these attitudes are key drivers of DFSV, the perpetrator's behavior is always the primary cause of the violence experienced, which was heavily discussed by participants in our consultation. Impacts of gendered violence is elevated for older women, who have been exposed to a lifetime of generational attitudes and beliefs that fuelled these perceptions amongst society. It is important to note that it was only in 1976 that South Australia passed legislation to criminalise rape within marriage.³ When taking this into consideration and understanding that the focus of our research is on women 50+, it helps to understand the society in which older women have grown up in and behaviour that was normalised.

Community Prevention Strategy: Education and Awareness Raising

Entrenched sexist and ageist attitudes were heavily discussed by service providers within the sector, as a service provider stated DFSV should be shaped as ‘everybody’s issue’, not just an issue that victim-survivors are responsible to act on. By acknowledging this, efforts can be directed towards fostering change at every level within society. Many older people and those within their community networks may not recognise they are in a situation of DFSV because their expectations and tolerance are shaped by traditional gender roles that they grew up with. Raising awareness in these population cohorts is vital for prevention, along with educating community members to identify signs of DFSV.

“I always have thought of it as this... This is a society issue that is based in gender inequality.”

Service provider participant

¹ [Older Australians, About - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/older-australians/about)

² [DFS V summary - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/dfs-violence/summary)

³ [Marital Rape and the Marital Rapist: The 1976 South Australian Rape Law Reforms \(springer.com\)](https://www.springer.com/9789040100000)

Prevention Key Takeouts

- There are entrenched sexist and ageist attitudes and beliefs that drive behaviours of DFSV.
- Community education and awareness raising is pivotal in preventing DFSV, especially for older women who have experienced a lifetime of gendered disadvantage.

Early Intervention: How South Australia can Improve Effective Early Intervention

Early intervention and preventative strategies are crucial for empowering older women with the skills to make informed decisions surrounding their unique experiences. During our consultation, stakeholders who work with victim-survivors identified a concerning trend of intimate-partner and family homicide within South Australia, highlighting the lack of connection these victims had to support services.⁴ It has been identified that outcomes for victim-survivors are improved with links to services.

“That’s my reflection, if I knew there was some way we could support more people. I think the people we do support there are better outcomes... The women who have been murdered in our state hadn’t really accessed support.”

Service provider participant

It was clear through our consultation that in South Australia there is more potential with non-specialised services being a link for older women to specialised service support. Our engagement with service providers revealed that non-specialist services might encounter a victim-survivor and act as an entry point for support. This includes services such as health (GPs, allied health and specialists, home care support, aged care assessors and service providers) and community (social, fitness, adult learning) or even finance and utility sector services. In many of these services, the training to support these victim-survivors might vary or not exist at all. This can contribute to non-specialised services lacking the tools necessary to approach the topic and next steps available for victim-survivors. Service providers therefore recommended that DFSV be recognised as a health issue and built into standard lines of questioning in primary care and mandating this questioning (in a trauma-informed way) to promote early intervention and reporting.

“If a GP suspects something is amiss, then they shouldn’t be afraid to ask the question! But too often it seems like it’s an uncomfortable topic and practitioners don’t want to go there, or don’t take the time.”

Service provider participant

“There are different needs, different issues, different approaches for people’s different needs. I think the agencies are very good at tapping in where you are at and what’s happen. The counsellors know, they are the specialists, but if you are dealing with a range of health practitioners, they don’t always know the difference and where the needs might be different for different people.”

Victim-survivor participant

These findings explored the wrap-around approach required by services to ensure effective early intervention can occur. A holistic approach where services collaborate with each other and with the victim-survivor instead of working in isolation, is essential for providing effective early intervention. To support this, a more integrated method of information sharing should be considered to ensure cases of DFSV are identified and support can be provided. By prioritising early intervention, victim-survivors can be equipped with the resources and support they need to address challenges proactively and avoid

⁴ [Australian Domestic and Family Violence Death Review Network Data Report: Intimate partner violence homicides 2010–2018 - ANROWS - Australia's National Research Organisation for Women's Safety](#)

reaching crisis points. This also reduces the demand on crisis services particularly crisis accommodation and long term stays in motel accommodation.

“I think there is a lot of disconnection... I can say to someone you should go and get counselling but I'm not in a position to organise it for them and often neither are they. A lot of people just sort of fall through the gaps. This is why we have got social workers connected to our team. If we are speaking to someone and we think they are really struggling, we might refer them through to one of our social workers because they are in a much better position to have those types of conversations with them.”

Service provider participant

Early Intervention Key Takeouts

- It has been identified that links to services have improved outcomes for victim-survivors.
- Equipping non-specialised services with the tools to identify the signs of DFSV is essential for effective early intervention particularly for older women.
- Cross-collaboration approach should be adopted with enhanced informing sharing guidelines.

Response: How South Australia can Ensure Best Practice Response to Domestic, Family and Sexual Violence Through the Provision of Services and Supports

Barriers to Accessing and Seeking Support for Older Women

To ensure best practice response to DFSV can be applied, it is important to understand and explore the barriers which prevent effective service access and intervention. Our literature review discovered that reporting of DFSV is commonly low for formal services, with most victims seeking informal supports or no supports at all⁵. Many who did speak about violence experienced only reported this informally to trusted people. It is clear, therefore, that there are significant barriers for victims to report violence, thus impacting access to support services. The most prominent barriers identified by service providers and victim-survivors are outlined below.

Shame and Guilt Created a Significant Barriers to Seeking Support

Shame and guilt presented as the most prominent theme discussed by victim-survivors and service providers in our consultation and manifested in a range of ways. Shame and guilt were experienced internally by the person and were also projected onto them by close friends, family members, and the perpetrator. This projection created a significant barrier to seeking support.

Aligning with shame and guilt was the issue of not being implicitly believed or their disclosure of their experience was not validated. When older women disclose their experience and receive a response that questions, diminishes or blames them, or if they are told not to say anything, this further compounds feelings of shame and guilt. When individuals in our study advised that their experiences of violence were not listened to, victim-survivors shared that this contributed to a lifelong pattern of abuse.

“There's so much stigma still around it, particularly for older people. They're just so ashamed of it, it's very hard to get over that, to get help. So the more we talk about it, the less stigma and then less danger of perpetrators getting away with it, because people are going to talk about it.”

Victim-survivor participant

⁵ [Voices from the frontline: Qualitative perspectives of the workforce on transforming responses to domestic, family and sexual violence - ANROWS - Australia's National Research Organisation for Women's Safety](#)

Fear of Consequences

We found older women may not seek support when they fear this will have a negative consequence for their children. This fear can include concern of inheritance and children losing access to resources which the perpetrator might be in control of. Alternatively, due to older women being more at risk of family violence, fear of consequences for adult children in cases where the child is the perpetrator of violence can often contribute to victim-survivors fear/worry surrounding outcomes for their child. Fear of personal consequences is a significant factor hindering older women from engaging with service providers. This fear stems from potential repercussions, such as escalated violence from the perpetrator.

“They don’t know what my husband or my son would do to me if they knew the police had been called.”

Victim-survivor participant

“I mean, we only have to look at the what's the highest and fastest growing rate of homelessness and people living in their cars. It's women who are in the sort of post 50s, living in their cars who are generally escaping DV.”

Service provider participant

Limited Resources Preventing Victim-Survivor from Comfortably Seeking Support

In all stages of our consultation, the lack of resources were key contributors to not seeking support. The two key resources identified creating barriers was housing and finances. Housing instability and the difficulty in finding stable housing that meets the needs of older women were significant issues. There were also discussions about women wanting to stay in their homes but lacking the resources to create a safe environment.

Financial resources were also identified as a barrier to support. Both service providers and victim-survivors explored the idea of women wanting to leave, but not having the resources to do so safely. Coercive control was a key driver hindering resource accessibility, particularly concerning money and finances. As a service provider stated: ‘if you have limited resources, it limits your choice’.

“Well see that’s the thing, when the coercive control comes in, invariably financial control is a big part of it. Now, if women can't access finance immediately, they've got no hope of getting away.”

Victim-survivor participant

“Economics was a big part of it for me. We didn't have superannuation in the in the 60s. There was no such thing as a superannuation fund for nurses and all that stuff. And, I didn't have secret bank accounts... I was a completely dependent wife on him.”

Victim-survivor participant

Awareness of the Violence

Our literature review revealed in some cases older women preferred not to term their experiences as abuse or violence. Older women rarely perceived verbal and emotional abuse as violence, and some women did not ever identify as a victim of violence.

Throughout our consultation, it was clear that awareness and knowledge of violence could be barriers to seeking support. This was particularly true for the age cohort the research focused on. These women were often doubted when recounting their experiences to others throughout their lives, which led them to doubt whether they were indeed experiencing violence. This can also contribute to a lack of knowledge

about the legal system and an older woman's rights within this situation. This was particularly prominent for women from culturally and linguistically diverse (CALD) backgrounds.

“It took 45 years to finally have the knowledge, courage, and financial means to make a new life.”

Victim-survivor participant

Awareness and Access to Services in Community

South Australian DFSV sector operators tell us that crisis services are at capacity and older women who need specialist support may not be able to access it. The impact of this under-supply is that many victim-survivors in need of crisis support are being referred instead to non-crisis services. This means women are not receiving the support they need and that those waiting for the non-crisis service must wait longer without support. Service providers revealed the added barriers older women are facing as they are often deemed less critical to assist due to having no dependent children or having some assets. This can hinder older women's ability to access services and have the resources to leave the perpetrator as some services must cease support if the victim-survivor has not left the relationship.

Consultation with victim-survivors aligned similarly with the findings from service providers. Several victim-survivors noted that their lack of awareness about available support services created a significant barrier to seeking help. They explained that not knowing about the existence of support services or how to access them quickly and easily prevented them from obtaining support. Additionally, they explored how funding issues impact the availability and continuity of services. The lack of long-term funding for these services often leads to gaps in community support, which in turn contributes to the difficulty victim-survivors have in knowing what resources are available locally.

Although this is evidently an issue within Adelaide metropolitan areas, both service providers and victim-survivors outlined the extra complexities faced by older women residing in rural and remote South Australia. Access to services is even more scarce in the regions, and those that exist in these communities may be harder for women to access safely, privately and anonymously. There is also a lack of specialised services for older women, with most DFSV services focused on young and reproductive-age women; and a lack of culturally appropriate services for LGBTI+, CALD and First Nations communities.

“Because I didn't have any children, they did not consider me priority.”

Victim-survivor participant

“I hadn't heard of Yarrow Place, and I had worked in community services most my life...”

Victim-survivor participant

Perceptions of Service Providers

There was an identified distrust of formal service providers which both providers and victim-survivors recognised as a barrier to seeking support, particularly amongst older women from First Nations and CALD communities. This distrust may originate from community perceptions or from former negative experiences with service providers, leading to distress or feelings of being unheard or not completely believed. As a result, victim-survivors may choose to disengage from seeking support altogether.

“I needed the support there and then from the police and it was like 'oh we can help you move' and I was like, no hold on this is my house, I want you to help me get him out! But they wouldn't do that. So you are left with not many options but to just to stay with it. That's what happen to me, and I just sought support from my family.”

Victim-survivor participant

“People are traumatised through domestic and family violence, rape and sexual assault. And then the system reproduces it by making it more difficult, so the system is actually traumatising! So, for many people they have tried and had really poor responses, so why then try again?”

Service provider participant

Response: Understanding Barriers for Older Women Seeking and Accessing Support Key Takeouts

- Shame, guilt and fear of consequences created significant barrier to *seeking* support.
- Awareness of violence can be difficult for older women, particularly women who have had a lifetime of their experiences of violence dismissed.
- Awareness of services in community is lacking, frequent funding changes contributed to this.
- There is an undersupply of crisis accommodation tailored to the needs of older women.
- Lack of housing stability and finances are two key resources hindering older women to seeking and accessing support.
- Distrust of formal services is creating a barrier to older women seeking service support.

Response and Recovery: Solutions to Accessing Support and Effective Long-Term Support

Throughout our consultation, service providers and victim-survivors considered ways that, within the South Australian context, service provision can be improved to support older women. The possible improvements seek to overcome barriers outlined above and reinforcing ideas that have worked well.

Universal Service Provision: Trauma-Informed Holistic Approach

Service providers described the need to be trauma-informed when working with any victim-survivors, but particularly older women who have had a lifetime exposure to violence. This approach recognises the impact of trauma on brain chemistry and structure, and how this impacts risk assessment and decision-making when trying to take protective action in situations of violence. Trauma-informed approaches allow older women to be equipped with the knowledge to understand service options and next steps tailored to their needs. Trauma-informed and holistic approach's highlight the importance of cross-collaboration between services alongside victim-survivor. Service providers highlighted that co-location of services not only makes them more accessible but also improves collaborative efforts across services.

“We have learnt that if you are co-located you have better outcomes because you have built the relationships better. Co-location is so critical.”

Service provider participant

Victim-survivors reinforced the importance of trauma-informed approaches for every stage of their journey but the importance of this practice for their experiences working alongside services and long-term recovery. Victim-survivors expressed their satisfaction with services that made them feel listened to in a non-blaming non-judgmental way. Services that were transparent and supported victim-survivors to understand their options, however, always leaving the final decision up to the victim. It placed victim-survivors as the experts in their lives and worked alongside them in a manner best suited to the survivor.

“I think, for me with Yarrow Place, I was so grateful to have a safe place to talk about stuff, particularly when I did mention it to family and friends and colleagues and I'd had such mixed reactions from them... I was so grateful that it didn't matter what I said at Yarrow, there was no judgment.”

Service provider participant

Flexibility of Services and Long-Term Accessibility

Victim-survivors reported positive experiences when support services were quickly accessible. It allowed for flexibility of service provided, a less rigid form and left the decision up to the victim-survivor of when they needed access to support. Flexibility of cases being opened long-term was particularly important for victim-survivors' long-term healing process as it allowed for rapport building and creating a safe space to share their story.

“I was seeing my counsellor, and I could see her quite quickly And for me it opened up a whole new way of life really that I didn't have before and although it's come late in life, well it saved me.”

Victim-survivor participant

Community Hubs as Both Informal and Formal Support

Service providers acknowledged the important role community hubs and support groups have in every stage of a victim-survivors journey. Community hubs can play a vital role in increasing awareness of both formal and informal pathways for support.

Our consultation with victim-survivors revealed a prominent theme, where community-based support groups were a valued support system. In some cases, these groups were the means of connecting to service supports. Even if the connection to service support did not occur, the community around those we interviewed was crucial in both their crisis support and long-term healing journey. This was particularly important for those who did not live close to the city, where in-person services were difficult to reach. It was outlined that these community support groups assisted with victim-survivors building the courage to seek support. Community hubs should be recognised as both an effective early intervention strategy and long-term healing recovery community for victim-survivors.

“I have noticed a lot of senior citizens gathered in community centres in their free time, and I have noticed all kinds of workshops in the community centres: how to survive from scammers, gardening, all types of workshops. I haven't noticed information sessions about elder abuse or maybe domestic violence for targeting women above 50. I think that's a really good source to give information to the community – through community centres.”

Service provider participant

Service Providers Educating Older Women about their Rights and Entitlements

Victim-survivors recognised every person's situation was different, and their experience of understanding their options varied. However, themes emerged showing that victim-survivors' enhanced understanding of their experience often aligned with understanding their options and decisions. Service provider education was particularly helpful in helping victim-survivors understand their rights and the supports they were entitled to.

“My key catch phrase is education. If I had understood what gaslighting was and knew that his behaviour had a name, I would have picked it up way back. When I look back in time, I was like 'Oh, my God, my psychiatrist is right!' He was gaslighting me back then. But, you know, I didn't know about 'gaslighting'. You might think something's not quite right, but they're very good at getting you to doubt yourself, that you're sick. [Perpetrator] 'Oh, you're sick. You're sick. Oh, you think sick, you're too sensitive!' They always put back onto you that everything's wrong with you.”

Victim-survivor participant

Response and Recovery: Solutions to Accessing Support and Effective Long-Term Support Key Takeouts

- Underpinning all best practice support is a trauma-informed and holistic approach tailored to victim-survivors' needs.
- Community hubs and support groups are valued for removing barriers to seeking support especially with co-location of services in local community.
- Resource accessibility and availability to access services and resources long term is crucial to support victim-survivors' long-term healing journeys.
- Educating victim-survivors about their rights and options is important to ensure informed decisions can be made. Education in the form of long-term recovery is also important to support with processing trauma experienced.

Conclusion

The unique experiences of older women who are victim-survivors of DFSV is extremely complex, nuanced and is affecting many older women within South Australia. We know that DFSV significantly affects short and long-term physical and mental health and impacts everyday lives in a myriad of ways. It is crucial for the government to treat DFSV not merely as a social issue but also as a health, wellbeing and productivity issue. Understanding the comprehensive impact of DFSV on individual health, as well as the long-term implications stemming from experiences of violence, is vital for shaping future programs and initiatives. This understanding should encompass the interrelation of various issues affected by FDSV to ensure effective program development and implementation across frontline services, emergency departments, primary health care and FDSV support services

“I have a permanent intervention order. Why can't our government or our police say you're not allowed into South Australia, because I live here. This is my home; he will kill me if he gets the chance...

At hospital I was offered no mental health counselling. He [ED Doctor] offered me nothing. He just discharged me home. I contacted my GP, went down there and she ordered scans and X-rays and we found out the degree of injuries, Now I could have ended up a paraplegic had we not assessed what had happened to my neck. Even now I can't have a neck massage or anything, because the risk is that I could end up paralysed. If it gets any worse, if I get to grade four five, I'll probably have to have a neck fusion”

Victim-survivor interview participant

Acknowledgement of Country

COTA SA acknowledges and respects Aboriginal people as the traditional custodians of the land of South Australia. We honour Aboriginal peoples' continuing connection to Country and recognise that their sovereignty was never ceded. We pay our respects to First Nations Elders past, present and emerging and extend that respect to all Aboriginal people.