

**IN THE MATTER OF THE ROYAL COMMISSION  
INTO FAMILY VIOLENCE**

**STATEMENT OF CLARE FRANCES MORTON**

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I, CLARE FRANCES MORTON, Director, Community Operations and the Victims Support Agency, Department of Justice and Regulation, SAY AS FOLLOWS:

1. I am the Director of Community Operations and the Victims Support Agency (**VSA**) within the Department of Justice and Regulation (**Department**). I have held this position since 2008. Prior to holding this position, I was the Manager of the Victims Charter Implementation Team within the VSA for approximately two years.
2. Over the last 33 years, I have worked in various social policy and legal positions. I previously practised as a solicitor and established and co-ordinated a community legal centre specialising in immigration and refugee law. I hold a Bachelor of Social Work and a Bachelor of Laws from the University of Melbourne.
3. I have received a notice from the Royal Commission into Family Violence pursuant to s 17(1)(d) of the *Inquiries Act 2014* (Vic.) requiring me to attend to give evidence at the Royal Commission and to provide a written witness statement.
4. I make this statement in response to a request by the Royal Commission to give evidence regarding matters the subject of the public hearing for Module 19 (Integrating Services from the Victim's Perspective).

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## ROLE OF VICTIMS SUPPORT AGENCY

5. The VSA was established in May 2004 with the broad aim of co-ordinating a whole of government response to victims of crime.
6. The VSA is a business unit within the Criminal Justice Division of the Department. It presently has a total of 35 full-time equivalent staff.
7. The VSA's budget for 2014/2015 was \$11.4 million, of which \$9.4 million was allocated to contracted not-for-profit community-based services that provide victim support across Victoria.
8. One of the functions of the VSA is the provision of services to victims of violent crime against the person in Victoria. The VSA does not provide counselling services directly to victims of crime, rather the VSA is responsible for funding and co-ordinating services that victims of crime are entitled to receive. These include case management supports provided through the Victims Assistance Program (**VAP**) delivered by community agencies located across eight regions in Victoria.
9. The VSA seeks to ensure that all victims of crime receive a consistently high quality service regardless of where they live, their background or circumstances. Services delivered by and on behalf of the VSA aim to:
  - 9.1 be timely and responsive to need;
  - 9.2 minimise the need for victims to self-navigate the system and/or re-tell their story;
  - 9.3 provide integrated service delivery to facilitate seamless wrap around services for victims; and
  - 9.4 be delivered by professional and highly trained staff.
10. In relation to service delivery, the VSA is responsible for the following: funding and operating the state-wide Victims of Crime Helpline (**Helpline**), funding and contract-managing VAP services, and providing a service to victims of a prisoner under sentence in Victoria. More information about the Helpline and the VAP is set out below.

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11. In addition, the VSA is responsible for, among other things:
  - 11.1 processing male affected family member (**AFM**) family violence electronic referrals (via L17 reports) received from police;
  - 11.2 Department of Health and Human Services (**DHHS**) funded Youth Justice Group Conferencing Victims Liaison support;
  - 11.3 administration of the Prisoner Trust Fund;
  - 11.4 administration of the Victims Register;
  - 11.5 administration of the Prisoner Compensation Quarantine Fund (**PCQF**); and
  - 11.6 funding and coordination of a 24/7 state-wide Crime Scene and Suicide Clean up Program.

More detail about each of these matters is also set out below.

### **Helpline**

12. The gateway into the victim service system is the Victims of Crime Helpline. The Helpline is a state-wide telephone-based service. The Helpline operates from 8.00 am until 11.00 pm, seven days a week.
13. The telephone number for the Helpline is a freecall 1800 number. It is advertised on the Department's Victims of Crime website and in all VSA and VAP publications. The Victims of Crime website is administered by the VSA and provides information and resources for victims of crime. The website also provides links to the Helpline.
14. The Helpline is staffed by highly trained and experienced Victim Support Officers (**VSOs**) (seven full-time equivalent), three supervisors (two full-time equivalent) and an Operations Manager. VSOs are recruited from a range of backgrounds including social sciences, criminal justice, social work, psychology and police. VSOs receive intensive and frequent training, monthly call coaching and regular 1:1 supervision as well as bi-monthly group supervision. VSOs are well regarded by the funded VAP agencies that case-manage victims of crimes on receipt of Helpline referrals.

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15. Helpline services are regularly called upon by other departments and agencies to support time-limited work that requires victim support to some extent. For example, Helpline VSOs have supported victims of disasters such as the Black Saturday bushfires in 2009, and witnesses making submissions and appearing before the Victorian Parliamentary Inquiry into the Handling of Child Abuse by Religious and Other Organisations in 2012-13. Helpline staff are currently supporting persons making submissions to, or appearing at, the Fiskville Parliamentary Inquiry hearings in Melbourne.
16. It is important that VSOs are highly trained because they are speaking with people who:
  - 16.1 have experienced a traumatic event;
  - 16.2 are coming into contact with the criminal justice system and other systems; and
  - 16.3 at the same time are trying to cope with the trauma of being a victim of crime against the person, often for the first time in their lives.
17. Most people in the general community would not know that services are available to victims of crime, where they are located or how they operate. Most people who call the Helpline are seeking information and often do not know what to ask for or what they may need. They are always however in a traumatised state.
18. VSOs offer a supportive listening environment and provide victims with information that is relevant to their needs. VSOs gather information necessary to make an informed referral to a VAP provider in the victim's local area or to another specialist service provider such as a family violence, mental health, children's or sexual assault service. However, VSOs do not work with victims to sort through the effects and impact of the crime or to navigate the criminal justice system or other systems.
19. Victims contact the Helpline directly by telephone, email or text, or are referred by police, other agencies, family members or friends. Approximately 70% of all referrals into the Helpline are received via an electronic referral system used by Victoria Police known as the Victoria Police e-referral or 'VPeR' system.

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20. After receiving an e-referral from Victoria Police, a VSO will attempt to make contact with the victim usually within one business day and within two hours if the referral indicates (via a flag) that it is a priority. If the referral details are not clear, the Helpline will email or call the police officer to clarify and will then contact the victim to undertake a brief assessment of risk, need and service eligibility. The aim of this brief telephone intervention is solely to calm the victim, collect and clarify details and reduce re-traumatisation via retell. If the e-referral narrative is clear then Helpline staff will on-refer to the VAP electronically and usually within two hours and the same day.
21. Live call conferencing with the police 000 Call Centre and Victorian Interpreting Services are also utilised to address high distress, confusion or language barriers. If a referral is marked priority by police then the Helpline supervisor will give feedback to the police regarding Helpline/VAP actions and also speak directly with a VAP team leader or manager to flag the incoming priority.
22. VSOs use an electronic case management system (known as Resolve) to refer victims of crime against the person to VAP service providers across Victoria.
23. The VSO receives the case information (usually via VPeR PDFed e-referral into the general secure VSA email account, or phone call) and takes the detail from the VPeR or L17 report and enters the victim's narrative into Resolve. This function creates a client case. The case is then submitted electronically and transferred to the VAP provider near where the victim resides. The VAP provider accepts the case electronically and this action results in the case being auto-populated into the VAP Resolve database.
24. The strength of a fully-integrated referral pathway from point of crime via police to the Helpline and out to services reduces re-traumatisation, provides containment and early interventions, and maintains consistency in information flow as it moves through the system from point of crime to point of court outcome.
25. A focus on early intervention and referral to supports helps to reduce victims' sense of isolation and confusion, promotes recovery (both physical and emotional), helps to inform victims early and accurately about their rights and

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entitlements, and increases victim engagement as a witness in the criminal justice process.

26. From 1 July 2013 to 30 June 2014 the Helpline responded to over 22,000 calls and referrals. For the year from 1 July 2014 to 30 June 2015, the Helpline has received 24,826 calls and referrals. Those calls and referrals included:

26.1 electronic VPeR referrals from Victoria Police;

26.2 male AFM family violence e- referrals (L17 reports) from Victoria Police;

26.3 calls or emails to the Victims Register (see paragraphs 71 to 76 below);

26.4 calls, emails or texts from victims and their families; and

26.5 calls or emails from professionals.

27. The Helpline is managed within a tight governance framework. In this regard, the VSA has developed the Helpline Practice Manual and other performance monitoring frameworks including Call Coaching and Supervision policies. The 2<sup>nd</sup> edition of the Practice Manual, which is under review, is attached to this statement at **Confidential Attachment CM-1**. The VSA also facilitates mandatory specialist training, including induction and training about the use of the Practice Manual. The Practice Manual is the practice guide for VSOs.

28. Pursuant to its performance monitoring frameworks, the VSA reports internally on its operation and to the Department of Treasury and Finance. I provide further detail about staff training, manuals and performance monitoring below.

### ***Victims Assistance Program***

29. The VAP is delivered by a state-wide network of not-for-profit community-based agencies that are Department-funded and contract-managed.

30. VAP services have two broad aims, namely to assist victims to:

30.1 recover from the effects of crime; and

30.2 navigate and participate in the criminal justice system.

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31. VAP providers operate within a social health case management model and provide a continuum of services to victims from the time the crime occurs until the conclusion of all justice processes including, where an offender is imprisoned for a violent crime, until the offender is released from prison and completes parole, and the victim is no longer eligible to receive the Victims Register service.
32. Examples of assistance provided by the VAP include:
  - 32.1 information about services that are available to victims;
  - 32.2 support and advocacy to engage with the criminal justice system;
  - 32.3 provision of practical support, such as security, transport, food vouchers and short-term accommodation;
  - 32.4 support to manage physical and psychological needs as a consequence of the crime, including access to therapeutic interventions such as counselling;
  - 32.5 referral to other specialist services, including legal, family violence, mental health, children's and housing services;
  - 32.6 assistance with advocacy in working with other services and police (for example, if a victim is not aware of how an investigation is progressing or if the victim wants support in reporting a crime to police);
  - 32.7 court support or liaison with the Office of Public Prosecutions, Court Network, the Witness Assistance Service or the Child Witness Service;
  - 32.8 assistance to apply for interim and longer-term financial assistance through the Victims of Crime Assistance Tribunal; and
  - 32.9 assistance with the preparation of a victim impact statement or a submission to the court or the Adult Parole Board.
33. There is a VAP provider in each of eight regions in Victoria. In the Southeast Metropolitan regions, there are two VAP providers. Services are delivered

from more than 40 community-based locations, as well as from 17 metropolitan and regional police stations.

34. VAP providers are organisations with experience in provision of social health, health, disability and other support services. The agencies that provide VAP services are Windermere Child and Family Services, EACH Social and Community Health, Merri Community Health Services, CoHealth Community Health, Gateway Health, St Luke's Anglicare and CentaCare Ballarat. There are approximately 100 VAP case managers providing VAP services state-wide (and they equate to approximately 65 full-time equivalent positions).
35. VAP providers are contracted by the Department through a selected grants process and enter into three-year contracts under a Common Funding Agreement (**CFA**). A copy of a standard CFA is attached to this statement at **Attachment CM-2**. VAP providers operate within a tight governance and performance monitoring framework that requires, among other things, compliance with the Standards for Delivery of Services to Victims of Crime in Victoria (2011) (**Standards**) (**Attachment CM-3**) and the VAP Practice Manual 2015 (**Confidential Attachment CM-4**). The 2<sup>nd</sup> edition of the VAP Practice Manual was published in June 2015.
36. The objectives for the service development and deliverables of the VAP are set out in the VAP Strategic Plan 2012-2015. The VAP strategic priorities emphasise engagement with key stakeholders, including courts, police, family violence services, child witness services, mental health services, Aboriginal services, the Office of Public Prosecutions and sexual assault services. This engagement prioritises enhanced partnerships locally and improves service access and quality of case co-ordination for victims. This means that a victim can expect to receive the same standard and type of service in any part of Victoria and that local partnerships with regard to referrals and any co-case management will be the same.
37. VAP providers are responsible for assessing and providing a range of practical supports and therapeutic interventions for victims of crime. VAP providers do not necessarily provide the therapeutic services directly, however they co-ordinate access to therapeutic service providers in the victim's local area. This model allows for flexibility, is client focussed and provides for 'wrap around' in service delivery. Each victim's needs are different and it would be



difficult for one organisation to provide all the services that victims might require. The VAP provider undertakes full and regular assessments of need and risk and develops a Care Plan with the client to ensure appropriate goals are met, reviewed and reached and that as needs change the service is responsive and remains client focused.

38. The VAP service model emphasises early intervention and assists victims to manage the impact of the crime, promotes their recovery and minimises secondary victimisation. Victims can access services through a VAP provider from the time a crime occurs to the end of the court and appeal process. The other emphasis in the VAP and broader victim service system is that a 'no wrong door' approach to practice is provided at every point. This approach is reflected in Helpline triaging practice and the VAP Program Guidelines – **(Confidential Attachment CM-5)**.
39. Most victims require a short-term intervention following the crime and then they can manage with other social supports (45% receive on average three to five hours of service per crime event). There are, however, some matters, including homicides, culpable driving and sexual abuse cases, where more intensive, ongoing support is necessary and the victim may stay engaged in the criminal justice system or process for periods in excess of 10 years.
40. Brokerage funds allocated to VAP providers under the CFA are used to purchase goods and services to 'wrap around' victims, such as: urgent security or accommodation, relocation expenses where a crime scene has been commissioned by police or a victim is moved to witness protection, travel costs to attend hospitals or medical appointments, court attendances, replacement furniture and urgent medical assistance that cannot be otherwise funded. Based on feedback from the VAP providers and research with victims, the VSA has determined that most victims want to receive these forms of practical support.
41. The VSA has published *A Victim's Guide to Support Services and the Criminal Justice System* (**Attachment CM-6**). This document is publicly available and is supplied to victims of crime by police to provide information about the Helpline, the VAP and the Victims Register.

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42. The VAP service model uses an evidence-based formula that is broken down into low, medium and high needs client categories. For instance, in accordance with this formula 45% of clients for 2014-15 received, on average, three to five hours of service per crime event and approximately 11% received over seven hours of service on average per crime event.
43. In the 2014/2015 financial year, VAP providers supported 13,629 clients, being 8,904 new clients and 4,725 existing clients whose cases were carried over from the previous year. While VAP providers receive some referrals from other local service providers, the largest source of referrals is the Helpline, which accounts for approximately 70% of VAP clients.

#### *Referrals to VAP providers*

44. When a police VPeR or other referral is received by the Helpline, and the narrative in the referral makes it clear that a person has been a victim of crime against the person, a VSO at the Helpline will electronically, via the Department's Resolve system, forward that referral on to the relevant local VAP provider.
45. Upon receipt of an electronic referral from the Helpline, the VAP provider 'makes contact' with the victim within one business day (as per its contracted KPI in the CFA) to arrange an intake/assessment. The VAP provider will complete an intake/assessment with the victim within three to five business days after initial contact or by arrangement with the victim (as per KPI in the CFA). The Helpline and VAP providers access interpreters to communicate with victims when necessary and the VAP is explicitly funded to pay for interpreting services. If the VAP provider assesses with the victim that more immediate assistance is required, then the provider may meet with the victim sooner or may start working immediately and within hours from the point of accepting the referral to access supports. High priority VPeR referrals are actioned by the Helpline immediately (the relevant KPI requires that 100% be actioned within two hours) and the VAP provider actions on receipt of the referral and a call from the Helpline supervisor.
46. The VAP provider will make a thorough assessment of all the particular needs and risks for the victim and develop a care plan with the client. Tools and guidance regarding these phases of case management (that is,

intake/assessment and care planning) are contained in the VAP Practice Manual (see **Confidential Attachment CM-4**) and are also contained and completed in the Resolve system by workers. VAP providers are contractually required to use the Resolve database for the primary collection of information, case management and reporting.

*Monitoring and auditing VAP providers*

47. Attachment A to the CFA (see **Attachment CM-2**) sets out how the VSA monitors the performance of VAP providers. This information is also contained in the VAP Practice Manual at Appendix F.
48. In particular, the VSA monitors VAP providers by:
  - 48.1 reviewing de-identified data entered into the Resolve database by the VAP provider;
  - 48.2 producing quarterly Resolve VAP reports;
  - 48.3 requiring the preparation of annual community stakeholder engagement plans;
  - 48.4 evaluating VAP and Helpline services via an annual client survey;
  - 48.5 receiving quarterly VAP brokerage acquittal reports (including a description of any unspent funds);
  - 48.6 receiving VAP half-yearly narrative reports which describe in detail key aspects of performance and quality assurance/accreditation;
  - 48.7 receiving VAP Certified Annual Financial Acquittal;
  - 48.8 receiving VAP agency Annual Report;
  - 48.9 conducting quarterly meetings between the Department and VAP agency representatives; and
  - 48.10 conducting quarterly Provider Forums between the Department and VAP providers.
49. Additionally, in order to be eligible to be a provider of the VAP, agencies must obtain appropriate external accreditation every three years (for example,

DHHS accreditation - Quality Innovation Performance (formerly Quality Improvement Community Services Accreditation)) and they are required to meet standards in relation to skills and training areas described in the VAP Program Guidelines, CFAs and Standards. Agencies must report their accreditation status against these areas to the VSA in each half-yearly report.

*Service integration*

50. Victims of crime may experience a wide range of complex issues that cannot be addressed by a single program or agency. In order to provide an effective and seamless response, a collaborative and co-ordinated approach to service delivery is essential. This 'no wrong door' and seamless approach to practice is reflected in the VAP Guidelines, Standards and VAP Practice Manual.
51. Maintaining local networks between various services is critical to ensure a consistent and thorough VAP service that can be flexible and robust in working with other agencies. To assist with the maintenance of these networks, the VSA invites staff of VAP providers and other services to professional development activities hosted by the VSA and the annual training program is developed in consultation with stakeholders and VAP providers. The survey that initiates the program development is typically responded to by approximately 200 staff across services/sectors. Training is identified in key areas including court processes, Victims of Crime Assistance Tribunal, victim impact statements, the Office of Public Prosecutions, Child Witness Service, policing, family violence, Common Risk Assessment Framework (**CRAF**), Applied Suicide Intervention Skills Training (**ASIST**), roads trauma, cultural awareness, mental health, sexual assault, privacy, case noting, and VAP provider induction. The VSA also convenes working groups to review, evaluate and initiate new projects or service development initiatives and engage stakeholders. These activities provide valuable networking opportunities as well as the opportunity to share information and knowledge between agencies and sectors.
52. As mentioned at paragraph 33 above, VAP providers are now co-located at 17 metropolitan and regional police stations in Victoria. These co-locations have enhanced communication between police and staff of VAP providers, particularly for very serious crimes that have resulted in death or serious injury. The complexities in these serious and high profile crimes demands

additional scrutiny and intensive investigation by police so the case management response is needed earlier and often results in an extensive range of supports being requested including support at the Coroners Court, travel, hospital support, and liaison with other government departments, media, police, courts and others. Ensuring access for police investigators to these early supports has allowed police to focus on the crime scene while VAP providers work to contain the most acute trauma of families associated with serious crimes.

*Support for Aboriginal victims*

53. One of the key priorities of the Aboriginal Justice Agreement Phase 3 (see [https://assets.justice.vic.gov.au/justice/resources/f4b38365-f9bc-48ef-bf3e-47ac8e6149de/aja3\\_web.pdf](https://assets.justice.vic.gov.au/justice/resources/f4b38365-f9bc-48ef-bf3e-47ac8e6149de/aja3_web.pdf)) is to enhance access to culturally appropriate services for Aboriginal victims of crime. VAP providers are funded through contracts and strategic initiatives to employ Aboriginal victim support workers to achieve these aims across Victoria.
54. The VSA funded two Aboriginal workers in VAP providers in Gippsland and Barwon South West Region over the last two years. Following positive feedback from Aboriginal and mainstream services and police in the region, this funding has now been made on-going in these two regions.
55. The Aboriginal workers provide the earliest possible intervention for Aboriginal clients and increase the cultural competency of the VAP service by building relationships and educating the VAP providers and police in the region.
56. Work has also been undertaken to increase the number of Aboriginal workers in VAP providers, with the CFAs from 2012 encouraging VAP providers to consider employing Aboriginal workers in their regions. The North Metro VAP provider and the Eastern VAP provider have received funding this financial year (2015/2016) to recruit Aboriginal workers to co-locate at the Victorian Aboriginal Health Service and the Ringwood Magistrates' Court.

***Male AFM family violence electronic referrals from police and other family violence referrals***

57. The most common crime referred to the Helpline and the VAP is physical assault, which, following assessment by a VSO may be identified as a family

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violence incident. Family violence referrals for women and children (pursuant to L17 reports) are referred by police electronically to family violence providers funded by the DHHS. The VSA does not have involvement with these referrals.

58. In 2012, the VSA identified a gap in the service response where the affected family member is male. The VSA is now the lead agency for receiving and coordinating service responses for male victims of family violence. In 2014/2015 the Helpline received 21,790 male AFM L17 report via e-referrals from police.
59. Where police members attend an incident identified as family violence, they collect information and are required to complete a Family Violence Risk Assessment and Risk Management Report or L17 report. The L17 report contains areas that require detail regarding the gender of the person as well as status (respondent or AFM). Where male, AFM and over 18 years of age are selected on the L17 report, the referral will automatically and electronically go to the Helpline.
60. The Helpline receives approximately 1,800 referrals (via L17 reports received electronically into the VSA secure email account that also receives general victim support VPeR referrals) per month identified as male victims of family violence. Currently, approximately 8% of all incoming referrals are assessed by VSOs at the Helpline to be victims and are referred on to VAP providers. Of the remaining 92% of male AFM referrals:
  - 60.1 call backs made by Helpline staff to undertake an assessment are not answered (up to three calls are made); or
  - 60.2 approximately 10% of men (in the 92%) are assessed as perpetrators and are referred to men's and other services such as Men's Referral Service, Lifeline, Parentline Victoria or MensLine Australia or decline a service.
61. Family violence, whether experienced by male or female AFMs, now accounts for approximately 40% of all VAP clients. In 2013/2014, 2,915 of the 5,649 new VAP clients were victims of family violence. Approximately eight per cent of all family violence victims in the VAP data set are male victims.

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62. Data from 2014/2015 shows that: for approximately 40% of adult male AFMs, it is a parent/child relationship; for approximately 28%, it is an ex-partner; for approximately 18%, some other familial relationship (such as, for example, cousin or in law) is involved; and for 11%, the relationship type is sibling. The VSA has developed a Helpline Male Family Violence Practice Manual (**Confidential Attachment CM-7**) to assist VSOs in responding to male family violence victims. VSA staff receive specialist training in order to undertake a thorough assessment of the status of men identified as the subject of family violence referrals. I have set out the content of this manual in greater detail at paragraphs 89 to 90 below.
63. The involvement of VAP services in family violence cases varies. VAP providers may co- case manage the work with other family violence service providers or may assist with providing court support, brokerage for practical supports or assistance preparing a victim impact statement.
64. The Helpline Practice Manual (at page 60) also contains a family violence checklist that VSOs use to identify risk and provide appropriate assistance to victims more generally.

#### ***Youth Justice Group Conferencing Victims Liaison role***

65. The VSA has had responsibility for the Youth Justice Group Conferencing Victims Liaison role since 2012. This role is funded by the DHHS and a full-time employee undertakes the role at VSA.
66. Youth Justice Group Conferencing is a rehabilitation intervention directed at young offenders (see, for example, ss 414 and 415 of the *Children, Young People and Families Act 2005* (Vic.). It involves establishing a dialogue between young offenders, their victims and others affected by the offending.
67. The liaison role aims to increase participation and satisfaction of victims in Youth Justice Group Conferences (**YJGC**) in Victoria. The VSA staff member undertaking the role trains and educates YJGC Convenors (who chair conferences), VAP providers and police. The role also promotes awareness of the program to stakeholders, including police and courts, and produces a range of publications.

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68. Since 2012, victim support requests have increased by 76%. In 2014/2015, 92 requests for victim support were received from state-wide YJGC funded agencies.

***Prisoner Trust Fund***

69. The Prisoner Trust Fund was established in 2014 and is held by Corrections Victoria.
70. The Prisoner Trust Fund holds interest on money that is earned by prisoners under sentence. The interest earned is utilised by the VSA to provide practical support to victims, over and above funding allocated under the VAP.

***Victims Register and Prisoner Compensation Quarantine Fund***

71. The VSA also administers the Victims Register and the Prisoner Compensation Quarantine Fund.
72. The Victims Register is established under reg 6 of the *Corrections (Victims Register) Regulations 2004* (Vic.) for the purpose of recording persons entitled to received prescribed information under s 30A or s 30C of the *Corrections Act 1986* (Vic.) and to make victim submissions to the Adult Parole Board (**Board**).
73. As at 30 June 2015, there were 792 victims registered to receive prescribed information, including:
- 73.1 the length of an offender's prison sentence;
  - 73.2 any changes to an offender's prison sentence;
  - 73.3 whether an offender has escaped or died; or
  - 73.4 an offender's parole status.
74. The number of active victims on the Victims Register has grown by 37% in the last financial year. Two staff members at the VSA work exclusively on the Victims Register. Among other things, they interact with victims, particularly when an offender is close to his or her release date (whether on parole or at the end of sentence).



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75. In respect of the Victims Register, the VSA works closely with the Board and receives daily updates to information to ensure that registered victims have an opportunity to make a submission to the Board when it is considering parole of an offender. In the last financial year, the Victims Register facilitated 141 victim submissions to the Board, representing approximately a 10% increase each year. Victims are provided a minimum of fourteen days' advance notice of an offender being released on parole. The VSA also works closely with Corrections Victoria in connection with the Victims Register.
76. The VSA provides annual training to members of the Board on the role and purpose of the Victims Register and secondments occur between the two business areas to share practice knowledge.
77. The Prisoner Quarantine Compensation Fund (**PCQF**) quarantines amounts of money over \$10,000 awarded to prisoners who make successful claims against the State of Victoria (usually for negligence). A victim may give notice to the VSA of the commencement of legal proceedings for the recovery of damages against the prisoner and the VSA must not pay any money out of the fund until the legal proceedings are finally determined. Additionally, a creditor may give notice of a claim against the PCQF. Funds are kept in the PCQF for an initial 12 months.
78. As at 30 June 2015, three prisoners had money quarantined in the PCQF. Since the legislation was enacted in 2008, 13 prisoners have had money quarantined in the PCQF.

***Crime scene clean ups***

79. The VSA funds and facilitates a 24-hour service for rehabilitating crime scenes and suicide scenes. Requests for clean ups are made by police to police communications at the 000 call centre. One VSA staff member is on call at all times to respond to a request from police communications for a crime scene or suicide clean up in Victoria. Specialised Trauma Cleaners are mobilised by the VSA on call staff member to deliver this service.
80. In 2013/2014, the VSA facilitated 62 clean ups for police that aimed to reduce trauma for victims managing the impact of serious crimes including homicide.

## TRAINING, MANUALS AND POLICY DEVELOPMENT

81. In order to ensure a thorough and consistent service is provided to victims, the VSA has invested heavily in staff training and production of practice manuals. The VSA also has a policy area to inform and develop policy relating to the provision of victim services across Victoria. I provide further details about these matters below.

### *Training*

82. New employees at the VSA Helpline undertake an induction program. Induction is provided to new staff for two shifts per week for at least four weeks. New Helpline staff are provided with a 'buddy' to assist them in their transition into the new role and their induction, as well as assisting them with use of the Helpline Practice Manual and Male Family Violence Practice Manual.
83. The VSA provides ongoing and specialist training, in the following areas: *Victims Charter Act 2006* (Vic.), criminal justice and courts, the CRAF, ASIST, sexual assault, cultural awareness, mental health, privacy and use of Resolve system to create case notes. The above training is mandatory for VSA Helpline, YJGC and VAP staff. Staff receive training in other areas, some of which are described in paragraph 51.
84. A Victims Services Professional Development Calendar is developed at the beginning of each year, having regard to a survey given to staff in which they are request to supply their 'top ten' topics, issues or gaps.

### *Manuals*

85. As noted above, the VSA has developed a number of practice manuals to ensure a thorough and consistent service is provided, regardless of where or when a victim accesses a service in Victoria.

#### *Helpline Practice Manual*

86. The Helpline Practice Manual (see **Confidential Attachment CM-1**) is an invaluable staff resource that covers all aspects of the VSA's Helpline and broader business. It provides detailed information to VSOs about responding to victims and appropriately referring them to VAP and other services. It

annexes a number of useful appendices that include a summary of relevant legislation, inter-agency protocols and communication/complaints guidelines.

87. The Helpline Practice Manual contains a chapter on responding to male and female AFMs who are victims of family violence. It contains details of issues to explore with the victim and provides key indicators that VSOs may look for in identifying a male and female victim of family violence or an aggressor and understanding risk assessment with women.

#### *VAP Practice Manual*

88. The VAP Practice Manual (see **Confidential Attachment CM-4**) was developed in 2011-12 to ensure consistent and client-centred approaches to working with victims of crime in Victoria and to facilitate efficient and effective service delivery across the VAP system. In addition to setting out requirements for responding to clients, the VAP Practice Manual appends pro forma forms such as an Intake & Assessment Form and Care Plan (contained and completed in Resolve) used by VAP case managers to obtain relevant information from clients and to develop an appropriate care plan to meet their individual needs.

#### *Male Family Violence Practice Manual*

89. The Male Family Violence Practice Manual (see **Confidential Attachment CM-7**) contains detailed information to guide intake and assessment in particular for VSOs managing referrals relating to male victims of family violence.
90. The manual sets out a process for sorting incoming L17 referrals from police to ensure that the VSA has not received referrals for victims other than male victims or referrals relating to perpetrators. The manual sets out in detail the preparation a VSO should undertake prior to contacting and assessing a male victim of family violence, and suggestions for language to use when speaking to a male victim to provide them with an opportunity to engage. The manual details referral out pathways for male victims and for persons who are reassessed as primary or secondary aggressors by a VSO. The manual contains a number of useful appendices including a resource to help victims prepare a safety plan (at Appendix 7).

**VSA policy development**

- 91. The VSA has a small team that undertakes research and evaluations designed to build the evidence base to inform victim policy and service development and reform.
- 92. The policy team is currently evaluating the rollout of the VAP co-locations at police stations and will shortly carry out an evaluation of the victim impact statement process used by VAP providers.
- 93. The policy team conducts annual written surveys of victims referred from the Helpline to VAP services and bi-annual interviews with victims to obtain more in-depth qualitative data to inform service development.

Signed by )  
**Clare Frances Morton** )  
 at Melbourne )  
 this 3<sup>rd</sup> day of August 2015 )



Before me



An Australian legal practitioner  
 within the meaning of the  
 Legal Profession Uniform Law (Victoria)