

**ATTACHMENT 'CC 1'**

This is the attachment marked '**CC 1**' referred to in the witness statement of **Christopher Leonard William Casey** dated: 31<sup>st</sup> July 2015.

## Submissions to the Royal Commission into Family Violence

### Loddon Campaspe Community Legal Centre

#### The Centre

1. The Loddon Campaspe Community Legal Centre (LCCLC) has provided free legal assistance to central Victorians since it was established in 2005 after a sustained campaign led by the family violence service EASE (now Centre for Non-Violence), the Loddon Campaspe Centre Against Sexual Assault and the Advocacy and Rights Centre (now trading as ARC Justice). Those services recognised that among other needs, legal assistance for women experiencing family violence was a critical issue.
2. This submission addresses the questions in the Royal Commission's issues paper relevant to our service.

#### **Question 4: If you or your organisation have been involved in programs, campaigns or initiatives about family violence for the general community, tell us what these involved and how they have been evaluated.**

3. Family violence has historically made up about a third of LCCLC's casework, but this has increased to almost half of the Centre's current caseload. Without specific funding to provide those crucial family violence services - including duty lawyers at three (of the seven) courts in the region - the Centre sought a grant from the Legal Services Board in 2011. The aim was to expand the scope of our family violence services, but also to re-examine how the services were being delivered. The project incorporates a research project looking at whether women feel their needs are met by the legal process. The grant also provided capacity for us to work more closely and strategically with others in the sector, and create links with the health sector to support them to identify family violence and make good referrals.
4. The three-year project has entailed the following aspects, to which this submission is directed:
  - 4.1 A research project capturing the voices of the women and their first-hand experiences of seeking protection through the legal system;

- 4.2 Addressing the shortfall in legal advice and representation in the family violence jurisdiction;
  - 4.3 Engaging with the integrated service sector to support better and more effective responses for those experiencing family violence; and,
  - 4.4 Assessing the need for, and providing, community legal education to general practitioners, health and allied services on the identification of family violence and the referral paths.
5. The project has been independently evaluated by Dr Liz Curran of the Australian National University, evaluation attached. We draw the Commission's particular attention to the conclusions at pages 74-76.

**Question 8: Tell us about any gaps or deficiencies in current responses to family violence, including legal responses. Tell us about what improvements you would make to overcome these gaps and deficiencies, or otherwise improve current responses.**

6. LCCLC holds the view that assessing whether there are gaps or deficiencies in current responses necessitates speaking with those directly affected, and asking what they need. **'Will somebody listen to me?'** is a collection of stories told by women about escaping family violence. We formally submitted this report (in abridged and full format) to the Royal Commission on 5 May 2015 at the Bendigo sitting. The report (which can also be downloaded from our website at [www.lcclc.org.au](http://www.lcclc.org.au)) uses those stories to make demands of the government and service sector (including community legal services) to address systemic deficits that inhibit victim care and safety, and, perpetrator accountability. A precis of those findings follows.
7. 190 of the women supported by LCCLC to obtain intervention orders at the Bendigo, Echuca, Maryborough, Kyneton and Swan Hill Magistrates' Courts were surveyed about their needs and their experiences, and 27 participated in in-depth conversations further exploring their hopes, experiences, difficulties and outcomes, as presented in the report. Because of the localities of the women, the research drew out issues that are experienced by women in rural and regional locations.
8. The project sought to advocate new approaches to family violence legal assistance services that champion outcomes sought by women, as informed by their experiences. We refer the Commissioners to this report (attached), and provide below a summary of some of the difficulties faced by women. We refer the Commissioners to page 22 of the abridged form and 20 of the long form for a list of recommendations arising out of this report.

### What do women experiencing family violence need?

9. Our research asked the participants to identify what they sought out of the justice process, beyond the tangible output – an intervention order. Their highest priorities were:
  - 9.1 **Participation** – the decision making to be more in their hands, to be well informed and understand the justice system and processes, and justice to be affordable and accessible;
  - 9.2 **Voice** – to be heard, that the legal actors really listen and that those experiencing family violence are empowered to say what is their truth - they define clearly what is safety and justice for them;
  - 9.3 **Validation** – their feelings, behaviour and experiences to be understood; to be believed, not judged or made to feel ashamed;
  - 9.4 **Offender accountability** – that the offender acknowledges the harm he has caused, apologises, changes his behaviour and that the community and justice system monitors his behaviour and holds him accountable; and,
  - 9.5 **Restoration** – the justice process to be the beginning not the end; healing for the women and their children and their community.

### Experiences of the justice system

10. The experiences of our interviewees varied, but many identified shortcomings in the system designed for their protection. The role of the police was pivotal and had a profound impact on whether they felt heard. Some women felt police members trivialised controlling behaviours and focussed instead on physical violence. The women also described an inconsistent response from police, or low accountability, with respect to breach allegations. A significant proportion had given up on making reports about breaches because of this. Others crafted their own solutions, like moving town, to feel safer.
11. The women described arriving at court with little understanding of what to expect on their pathway through the system. Having access to consistent support from community agencies (including legal support) before, during and after court, was crucial to women deciding to pursue a legal outcome. Particularly given the rural context, concerns about privacy and safety at court was prominent in these interviews (discussed in detail below). Women are required to recount very private stories, and many described how this made them feel exposed. Having to repeat their story throughout the process also compounded that feeling of exposure.
12. There was also a strong theme in the data that women felt the system was not being monitored. Failures were not being addressed or taken seriously. Some also felt they did not have a voice in the

justice process. Our project researcher Carolyn Neilson has enabled many of the participants, through the research period and since, to access opportunities to speak to the media about their experiences and to take part in a violence prevention conference in Bendigo in 2014. Many said they would like to play a part in the training of the service providers, including police and court staff, to relay their experiences and show the best way to support someone through the system.

**Question 14: To what extent do current processes encourage and support people to be accountable and change their behaviour? To what extent do they fail to do so? How do we ensure that behaviour change is lasting and sustainable?**

13. The women had a very specific view of what amounts to ‘offender accountability.’ Few reported observing any change in the offender’s controlling behaviour since the making of the order. A small number of women would have advocated punishment by imprisonment for their respective offenders. They felt that it was the only way of bringing safety to their lives because their offenders were not capable of rehabilitation.
14. Many women, however, did not wish offenders to be punished by imprisonment. They wanted a broad integrated response to family violence that sees a shifting of focus from women to offenders. They recommended that this response include early offender intervention, the offenders to hear and understand the impacts their violence has had on the women and their children and acknowledge the harm they have caused. It also includes facilitating offender engagement with relevant men’s behaviour change programs and long-term monitoring and mentoring that addresses individual offender needs not to reoffend.
15. The women’s greatest priority was feeling heard, and wanting the behaviour to stop. One woman gave a vivid account of such a turning point; “On that day when you had to stand up and the lady judge said ... she kind of quoted some of his messages or the theme behind his messages and the amount of texts and she said that that is a form of harassment. Do you understand that? When he had to say yes it hit him.” From then, she saw a shift in his behaviour because, in her view, the offender had to hear and acknowledge the harm that had been caused.
16. The women in our research identified that complicity in the community is one of the factors allowing violence against women to continue. Some identified that they hoped the intervention order would bring community disapproval for the violent behaviour. During the interviews some women also identified concerns that through exposure their children may be more likely to continue the cycle of

family violence. The motivation to protect children incorporates current and future safety concerns. Engaging with community centres like church and sporting teams to address gender equity and family violence, to reinforce any behaviour change program or model, was identified as a key recommendation of the women.

17. Some of the women also identified restorative processes as potentially addressing their unmet needs. They described such a space and process where they thought they would have a better opportunity to be heard by the offender in a more empowering and less adversarial context. These women believed that this would potentially initiate a better process of offender acknowledgement of the harm they had caused; offender behaviour change; and subsequent restoration for the women, children and the offender. One woman had initiated her own process with the assistance of her general practitioner. They were clear that to engage in such a restorative process they would have to feel very safe, supported and empowered – the recent Centre for Innovative Justice reports on [restorative processes](#) and [family violence](#) describe such a victim-led approach. It should be noted that a minority thought it would not work for them at all, thus the threshold requirement that it be victim led.

### **RURAL AND REGIONAL SERVICES**

**Question 18: What barriers prevent people in particular groups and communities in Victoria from engaging with or benefiting from family violence services? How can the family violence system be improved to reflect the diversity of people’s experiences?**

**Question 19: How can responses to family violence in these groups and communities be improved? What approaches have been shown to be most effective?**

18. There are seven Magistrates’ Courts within the bounds of the region serviced through the LSB project. Prior to project funding we regularly attended three – Bendigo, Maryborough and Echuca (every second sitting). Our coverage increased to Kyneton and Swan Hill, as well as Kerang and Castlemaine on request. When the project is finalised on 30 June 2015, the Centre will not have capacity to continue those extended services without additional resources. Otherwise, for each regional court there is one Victoria Legal Aid funded duty lawyer available to provide duty lawyer services in *all* jurisdictions – criminal, family violence and child protection. For courts such as Echuca, [recently identified](#) as having by far the highest rate in family violence reporting in the state, this is patently inadequate and unfair.

19. Further to this immediate funding gap facing LCCLC, is the potential impact of a future Legal Assistance Sector National Partnership Agreement, which may impose a financial hardship test for clients assisted with Commonwealth funding. While this Agreement is presently under negotiation, one potential effect of the financial hardship provision would be to exclude women who are not financially disadvantaged from receiving representational services in family violence matters. Although this is said to exclude duty-lawyer services, it is likely to capture more substantive hearings and representation (such as contested hearings) that arise out of duty proceedings. Such a provision may unfairly penalise women from accessing free legal services (and benefiting from the associated continuity of service provision through to contest and beyond).
20. The issues identified by our duty lawyers in the courts we service include:
- 20.1 No safe waiting areas: At our headquarter court Bendigo there are no secure waiting areas for women. At Echuca and Swan Hill Courts there is a small area where all people with matters listed can sit. At Echuca Court there have been physical fights at least 3 times in 2015. There are no security staff, so in those instances Police fulfilling other roles (Prosecutors in some instances) are called on to intervene. Kyneton, Kerang, Castlemaine and Maryborough Courts have no waiting areas at all. People mill in the park, or squeeze into the court house on rainy days. Maryborough Court has no disability access.
- 20.2 No safety screening: No court in this region undertakes safety screening.
- 20.3 No confidential interview rooms: In Bendigo, Maryborough and Swan Hill Courts there are rooms available for duty lawyers to obtain instructions in a confidential environment. At Echuca, Kyneton, Castlemaine, and Kerang Courts the lawyer must 'make do.' On occasion LCCLC staff have used their cars to provide confidentiality. With increased demand, the need for updated facilities is urgent.
- 20.4 No respondent services: No court in this region provides support or referral information for those responding to intervention order applications. In our experience this compounds the antagonism between parties, but also leaves the respondent with little information about how to change their behaviour – which is the ultimate goal of the legislation.

- 20.5 [“Postcode justice”](#) with respect to the availability of mandatory participation in programs like Men’s Behaviour Change. Expansion of the applicability of the Act to allow Magistrate in any court to make this order would provide women in rural contexts access to outcomes currently available in select courts.
- 20.6 Inadequate Men’s Behaviour Change programs: Currently there is capacity for one group of 12 men for the region to participate in a MBC program. It is provided only in Bendigo so for those residing outside of Bendigo, this provides an additional disincentive to participation. Recently quoted in the [Herald Sun](#), waiting lists in metro areas are as long as twelve months – with far fewer programs in the rural and regional areas we would expect much longer waiting times.
- 20.7 No staggered listings or time certainty for early phase matters: At our regional court, Bendigo, all family violence matters are listed at 9.30, but there may be up to 60 matters listed. Many parties will inevitably be waiting for hours and possibly all day. The listings could be staggered so half were heard before lunch and half afterward. Although waiting is inevitable, this would lessen it somewhat.
- 20.8 No priority for family violence matters: In satellite courts *all* matters are listed at 9.30 on mention day. In-custody and Children’s Court matters are prioritised but family violence matters are not, despite the volatility of those matters. It is common that matters are otherwise called as they are ready. Therefore ‘non appearances’ may well be called (and often are) before family violence matters, as well as license restorations, and so on.
- 20.9 Appearance before Magistrate always required: A family violence matter rarely involves only one attendance at court. If there is difficulty serving the application, an adjournment is necessary. Unless evidence in support of an application for substituted service is required, the applicant does not need to attend this hearing. All matters that can be adjourned without any orders being made could be processed by a Registrar, unless one party is intentionally causing delays, then a Registrar may determine that it must be called before a Magistrate. This is routinely allowed for in the criminal jurisdiction.
- 20.10 The applicant must repeat her story: An applicant must swear, at the time of filing, that the contents of her allegations in support of the intervention order application are true and correct. It is usual practice that the Magistrates in our region will also require oral evidence in support of an application for an interim order, or prior to granting a final order if it is not by consent. Unless the allegations are unclear, that evidence is already sworn evidence and therefore fulfils the



requirements of the legislation. Where possible, it would be preferred that applicants be allowed to rely on that evidence rather than also having to provide further evidence in open court.

20.11 Competing for the duty lawyer: Duty services operate on a first-in basis – so if a woman has to drop her children at school, for example, she is likely to miss out. Family violence is a unique jurisdiction in which to appear unrepresented. The onus is on the applicant to adequately record her allegations in the application to meet the criteria of the legislation. Very few are supported by specialist agencies to do this, and no registry or court staff member in our region assists with the process, as occurs in other areas of the state. The applicant must also (usually) face the person she is trying to escape in the court room. We have observed Magistrates allowing cross examination during an ex-parte application for an interim order. We would imagine this may contribute to women dropping out of the process to avoid such confrontation.

20.12 No representation at Directions Hearings: Bendigo and its satellite Magistrates' Courts will not provide a contested hearing date until after the matter does not resolve at a directions hearing. A criteria of obtaining a grant of Legal Aid is that a contested hearing date is set. Victoria Legal Aid and private firms undertaking duty work will not provide representation at directions hearings. Therefore, at the first mention when a respondent indicates he will contest an application, both applicant and respondent are advised duty services cannot assist on the next occasion, and private solicitors generally will not provide assistance until a grant of aid is in place. Therefore there is no mechanism to get assistance for those who cannot afford representation. From our experience applicants that will not be represented may be too frightened to attend court. We have raised this issue with the Bendigo Registry and with Legal Aid and neither are willing to alter their policy.

20.13 Training for Registrars to identify risk: At the time of the introduction of the current legislation it is our understanding that Court staff were trained in the "Common Risk Assessment Framework" to better enable them to identify risk factors that correlate with mortality. We are told this does not occur any more. There are occasions when our staff have identified high risk allegations, like choking and threats to kill, in allegations and a registrar has not encouraged an applicant to seek an interim order.

20.14 Access to immediate protection: We have observed an inconsistency in the provision of a "Complaint and Warrant" where a Magistrate is not available to hear an application for an interim order. A woman might submit an application and explain that she believes there is an immediate risk but be told that as there is no Magistrate present she cannot make an application

for an interim order. As the research has shown, the moment when the woman is trying to leave the relationship is the most risky. In rural and regional areas access to firearms and physical isolation is greater - if an interim order is granted this will suspend a respondent's access to firearms. If women are left without that interim protection at this crucial juncture, this can only increase the risk they face.

20.15 Information availability at court: It is our observation that those submitting applications for intervention orders are only provided with a copy of their application which incorporates an information sheet at the rear listing other supports available. We believe there should be a positive obligation on registrars to point out that information, provide service brochures and also, if relevant, information accessible for those with low literacy. This would hopefully enable applicants to be aware of the legal process and their options, and possibly contact support services, prior to attending court at the first mention.

20.16 Positive impact of Family Violence Training on Magistrates: There has been a notable shift in our region of late in the practice and commentary or reasons provided by Magistrates. Some have cited family violence training they have been provided with. Examples are Magistrate's increased sensitivity to women who may be being coerced into revoking orders, or respondents citing lack of contact with their children as to motivation of an applicant despite no efforts being made by a respondent to obtain contact by consent or court order.

20.17 Access to mediation: the Dispute Settlement Centre provide free mediation in personal safety intervention order matters, both on site at court and at the Department of Justice offices. The Department's policy is that mediation is not available where there is an application for a family violence intervention order on foot. In appropriate matters, assessed on a case by case basis - for example at an applicant's request, this should be available for family violence matters.

20.18 Access to remote witness facilities: Bendigo Court is equipped to allow applicants to give evidence by video link. Women in other areas must travel to Bendigo. Given the availability of the technology allowing videoconferencing, as well as encryption of those communications, it would greatly assist women too frightened to attend court if access to remote facilities was expanded.

**Question 20: Are there any other suggestions you would like to make to improve policies, programs and services which currently seek to carry out the goals set out above?**

### **Prohibition on Publication**

21. Section 166 – 169 of the *Family Violence Protection Act 2008* contains provisions prohibiting the publication of information which might lead to the identification of parties to an intervention order or proceeding. The provision was designed to protect the applicant and witnesses in family violence intervention order proceedings, so that victims would not fear further traumatising from any publicity around their case which might identify them.
22. The Act contains an exception in section 169 where that publication may be in the public interest, and was also amended in 2013 to insert Part 8 Division 2 of the Act to allow publication where an applicant or ‘victim’ consents and the respondent has breached the intervention order. However, where there is no alleged breach, the restriction continues to apply.
23. We have found these provisions have prevented women from speaking openly about their experiences, and indeed calling for improvements to the system and greater accountability for perpetrators. For the purposes of the publication of our report we asked women to choose pseudonyms. It would have been too prohibitive to make an application under section 169 in each instance because separate applications would have to be made and each of the parties in the 27 proceedings would have to be served with those applications. We believe where a protected person or applicant is consenting to the publication of a proceeding, there should be no prohibition. Section 169 should be amended so that an application is only necessary where a protected person or applicant is not consenting to that publication.

### **Training for Health Practitioners**

24. A key arm of our project – and recognising [the link](#) between the prevention of family violence and health outcomes – as well as the pivotal role doctors and other health professionals play (second only to police) in identifying and responding to family violence as shown by the [Department of Justice 2012 data](#). We undertook a survey of local practitioners to assess the need for, and provide, community legal education on the identification of family violence and the referral paths.

25. 54 General Practitioners, psychiatrists, psychologists and counsellors responded to that survey. Only 15% of practices screened for family violence, and 63% indicated they would like to attend training about family violence.
26. Following these results the LCCLC conducted four GP training sessions. Each was evaluated (see the attached evaluation report). In summary, participants identified that undertaking the training had a positive impact on:
- 26.1 Identification of a growing need for health practitioners to identify those experiencing family violence;
  - 26.2 Understanding the role of the practitioner in identifying family violence;
  - 26.3 Understanding the impact of family violence on the wellbeing of patients;
  - 26.4 Knowledge of referral pathways, an confidence in making referrals; and,
  - 26.5 Identification of family violence intervention orders as an effective means of addressing a patient's immediate safety concerns.
27. The evidence is clear that family violence is the leading cause of morbidity and mortality for women under 45 – it is the LCCLC's view that health practitioners should view family violence as an entirely preventable health issue. A greater awareness of family violence among practitioners is essential to them playing a role in intervening and offering assistance. We would recommend the continuation of educational programs such as these that make local links between health practitioners and the legal and support services that can assist those experiencing family violence are continued.

## **CONCLUSION:**

28. The data collected and collated by LCCLC strongly supports the need for consultation with those experiencing family violence on their needs and how we can better support them. There is a need for women to feel heard through the process, for perpetrators to be confronted by the impact of their behaviour, and there may be a role for this to be achieved more directly such as through a restorative process. Our participants also felt there can be a role for those who have experienced family violence in providing feedback to the monitoring and evaluation of the justice system response, and to participate in the training of police, court staff and service providers to provide that first-hand accounts of their needs.
29. It is also the view of the LCCLC that infrastructure at regional and satellite courts is no longer meeting the demand in this jurisdiction. Waiting rooms are cramped or non-existent, and privacy and safety is compromised. Service coverage is patchy, particularly for respondents. A Magistrate is often not

present in satellite courts and the Registry is not always providing interim protection to applicants in high risk situations. Service gaps also compound the risks for women in rural areas.



**Bonnie Renou**

Lawyer | Loddon Campaspe Community Legal Centre

27 May 2015

# Will somebody listen to me?

INSIGHT, ACTIONS AND HOPE FOR WOMEN  
EXPERIENCING FAMILY VIOLENCE IN REGIONAL VICTORIA  
SUMMARY REPORT

 loddon campaspe  
community legal centre





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Supported by the  
Victorian Legal Services Board  
and Commissioner  
April 2015

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Victorian Legal Services  
**BOARD + COMMISSIONER**  
Funded through the Legal Services Board Grants Program



**Will somebody listen to me?**

*Insight, actions and hope for women experiencing family violence in regional Victoria*  
Summary report

April 2015

Published by the Loddon Campaspe Community Legal Centre, a program of ARC Justice, and written by Carolyn Neilson and Bonnie Renou.

A more detailed report of this research is available at [www.lcclc.org.au](http://www.lcclc.org.au)

54 Mitchell St  
Bendigo, VIC 3550  
Telephone: 03 5444 4364

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Any opinions expressed in this publication are those of the authors and women participating in the research and do not necessarily reflect the views of the Victorian Legal Services Board and Commissioner.

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 loddon campaspe  
community legal centre

Victorian Legal Services  
**BOARD + COMMISSIONER**  
Funded through the Legal Services Board Grants Program

 arc  
justice

*I want to change this for every woman, just a normal thing that women and children should be safe. I don't know how it got all confused. Men should protect us.*

CORDELIA

*... this has actually been going on for years and years beforehand.*

*It was affecting me, I had depression and had gone into hospital, prior to leaving but I didn't realise it could be mental, verbal violence as well.*

KIRSTY

*... the support worker knew the system. Oh my God, that was key to me ... you know what to say, what not to say.*

CARRIE

*The police need to hear these stories without judgement, regardless of what they are perceiving.*

ALLY

*... the violence got worse. It accelerated and got more violent to the point where I was concerned for my life and the children's lives.*

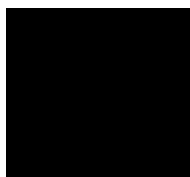
CORDELIA

## Foreword

*Will somebody listen to me?* Insight, actions and hope for women experiencing family violence in regional Victoria makes a significant and timely contribution to the evidence on Victoria's family violence system. Throughout 2015 the Royal Commission into Family Violence will be conducting investigations of every aspect of the system, including the ways that police and the Magistrates' Courts handle family violence cases and how legal services work with their clients. Its recommendations will inform the future directions for the Victorian family violence system. This report, with its critical insights from the women who have lived experiences of family violence, will be an invaluable piece in that puzzle.

The summary and full reports give voice to the women whose safety and well-being has relied on the family violence system, women who have sought support from police, courts, legal and specialist services. In telling their stories, which are both positive and difficult, these women clearly identify the gaps and barriers as well as the supports and processes that determine a woman's experience of the justice system. Importantly, the reports draw on the particular challenges for the women accessing the justice system in rural and regional areas of Victoria. They reinforce the need to listen to what women want as outcomes from the processes. Listening and learning from these varied experiences is pivotal to developing a better and more responsive system.

In this year of the Royal Commission, it is exactly research like this, that honours women's experiences, that should be heard. I am confident that the extensive and thoughtful recommendations made in these reports will resonate with those working in the sector and the wider community.



**Fiona McCormack**  
CHIEF EXECUTIVE OFFICER  
DOMESTIC VIOLENCE VICTORIA

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## Preface

This year, 2015, marks the 10th anniversary of services by the Loddon Campaspe Community Legal Centre (LCCLC). In 2005 it was born from the labours of a sustained campaign for community legal services in the region led by the family violence service EASE (now Centre for Non Violence), the Loddon Campaspe Centre Against Sexual Assault and the Advocacy and Rights Centre (now trading as ARC Justice). Those services recognised that, among other needs, legal assistance for women experiencing family violence was critical.

Since 2005 family violence legal assistance services have dominated LCCLC's client service profile, with thousands of women assisted. However, over this period LCCLC felt that insufficient attention was given to the views of clients themselves or outcomes such as safety, social well-being or health. This summary report and the more detailed online report seek, in part, to give greater voice to those views.

In our view the report represents one of the best data samples of women who have experienced family violence in rural and regional Australia. However, LCCLC also acknowledges the pragmatic and action-focused approach to this report. In a context of limited funds a stepping stone approach to researching the experience of the women is necessary. Where this report contains deficiencies in research methodology or analysis we encourage others to be inspired by its spirit and intent, dedicating themselves to creating systems that are truly responsive to the complex and diverse needs of victims and perpetrators.

In celebrating this publication I wish to firstly thank and honour the women who have participated in the research and shared their stories. I thank the researchers, report authors and project workers, Carolyn Neilson and Bonnie Renou, who have not only dedicated themselves to supporting women who have experienced family violence, but also conscientiously sought to understand the experiences of these women and represent them in this report and elsewhere to work for more effective justice responses for victims and

perpetrators of family violence. Indeed I thank all of the staff and volunteers of LCCLC who have committed themselves to supporting victims of family violence who have sought our assistance. I thank the Victorian Legal Services Board and Commissioner Grants Program, and specifically acknowledge the leadership of Susan Ball in championing a family violence prevention-focused grant round. I recognise and honour the groundbreaking work of Deakin University in also researching the experiences of women navigating the family violence legal landscape, especially researchers at its Centre for Rural and Regional Law and Justice including Lucinda Jordan, Lydia Phillips, Amanda George and Bridget Harris. Lastly, I thank the report editor Sally Woollett and designer Stephen Horsley of Propellant graphic design who have dedicated themselves to creating a dynamic publication that attempts to embody and communicate something of the lived experiences and aspirations of the women interviewed.



**Peter Noble**  
EXECUTIVE OFFICER  
ARC JUSTICE

## Acknowledgements

We acknowledge that the core of the Loddon Campaspe Community Legal Centre (LCCLC) catchment is on Dja Dja Wurrung Country of which the members, elders and their ancestors are the traditional owners of this land and have been custodians for many centuries and where they continue to perform age-old ceremonies of celebration, initiation and renewal. We also acknowledge the traditional owners of the other areas of our catchment, the Yorta Yorta, Barababaraba, Waddi Waddi and Wemba Wemba peoples of the Murray River area of the LCCLC catchment; and the Taungurong people of the east and south-east of the LCCLC catchment. They all play a vital and

unique role in this region in all aspects of life, including how we as a community and the justice system work together to address family violence.

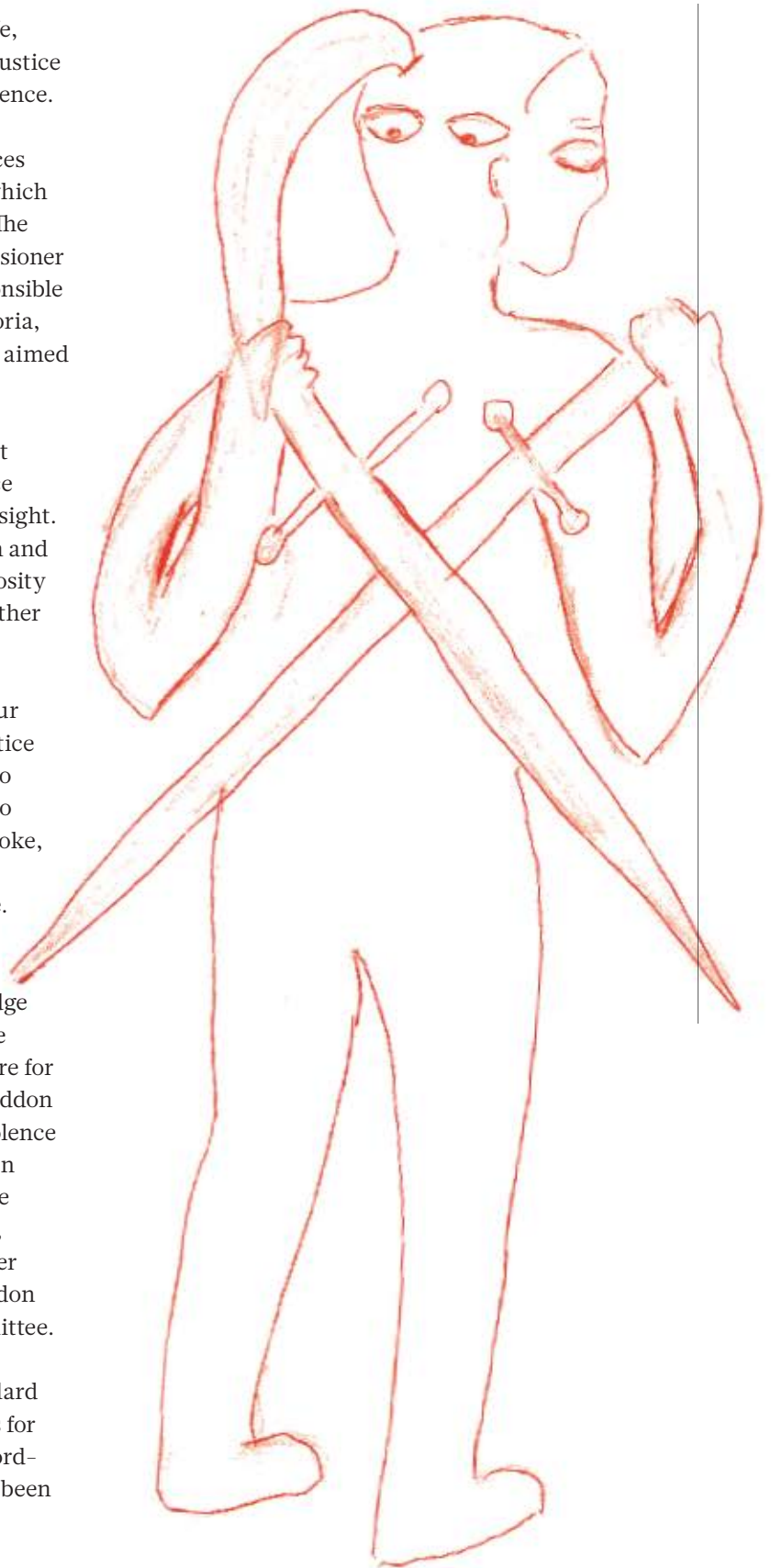
We are grateful to the Victorian Legal Services Board and Commissioner Grant Program, which funded LCCLC to produce this publication. The Victorian Legal Services Board and Commissioner is an independent statutory authority, responsible for regulation of the legal profession in Victoria, and it awards and oversees a grant program aimed at improving access to justice and equity.

We thank the women who shared their most personal lived experiences of family violence and the justice system with integrity and insight. We have been impressed with your strength and resourcefulness and inspired by your generosity in sharing your lived experiences to assist other women and children.

We sincerely hope this research honours your lived experiences and leads to improved justice outcomes for other women and children who experience family violence. We would like to honour the mothers of whom the women spoke, who gave their daughters ongoing support through their daughters' struggle for justice.

We thank the following organisations and individuals for their support and acknowledge the high regard that women who experience family violence have for their support: Centre for Non-Violence, Bendigo; Women's Health Loddon Mallee; Ann Spittles, Indigenous Family Violence Regional Coordinator, Department of Human Services, Bendigo; Loddon Campaspe Centre Against Sexual Assault (CASA); Pat Mullens, Bendigo Court Network Programme Manager for the Bendigo regional courts and the Loddon Campaspe Family Violence Advisory Committee.

We also thank Adam Stevens and David Hillard of Clayton Utz Lawyers and their colleagues for providing pro bono transcription of the recordings of the women's conversations. This has been of tremendous assistance.



*The courts need to stop burying their heads in the sand, hoping that this epidemic of family violence will go away.* BERYL

# Targeting our 'darkest norm'

In the words of former Governor General Quentin Bryce (2014), family violence is the 'insidious, unspoken evil that has been in our midst for too long. It crosses all socio economic boundaries. It causes lasting emotional and economic damage to victims and families and the future of our children. Australia must have zero tolerance to family violence'. In Australia, nearly one woman each week dies as a result of family violence,<sup>1</sup> one woman is hospitalised every three hours because of the health effects of family violence and one in three Australian women will experience physical violence during their life (Australian Bureau of Statistics 2013).

Ending family violence, especially men's violence towards women and children, has proven to be a complex, daunting and lengthy process across all cultures (Crinall & Laming 2012). Jennings (2014) argues that 'violence against women and children is the greatest criminal story of Australia. It reflects the darkest norms of Australian society' or, as the former Police Commissioner Ken Lay (2014) describes, 'It is the inconvenient truth of Australia'.

*Violence is perpetrated every day on women and children, regardless of culture.* KATARINA



*[I'm] sick of it. Sick of it. Sick of it in our communities and in this day and age our children shouldn't be worried about issues like that.* SHIRLEY

We acknowledge improvements in some areas of the justice system's response to family violence. The groundbreaking reform in Victoria of the past decade,<sup>2</sup> premised on improved integrated crisis elements including the police, family violence services and the court system, has led to an increase in applications for family violence intervention orders (MacDonald 2013). Recent Victorian legislative reform has further improved protection for those experiencing family violence and streamlined the justice response. However, there are still inadequacies in the justice response to these increasing family violence figures (MacDonald 2013).

*... there is a long, long way to go.* ISOBEL

As part of a project to target family violence in the Loddon and Campaspe region (see box) we spoke with 27 Australian women who have experienced violence and sought legal protection. They are best placed to recognise the epidemic nature of family violence.

*... I want to change this for every woman, just a normal thing that women and children should be safe.* CORDELIA

## The meaning of justice

Fundamental to the analytical task of this research is the definition of justice, and how the views of those who have experienced violence can help shape that.

Warren (2014) explores the multiple meanings of justice, and argues that the application of the rule of law and legal principles do not necessarily embody justice, but do exist to enable justice to be achieved. In this research we privilege what the women 'feel' (Hand 1953) is justice for them, and reflect on how this intersects with their needs, and their desire for a fair outcome.

In this research the women prioritised their desired outcomes from the legal process as:

- their concerns for their safety to be heard and respected
- their children to be safer (for those who had them)
- the offender to acknowledge the harm he has done



1. This mortality statistic had a particular poignancy for one of the research participants. During the six-month interview research period, two women she knew were killed by their respective ex-partners.

2. The *Crimes (Family Violence) Act 1987* (Vic.) was replaced by the *Family Violence Protection Act 2008* (Vic.).

## Project overview

In 2011, the Loddon Campaspe Community Legal Centre (LCCLC) received funding through the Victorian Legal Services Board and Commissioner Grant Program to target family violence in the Central Victoria region. We provide family violence duty lawyer, advice and ongoing case work across the Loddon and Campaspe region, currently constituting 46.5% of the service's case work.<sup>3</sup> This project focuses on giving voice to women that have experienced family violence and the legal system. It aims to improve their safety, social and health outcomes. The funding gave LCCLC a real opportunity to dedicate the type of resources to this issue that are needed to respond to demand and to identify systemic improvements.

The project seeks to advocate new approaches to family violence legal assistance services that champion outcomes sought by women, as told by women. LCCLC prioritises legal assistance to women who are experiencing family violence, and we know through experience that many of those attending court arrive with little understanding of what to expect on their pathway through the system. The provision of legal services is geared to tangible outputs – intervention orders – with insufficient weight on the views of clients themselves or outcomes such as safety, social well-being or health.

As part of the project, we surveyed 190 women at Bendigo, Echuca, Maryborough, Kyneton and Swan Hill Magistrates' Courts, and conducted in-depth conversations with 27 women, to give voice to these experiences and provide recommendations that stem from these voices. We wanted to support clients to critique the legal system and the current solutions that it offers to women and children who experience family violence. The two-part quantitative survey asked what the participant was seeking by applying for an intervention order, and what her experience of the legal system had been like. The in-depth semi-structured conversations with a non-legal LCCLC staff member qualitatively explored these hopes, experiences, difficulties and outcomes.

All the women engaged in conversations had experienced family violence committed by a male offender and so we acknowledge our gendered analysis of this type of family violence.

Because of the localities of the women, the research drew out issues that are experienced by, if not more acute or unique for, women in rural and regional locations.

3. This is higher than the average for family violence work by other Victorian community legal centres.

- the offender to change his behaviour
- community disapproval of the offender's behaviour
- to begin to heal from the harm that has been caused.

In the conversations they also prioritised the prevention of family violence, which, along with a sense of offender accountability and community accountability, enabled them to begin to heal from the harm caused to them. These justice needs already form the core government policy aims on a state and national level (National Council to Reduce Violence against Women and their Children 2009; Statewide Steering Committee to Reduce Family Violence 2005).

## Key elements to justice

Women who experience family violence, their children, their communities and their offenders have very diverse experiences and therefore very diverse demands of the justice process. However, all women in this research referred to key elements important to their sense of justice:

- **participation** – the decision making to be more in their hands, to be well informed and understand the justice system and processes, and justice to be affordable and accessible
- **voice** – to be heard, that the legal actors really listen and that those experiencing family violence are empowered to say what is their truth; they define clearly what is safety and justice for them
- **validation** – their feelings, behaviour and experiences to be understood; to be believed, not judged or made to feel ashamed
- **offender accountability** – that the offender acknowledges the harm he has caused, apologises, changes his behaviour and that the community and justice system monitor his behaviour and hold him accountable
- **restoration** – the justice process to be the beginning not the end; healing for the women and their children and their community.

Underpinning these justice elements is a restructuring of the systems of power; a reconceptualisation of male privilege and power.

*Like that man over there hasn't been through family violence – why does he decide on what happens?* SARAH



*How can (when it is gendered violence) men possibly know and feel what women feel?* ISOBEL

## Themes emerging in this study

This research study is one of the few, although growing in number, that has sought to explore women's experiences of the family violence justice system.



The women in this research raised issues or themes that have been identified in other policy reviews, national plans and research. These include:

- inconsistent and/or low police accountability in the family violence intervention order application process and investigation of breaches or contraventions of the intervention order
- lack of offender accountability
- inconsistent responses from justice practitioners
- infrequency of responses encouraging women's rights of control as to the legal outcome
- inadequate addressing of the needs of children in the justice response
- need for a strong shift in community attitudes to occur so that violence is not acceptable
- need for improved multi-agency systemic integration in the justice response, family violence prevention and offender accountability programs
- inadequate crisis and long-term affordable housing for women and children
- issues and themes peculiar to regional and rural justice systems, such as lack of anonymity, accessibility to courts and court privacy and safety
- inadequate understanding and recognition of the different forms and continuum of family violence by the community and justice practitioners.

*It is such a lot of work, you have to do the hard yards, have to prove that your basic rights are being violated, and you just want to get on with your life. Why is it so?* CORDELIA

This research reinforces the importance of addressing these issues if the safety and well-being of women who experience family violence, including their children and their communities, are to be enhanced.

Other themes not so well researched elsewhere, but that appeared in this research, include:

- limitations of the law, and lack of monitoring and evaluation of the justice system
- lack of longitudinal studies of the impacts of intervention orders
- seeing family violence justice outside the narrow spectrum of 'victim and offender', encompassing children and community in the justice needs and response
- justice as honourable and restorative for these women, with a time frame and monitoring system that reflects and acknowledges the odyssey of their family violence experience
- the women's definition of safety, which is about an absence of fear rather than a mere lowering of exposure to violence
- women crafting their own strategies to keep themselves (and often their children) safe when the justice system fails them
- the potential, where women seek it, for the use of restorative justice processes in family violence matters.

*So it was a big process from being so controlled and scared to getting my own power back to have the courage to do this. It takes a bit of time for you to realise that you can take your own power back.* CORDELIA

*I need him to say I'm sorry. He needs to say it to the kids as well. He never said I'm sorry to any of us, never, and I've asked for him to apologise and he won't.* CHRISTINE

# Surveys and conversations

In this research we used a survey and had in-depth semi-structured conversations with women who had experienced family violence, to explore their experiences of the justice system.<sup>4</sup>

4. While we acknowledge males in heterosexual relationships can experience family violence (Mulrone & Chan 2005) all the participants in this research were women because it was the focus of the research.

The first component of the research was a short survey identifying the women's expectations of the legal outcomes they were seeking and briefly exploring their experiences at court. They were asked if they would be willing to participate in a follow-up in-depth conversation to explore whether the legal outcome was satisfying, or not satisfying, the justice needs they had prioritised in the survey.

The surveys had been in progress for more than two years at the commencement of the conversations, so women participated in the latter on a time spectrum of four months to nearly two years after the legal process had concluded. This allowed the women to reflect on the impact of intervention orders over time.

Because legal jargon can alienate and can be disempowering, and doesn't necessarily allow room for the views or experiences of those who have experienced family violence, the women we spoke to were asked to choose the terms to be used in the research. They also chose non-identifying pseudonyms, which have been used throughout. Other processes were embedded in the research to ensure the safety of the participants.

Many of these women had never had the opportunity to share their complete lived experience of their family violence and struggle for justice. Indeed, the conversations for many of the women seemed to be both reflective and a process of discovery. Some women realised how significant support people had been for them; others realised how they had normalised the element of fear of the offender in their lives; others identified what may have assisted them to heal more adequately. Each woman was invited to debrief after the conversation and also to evaluate the recruitment, retainment and conversation process by post.

While the extent of the suffering and injustice that these women had experienced was not minimised in this research, the women were supported to relay their experiences in a strengths-based way.<sup>5</sup> They recognised their skills and knowledge as invaluable and unique because they have evolved from their lived experience of engaging with and negotiating the justice system designed to assist them. While the popular construct of people experiencing family violence is 'a victim', very few of the women identified themselves this way.

After each conversation key messages were identified and reflections on the research process were recorded. Women's generosity and grace in telling the researcher, a relative stranger, their stories was touching. Their strength, integrity and compassion were inspiring.

The project aspired to empower the women to become advocates for change if the opportunity arose. Fortunately, the women had a number of these opportunities to have their voices heard in other significant settings during the period of research.

The high rate of recruitment demonstrates that many women wish to relate their lived experiences of family violence and their experiences of the justice system.

For further details about the participants, surveys, conversations and research methodology, see the full report at [www.lcllc.org.au](http://www.lcllc.org.au)

5. Strengths-based research recognises, respects and records research participants' strengths that are their particular knowledge and experiences of a particular issue (Rubin 2012).

## Cognitive maps

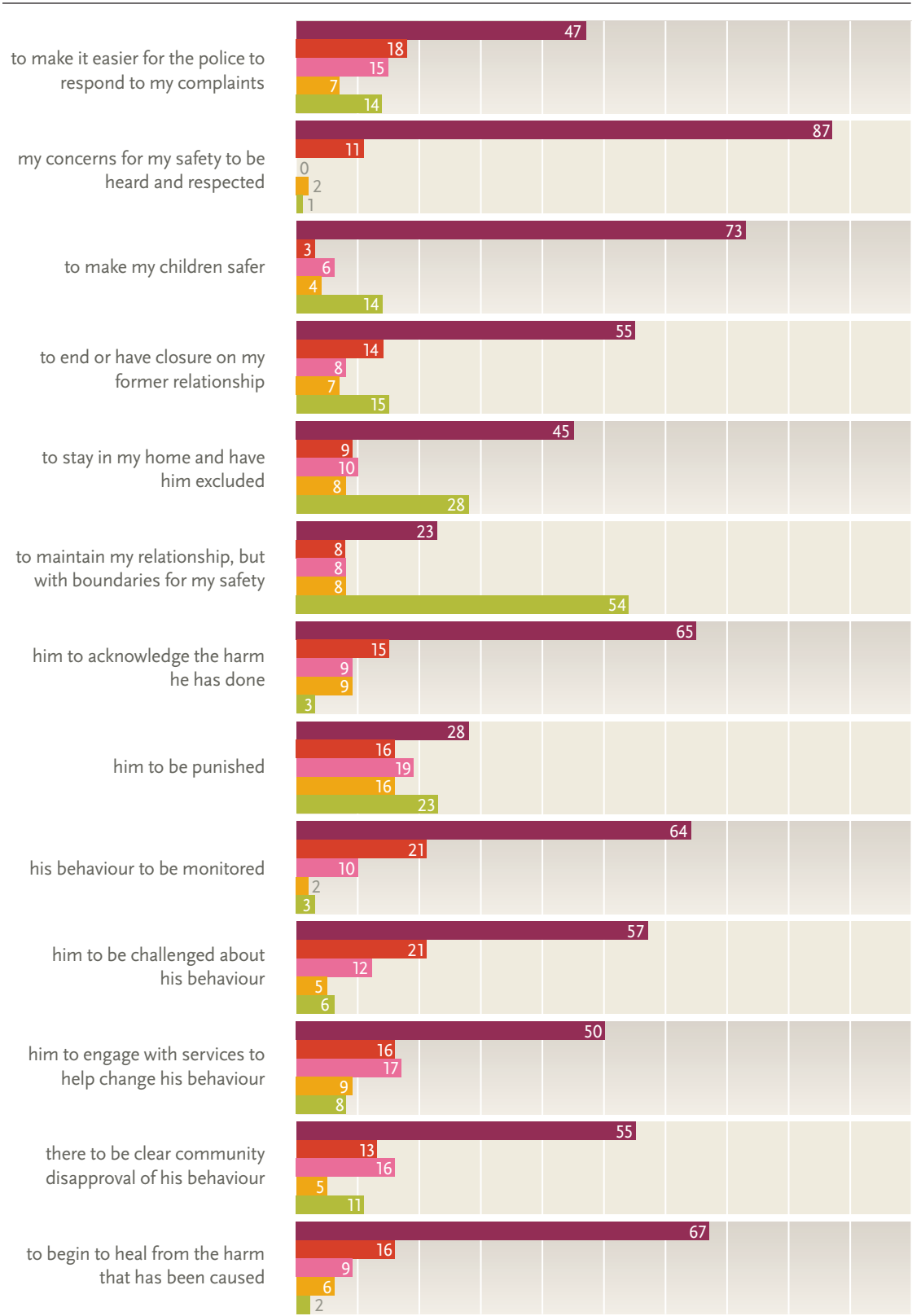
A cognitive map is a type of visual representation that serves an individual to reflect on and convey attributes of phenomena in their environment. Some of the women drew cognitive maps to represent their experience of the justice system; selected maps have been included in this report. For example, the cognitive map shown on the inside front cover conveys the confusion, turmoil and feeling of being very busy that the intervention order process brought to the artist's life. On p. 3, the map reflects the woman's feeling that she had to be like a Samurai warrior, fearless and with eyes on the back of her head, so that she could protect herself and her children when the courts let her down.



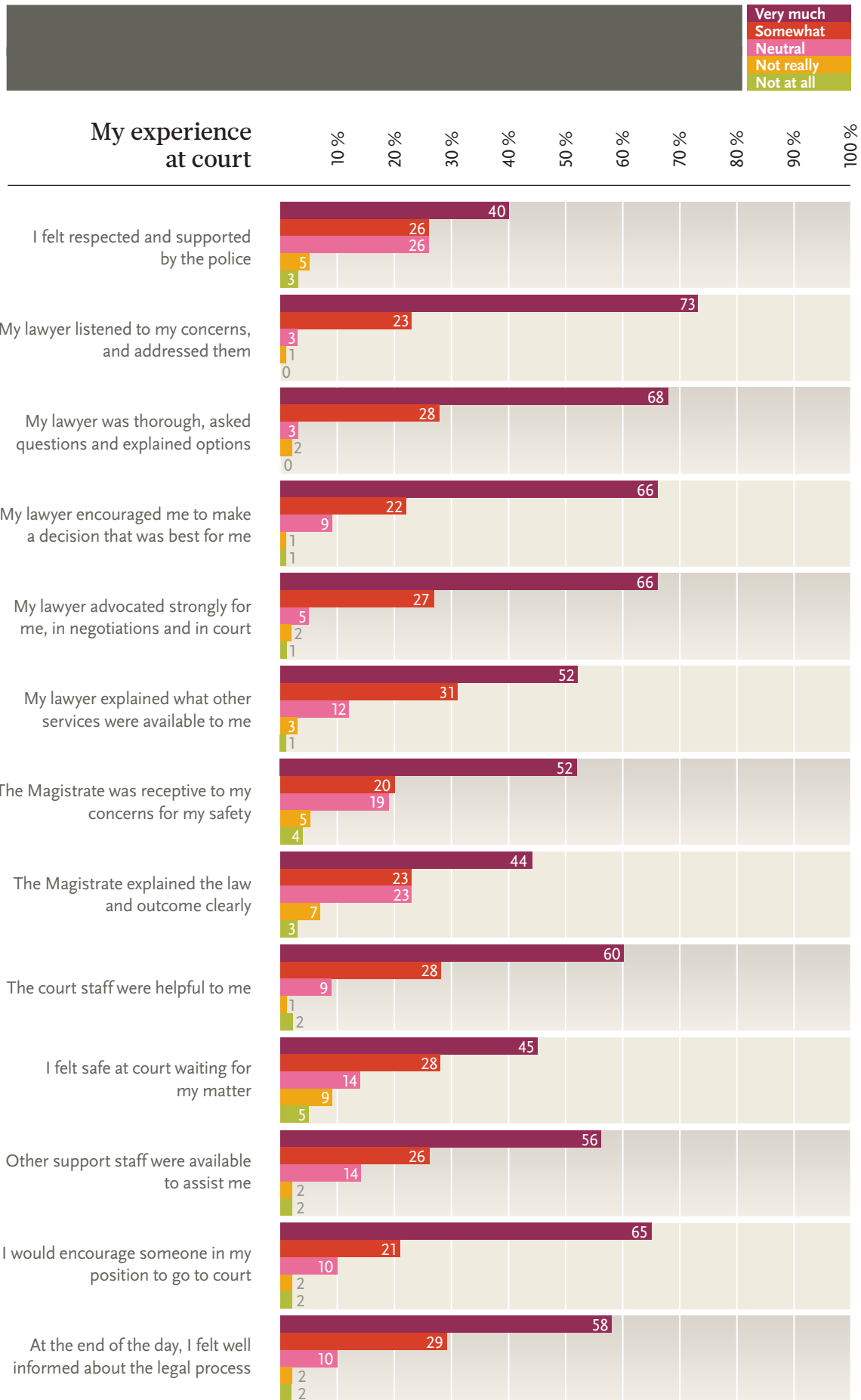
# Survey results

Very much  
Somewhat  
Neutral  
Not really  
Not at all

Today, I came to court because I wanted ...



NOTE: INDIVIDUAL QUESTION RESPONSES MAY NOT TOTAL 100% DUE TO ROUNDING AND FOR EASE OF REFERENCE



NOTE: INDIVIDUAL QUESTION RESPONSES MAY NOT TOTAL 100% DUE TO ROUNDING AND FOR EASE OF REFERENCE

*... I've been through it. I suffered. I've had help. And as I said when you're in it you don't realise, you know and never in a million years did I ever think this would happen to me.* MAUDE

# Our research findings

The women participated in the research because they wanted to be part of a collective voice advocating systemic change in addressing family violence. They wanted what happened to them not to happen to anyone else, they wanted a different landscape free of violence for them, their children, and the community. They wished women to be better informed and they hoped to inspire women to take a stance against family violence.

## Before court

The women described their hopes of legal assistance and explained that what ultimately drove them to seek legal assistance was a critical tipping point in their lives where they feared for their own safety or that of their children.

Well before they decided to seek the protection of the law, the women had experienced a continuum of different forms of physical, social, sexual, financial, emotional and psychological violence over a period ranging from 3 to 40 years.

Interestingly, the majority of the women in this research had not experienced physical violence; however, they recognised that many people (including sometimes themselves) did not recognise or validate non-physical forms of family violence.

Many women also did not realise they had been suffering family violence; they had normalised it for periods ranging from 4 to 26 years.

The women explained how this normalisation of family violence and lack of understanding and acknowledgement of the various and equally significant forms of and the continuum of family violence can lead to their experiences being trivialised and not addressed adequately, for example reduced police accountability with breaches and reduced police applications for intervention orders. The women also described how it can lead to lower confidence of those experiencing family violence in the justice system and, in the absence of other support mechanisms, the beginning of self-doubt.

*So I already knew things weren't right but I was not strong enough to deal with them to say no that's not right, because I doubted myself. JAY*

The women reflected that family violence is a relentless process of power and control, which has had a cumulative and devastating effect on them. Their identification of this continuum of violence clearly countered the myth that family violence is a one-off incident and is solely physical in nature. The women articulated that this continuum of family violence, with its devastating impacts, requires long-term restorative approaches that are not enabled by the current justice system.

Many women had been hesitant to apply for an intervention order because they were fearful of the consequences including the escalation of violence. They were fearful of the court process and going public about their experiences. Other women explained that they did not have confidence in the police to take their request for an application seriously, did not feel well informed, especially about support services, or had concerns about the impact of the order on the offender's job security or gun ownership.

They explained the importance of their first point of contact, seeking assistance for their experiences of family violence. They argued that the application process and effective and timely engagement and service delivery should be founded on a sound understanding of family violence, by the police, courts and family violence support agencies. These elements are extremely important to build on the women's autonomy.





## Police responses

The police play a pivotal role in the family violence justice process, especially during the application process, in their response to breaches of intervention orders (Garcia et al. 2008; Laing 2013; Munzel 2002). This research suggests this is a significant first point of contact for those experiencing family violence who seek information and support. (The majority of women in this research went to the police as a first point of contact.)

The police response is not only vital for the immediate safety of those experiencing family violence but also conveys an important social message about the way in which violence against women and children is regarded (Garcia et al. 2008; Mitchell 2011).

There is no doubt police practice has improved with the implementation of the Victoria Police *Code of Practice for the Investigation of Family Violence* (2014) and certain leadership within the police force (Diemer et al. 2013). However, women's experiences of the police response in this region varied greatly.

Some women commented on the efficacy of police response where they felt understood, supported and validated by the police, who took effective and timely action on their experiences of family violence and recognised community development and engagement aspects to their interventionist role.

However, as the women explained, due to increasing demands on the police – with an increase in family violence reporting, under-resourcing and lack of capacity of frontline officers to respond to family violence as guided by the *Code of Practice* (2014) – many women reported negative experiences of their respective police responses.

*If the police can't do anything nobody else is going to be able to do anything. They are there to serve and protect so if they can't do anything who is?* KIRSTY

The common concerns expressed by the women in their interactions with the police were:

- lack of focus on the offender and offender accountability
- lack of understanding of family violence and the complexities therein
- inadequate recognition of fear of those experiencing family violence
- inadequate recognition of non-physical forms of family violence
- inconsistent response across the police personnel
- potential trauma for the women associated with having to repeat their lived experience of family violence in their interactions with different police personnel
- lack of timely response
- negative attitudes shown towards the women.

The most significant concern was the inadequate response to breaches. More than half of the women (16) reported breaches, and 10 women had given up reporting certain legitimate breaches because of the poor police response – it was too exhausting and traumatising to report the breaches, they were too fearful of an escalation of violence with the reporting, or the police requested evidence that was difficult to provide.

The women highlighted that this lack of offender accountability requires improved police responses, including earlier intervention, but also reflects inadequacies in the law, and therefore the need for other options of justice responses that focus more on the offender acknowledging the harm he has caused and on his behaviour change.

## Going to court

The women found the court process daunting to different degrees due to various combinations of:

- not being adequately informed of the process
- not feeling understood by court staff, lawyers and magistrates
- feeling intimidated by the feeling of heavy authority
- not feeling safe
- feeling emotionally overwhelmed
- being in an alien environment
- little or no privacy
- being given no time to feel comfortable to disclose their lived experience and rationally analyse their and their children's options to make informed decisions.

The women described how court processes and structures need to improve to assist women to feel safe and empowered when taking legal action, and to initiate more rigorous processes of offender accountability. Pivotal to improved court processes is a better understanding by court staff, lawyers and magistrates of the fear these women have for the offender and of the nature and diverse and complex dynamics of family violence.

While the women appreciated they were granted an order by the magistrate some women felt that there was very little opportunity for them to be adequately heard in the process. They also commented on the magistrate's negative attitudes towards them and feeling let down by court or magistrate practice and/or errors.

*We went in there as complete amateurs, knew nothing about the system, knew nothing about anything and that's what it's been like all the way through. We just clawed our way through in the dark.* MARGARET AND HER MOTHER

The women also explained that the role of consistent and understanding legal advocacy and support people at the family violence courts cannot be underestimated.

## Offender accountability

The women reported a lack of offender remorse, monitoring of his behaviour and behaviour change in their justice responses. This lack of offender accountability

and subsequent lack of restoration experienced by the women are very significant injustices felt by the women and at times also their children.

In addition to low police accountability, low community accountability and normalisation of family violence as explored in the research, the women described other barriers to offender accountability: the offenders not adequately hearing the victims' experiences of family violence, the offenders themselves feeling that they are victims of the justice response and low level of engagement of offenders with men's behaviour change programs.

A small number of women would have advocated punishment by imprisonment for their respective offenders. They felt that it was the only way of bringing safety to their lives because their offenders were not capable of rehabilitation. However many women did not wish offenders to be punished by imprisonment. They wanted a broad integrated response to family violence that sees a shifting of focus from women to offenders. They recommended that this response include early offender intervention, the offenders to hear and understand the impacts their violence has had on the women and their children and acknowledge the harm they have caused. It also includes facilitating offender engagement with relevant men's behaviour change programs and long-term monitoring and mentoring that addresses individual offender needs not to reoffend.

The women thought that the justice response requires improved police accountability, community accountability and parallel family violence prevention addressing gender inequity and belief systems that see men having rights to violate women.

The concept of restorative justice, to improve on offender accountability and subsequent restoration for women and children, was explored as a potential option for certain family violence cases.

*He won't acknowledge the harm he has done, he is not accountable for anything he has done. He always blames someone else for things that are his fault, he never says sorry that is my fault, I did that ...* KIRSTY

## Community accountability

The women in their surveys hoped that the intervention order would bring community disapproval of the offender's violent behaviour. Some women demonstrated positive experiences of support from some community or family members in their struggle for justice. Unfortunately many women experienced the community being complicit in the continuation of family violence by not challenging the offender's behaviour, fuelled by fear or indifference and/or holding 'small town' attitudes of shame and judgement towards them.

*... family violence is not okay you know, the acceptance of the community of this kind of violence, that is not okay, the community has to hold people accountable as well.* CHERIE

## Children

A very significant focus of the women's decision making in their struggle for justice was what they felt was best for their children in their individual family context in terms of safety and well-being, and also restoration. In some cases the focus was also on strengthening relationships between the children and the offenders (fathers) and between the children and themselves.

While all the women clearly wanted to protect their children and see their safety as paramount, they differed in terms of how the offender fitted into this picture of safety. Some women didn't want the offender to have contact with their children, while others recognised the fathers' interests to have that contact.

Some women also explained how the interpretation of the interaction of family court orders and intervention orders by the police and magistrates can undermine the conditions of the intervention order and compromise the safety of their children.

The women conveyed strong concerns about the long-term restoration of their children and the cycle of violence continuing in their children's lives.

They also argued that children's needs should be more adequately addressed in the justice response through the greater inclusion of children in the decision making and a less siloed framework that brings different family violence agencies and court jurisdictions together to work more collaboratively on family violence.

*The court systems are failing our children.* HELEN

## Support

The women showed that the provision of information, support, advocacy and referral to other community supports can be significant to women pursuing rather than abandoning efforts to access legal protection and to optimising the chance of their and their children's restoration from the harm they have experienced.

*I definitely wouldn't have gone for an intervention order [without support of family violence services]. I would probably would have fallen straight back into his trap and gone back home.* AGNES

## Impacts of the legal process

While some women were clear either that there were certain benefits from the legal process, or that that the whole experience left them more vulnerable, many women had mixed experiences.

None, however, had their justice needs of offender accountability or restoration met in their justice response. Many women spoke of a litany of issues that had arisen for them as a result of seeking legal assistance. They described their fear, isolation, health issues, financial pressures, sense of grief and loss, injustice, lack of self-belief, exhaustion and guilt.

The reluctance to proceed with an application is understandable if what the women describe is a fairly common aftermath of the order and processes.

*Now after what I went through to get the intervention order in place, I understand why women drop their intervention orders all the time. A number of times I thought this is crap, what is the point, just drop it.* KIRSTY

## Safety

In this research the women were clear that safety was not just a reduction of exposure to violence, but a complex state defined by the absence of fear brought about by offender accountability, and change in behaviour and confidence in the justice system being accountable and effective in its implementation.

Women explained how they crafted their own safety strategies when the justice system was ineffective, the most common strategy being to change locality.

*You know knowing that all these police and that are there didn't make you feel any safer. They don't make you feel any safer, because they don't understand what it is like [to be there as an applicant in fear of the offender].* MARIE

## Sense of injustice

The women felt a huge sense of injustice as a result of their experience of family violence and attempts to seek the protection of the law. Many women also had to leave their homes and some women had also lost connection with their children and/or their communities, who had chosen to support the offender.

Some women felt their access to justice was impeded by not being able to afford a private lawyer, or being eligible for a grant of legal aid.

*He mentally abused me and the kids for nearly eight years and it's not on, he was violent with things and in my case he's got away with it all. He got away with it. And he's laughing at me. That's not fair.* SOPHIE

## Accountability of the justice system

Threading through the research were failures of current justice practice and limitations of the law in addressing family violence. There was also a low accountability of the justice system, in that there is an absence of modes of monitoring and evaluation that hear the voices of women using the system. Some women argued that improved family violence multi-agency systemic integration<sup>6</sup> would improve this accountability and justice outcomes for women and their children.

*We will be screaming for change for a lot longer* ANN

6. Bringing family violence services, police, child protection, prosecutors, legal aid and community legal centres and often housing services together to share information and integrate thinking and response systems to improve justice outcomes for women and children experiencing family violence (Attorney-General's Department 2010).

## Final words from the women

Most women were disappointed with the impacts of the legal protection they received. However most women felt that – provided they could access long-term support and receive timely information – they would still recommend seeking legal assistance. When there is no other option, it can be a step in the right direction.

They therefore hoped that this research – through myriad positive changes, including their voices being heard – improves justice outcomes for other women and their children so that what happened to them does not happen to anyone else.

*I hope that what happened to me could be used perhaps as a learning tool or a teaching tool to ... I feel that I was brave to stand up to all these men. Maybe I could encourage some of these other women ... to stand up for herself.* KATARINA



*The interim order brought us a bit of peace. I didn't have to answer the phone worrying if it was him and what he was going to say. My children felt safer, they had a choice about contact with their father. It brought respect into the communications, and situation, I felt more in control.* HELEN

# Recommendations

If we are to truly honour these women's lived experiences and their courage, we need to champion these outcomes and their voices and act on the following recommendations with integrity and commitment.

The vast majority of these recommendations have already been proposed in other research. The first three categories are ordered according to the women's priorities. Points within the remaining categories are of similar importance.

## Offender accountability

- A1.** Improve early intervention and prevention programs, including increased availability of men's behaviour change programs.
- A2.** Increase the applicability of Part V of the *Family Violence Protection Act 2008* (Vic.) to all Victorian courts so that offenders can be ordered to attend counselling if deemed suitable.
- A3.** Give consideration to judicial monitoring of offender participation in men's behaviour change programs by delaying the finalisation of matters.
- A4.** Develop community-based bystander training to improve community monitoring of offenders.<sup>7</sup>
- A5.** Collect and collate recidivist data to provide an evidence base for the development and future funding of violence prevention programs.

*On that day when you had to stand up and the lady judge said ... she kind of quoted some of his messages or the theme behind his messages and the amount of texts and she said that that is a form of harassment. Do you understand that? When he had to say yes it hit him.* JOAN

## Police practice

### Improved training for all frontline police

- B1.** Provide obligatory training in family violence at the commencement of frontline duties, as well as continuing professional development training, incorporating the common risk assessment framework; involvement from those who have experienced family violence; and coverage of the specific needs of communities such as the indigenous, lesbian–gay–bisexual–transgender–intersex, disabled and culturally and linguistically diverse communities.
- B2.** Require information to be provided on family violence support services and family violence intervention order processes to persons seeking assistance with applying for an intervention order with police.

7. Preventative programs reinforcing the message that family violence '... is everyone's business and that everyone has a positive role in eliminating it. It provides the mechanism to challenge violence-supportive attitudes and behaviours' (Women's Health Victoria 2011, p. 21).



## Monitoring the *Code of Practice*

- B3.** Have family violence multi-agency monitoring and evaluation of the implementation of the *Code of Practice* (2014), including experiences of those using the police services, the safety of children, the exclusion of the offender, and the swiftness of following up on breach allegations.
- B4.** Scaled police response – give consideration to providing an ‘official warning’ to an offender where there are allegations that will not result in the prosecution of a breach.

## Recording history of family violence

- B5.** Create more effective ways of recording and relating the histories of family violence victims between agencies (such as the police and courts) to reduce retraumatisation and fatigue for applicants and protected persons.

## Specialist family violence and Aboriginal liaison role at all stations

- B6.** Have a Family Violence and Aboriginal Liaison Officer role in all stations, which is a long-term committed role that also assists in the delivery of family violence training and engages with all relevant stakeholders providing services to those experiencing family violence.

*I just believe that she's [Police Aboriginal Liaison Officer] built up trust with people and women in the community and I've had home visits and ... But it would be good if she within that unit had the support of the other police officers.* SHIRLEY

## Children's justice needs

### Protecting children with intervention orders

- C1.** Explore ways of hearing the voices of children affected by family violence to ensure that their views are considered throughout the response process. This could include the provision of dedicated legal representation where necessary.
- C2.** Include children in the care of the applicant as protected persons on all intervention orders, unless the applicant specifically requests them not to be listed.
- C3.** Allow adequate time where parties are represented to negotiate and resolve any interim parenting arrangements that may be affected by an intervention order, rather than simply deferring to courts hearing family law parenting matters.
- C4.** Improve interactions of the state family violence jurisdiction and child protection jurisdiction, and the family court jurisdiction, such as

information sharing protocols, with consideration given to setting up the 'one court' system to streamline services and outcomes. This includes the discouraging of practices that undermine the mother-and-child relationship.

## Children at court

- C5.** Give consideration to the provision of child care and child-friendly spaces at court so that women with child care duties are not prevented from accessing the justice system.

*KNOWLEDGE IS POWER and understanding the impact that family violence has on children socially and emotionally and being able to respond to your very strong maternal instincts and for women that in this situation that don't have that knowledge. THEN IT TAKES AWAY THE POWER. ALLY*

## Accommodation

- D1.** Increase crisis and long-term accommodation and a continuum of individualised support for both women and children experiencing family violence, and for excluded offenders.
- D2.** Ensure police and magistrate training emphasises that the exclusion of the offender is the preferred option where deemed safe by the women.

*I'm hoping for anything just to help me get back on my feet, just so I've got my own little room. [That will] give myself some time to get my life back, more confidence. SUNNY*

## Support services

- E1.** Make family violence information available at a range of well-known risk points: maternal child health centres, antenatal clinics, medical centres, hospitals, mental health facilities, family law courts and family relationship centres.
- E2.** Offer continuing professional development family violence training for medical general practitioners.
- E3.** Increase family violence services providing support for completing the intervention order application at court, and after the order is in place, including peer support programs.
- E4.** Improve community awareness of family violence support agencies.

*The worst thing is that you don't know where to go when it happens ... we need better awareness of family violence and supports.* ANN

## Court structures and practice

### Improved information and support

- F1.** Encourage all applicants to seek assistance with completing the application form to adequately capture the history of family violence and recent allegations.
- F2.** List details of previous applications on the application, as well as the outcome, so that the magistrate is aware if there is a history of intervention.
- F3.** Advise all applicants of the list of support services provided with the printed application and encourage them to contact the family violence support service and duty legal services, and refer them to online information on court procedures.
- F4.** Allocate more time within the family violence lists to ensure that individual matters are given sufficient attention.
- F5.** Registry staff to advise an applicant prior to court where an application has not been served so that she does not need to attend if not required.
- F6.** Increase court applicant and respondent workers to ensure their presence at all courts.

### Comprehensive legal services

- F7.** Where possible, advise applicants of the legal process prior to their court day.
- F8.** Where possible, ensure applicants have the same lawyer throughout the legal process, or that the lawyer on duty is made aware of the previous instructions provided so that she does not have to repeat her story.
- F9.** Provide specialised training for all lawyers acting in family violence matters, including risk assessment, giving options, non-collusion with offenders, emotional support, being aware of the intimidation by the process and pressure to settle.
- F10.** Have at least two duty lawyers at all courts (applicant and respondent), as well as enhanced access to financial counselling services.
- F11.** Publish a detailed guide to self-representation if Victoria Legal Aid is not able to fund a contested hearing.

## Participation in court

- F12.** Offer the applicant or protected person the opportunity to address the magistrate if they seek it.
- F13.** On an applicant's request, have the allegations read in open court prior to the matter being finalised.

## Court safety

- F14.** Magistrates to chair a court user's group for agencies and legal services acting in family violence matters to address any ongoing or systemic issues at each court, and make changes to the court environment to improve safety (such as clear signage, and separate entrances, waiting areas and seating in the court space).
- F15.** Make private interview rooms available at all regional and country courts, ensuring that lawyers also utilise these rooms for negotiations to improve confidentiality of the cases.
- F16.** Improve security systems at regional courts including monitoring systems, escorts for applicants when entering and leaving the courts, improved dispersal of police throughout the court space and security check of people at entrance.
- F17.** Provide family violence training to all magistrates and registry staff including the common risk assessment framework training so that high-risk matters are identified early in the process and applicants are encouraged to apply for interim orders.
- F18.** Invite women who have experienced family violence to provide their perspective at registrar trainings.
- F19.** Have the option of video link-in at all courts to improve applicant safety.

*I don't know how you'd do it without redesigning the entire court system where survivors go in that way, perpetrators go in that way and they are kept in separate areas and there is an interview area at the back where, you can go, you've got some confidentiality. They [the lawyers] can then communicate with each other without having that visual impact of what's going on. And they're talking about us. ALLY*

## Community accountability and gender equity

- G1.** Educate the community on and raise awareness of gender equity and gendered violence.
- G2.** Encourage the development of community-based bystander training to improve community monitoring of offender accountability.

*And I said where is it written that men are better than women? We really are made equal.* KATARINA

## Hearing the voices of women and their children

- H1.** Enable the voices of women and children to be included in systems of monitoring and evaluation of the family violence justice system and for them to be engaged in prevention and training programs.

*I want to be a voice out there for other women, you know, to be a voice to say something needs to be done, people are crying out for it and I'll stand up and help if I can.* SIÂN

## Government commitment

- I1.** Have an integrated approach to family violence with bipartisan support and a whole-of-government focus that is formalised and directed at the federal level and coordinated with state and territory governments.
- I2.** A bipartisan government integrated approach to addressing family violence must work with the family violence non-government sector.
- I3.** A bipartisan government integrated approach to addressing family violence should include gender mainstreaming.<sup>8</sup>

*I hope that the government will realise that they can't just keep cutting things [funding] off.* FRAN

## Multi-agency systemic integration

- J1.** Design and implement family violence multi-agency monitoring and evaluation of court and police practice as part of a broader monitoring and evaluation system of outcomes of the justice system including offender behaviour change, women and children's ongoing safety and well-being, over a period longer than that of the intervention order or undertaking.
- J2.** Improve family violence multi-agency systemic integration and prevention investing in and embedding structures and processes, not depending on particular leaders, to ensure the long-term viability of such collaborative family violence programs.

8. 'Gender mainstreaming is a strategy for promoting gender equality.' It ... 'involves ensuring that gender perspectives and attention to the goal of gender equality are central to ... policy development, research, advocacy/dialogue, legislation, resource allocation, and planning, implementation and monitoring of programmes and projects.' Available at <http://www.un.org/womenwatch/osagi/gendermainstreaming.htm> (accessed 10 March 2015).

*I don't believe in recreating the wheel I just think that is so tiring. So there's so many different services, so many different opportunities, why can't they all network and provide the [better] outcome.* SHIRLEY


## Restorative justice

- K1.** Pilot studies to trial restorative justice options for specific and appropriate family violence cases either as an adjuvant to the formal court process or as an alternative.
- K2.** Expand the application of restorative practices to schools and workplaces as part of their anti-violence practices and conflict resolution methods.
- K3.** Provide more appropriate spaces for the offenders to hear the women's (and their children's) lived experiences of family violence.

*I would just love to be able to say to him [the offender] where's our apology?* CHRISTINE

*I think abusers rely on their partners to be silent and I don't want to be one of them women who stay silent.* WEONA

# Old problem, new solutions

An illustration of a woman in a red dress running on a path. The path is composed of several parallel, wavy lines in shades of green and yellow, suggesting a road or a journey. The woman is in the foreground, running towards the right. The background is a light, textured grey.

In the context of efforts to reform the family violence justice system in Victoria evaluation must include both output measures (e.g. family violence reports and prosecutions) and outcomes measures, including feedback from those who have used the system. Hearing the women's voices is essential for those who have experienced family violence, as attested in this report, and for long-term monitoring and evaluation of the impacts of the legal assistance they sought, which is crucial to the development of more women-and-children focused and responsive services.

The least we can do is to listen closely to the women's stories of lived experiences and use those to inform what is best practice in future family violence service delivery in the justice system.

Unfortunately, the justice system often fails to meet the justice needs of women and children experiencing family violence, their communities and the offenders not to reoffend. The complexity in the initial decision making and ultimate accountability are not enabled by a rigid 'one fits all' (Eaton 2001) intervention order, and necessitate a range of effective and meaningful justice approaches. As Hulls (2014) argues, 'We need new solutions to an old problem'.

While these justice needs are supported in the national plans and state government policies it seems we need improved long-term political and community will, an ideological shift, collaboration, courage and leadership to implement significant change (Hulls 2014; MacDonald 2013).

The women in this research proposed that we need improved justice system, community and offender accountability, and family violence prevention founded on a better understanding of the meaning, nature and dynamics of family violence. Gender inequity – the crux of gendered violence experienced by women when the offenders are men – must be challenged.

We need improved family violence multi-agency systemic integration that enables the crafting of long-term localised coordinated justice responses that are effective, restorative and liberating. These responses can then bring safety (including financial safety and absence of fear) to women and their children experiencing family violence, and allow a better chance of restoration for them, the offenders and their communities.

*Women need to have their rights heard. Hopefully this research will help that. If enough women put their hand up and said 'Hey, we should be heard and we should have our rights listened to', then something might happen.* FRAN



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Extracts from conversations with the following women appear throughout this report. We are grateful to these women and to all women who shared their stories during the conversations held as part of this project.

**Agnes** had two intervention orders on the same offender and still experienced total lack of offender accountability.

**Ally** worked as a family violence support worker prior to her application.

**Ann** eventually moved away to protect herself more effectively from her offender.

**Beryl** is a grandmother and applied for an order to protect herself from her son, but she had experienced family violence from her ex-husband. She wanted early offender intervention and improvements in offender accountability.

**Carrie**, despite allegations on her offender that could bring criminal charges, did not want punishment by imprisonment for her offender because it will compromise strengthening relationships with his daughters. She wanted him to change his behaviour.

**Cherie** was hoping for offender behaviour change, but was reluctant to pursue the intervention order.

**Christine** is a grandmother and was married for 35 years before she applied for an intervention order. She could not afford the contested hearing so had to drop the intervention order process.

**Cordelia** really wanted offender behaviour change before the offender has contact with his children.

**Elizabeth** revoked her intervention order because she felt it did nothing to improve her or her daughters' safety. A comment she made about not being heard is the title of this report.

**Fran** was supported by her GP. She demanded prompt and effective action from governments to address family violence.

**Helen** applied for the intervention order primarily to protect her children.

**Isobel** is more than 80 years old.

**Jay** had been isolated from her eldest daughter, who blamed her for breaking up the family and isolating her father.

**Joan** applied for an intervention order after her ex-partner's violence escalated after their separation.

**Katarina** had experienced more than 40 years of family violence from family members and ex-partners.

**Kirsty** had to endure lack of police accountability in the application process and investigation of breaches.

**Margaret** experienced more than 20 years of physical, sexual and psychological violence.

**Marie** has been disappointed and saddened for her young son that the offender (father) has not made contact with them to arrange contact with his son as negotiated in the conditions of the intervention order.

**Maude** was married for more than 30 years before having to apply for an intervention order on her husband.

**Sarah** applied primarily for the intervention order to protect her daughter.

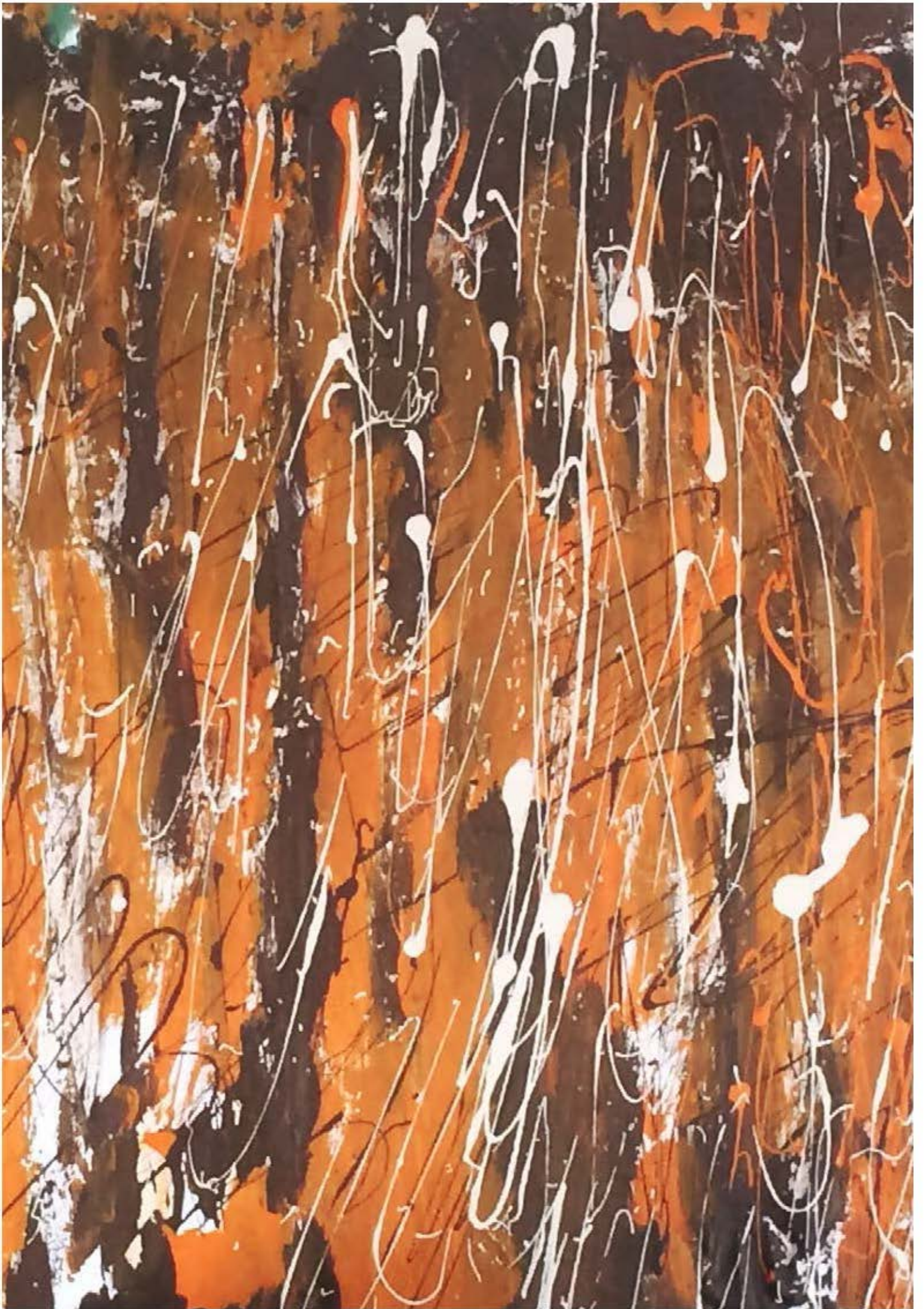
**Shirley's** offender had another intervention order taken out on him from another woman.

**Siân** is a grandmother who wished for restoration and improved local monitoring and evaluation of the intervention order process.

**Sophie** had to endure lack of police accountability in the application process and investigation of breaches and wished to move locality so that she and her daughters could feel safer.

**Sunny** is a grandmother who just wanted a safe home.

**Weona** hoped her children, especially her son, could recover from the family violence.





# Will somebody listen to me?

# Appendix 1



## Why Didn't You Ask?

### Participant information

The Loddon Campaspe Community Legal Centre provides legal assistance to women who have experienced family violence. We are undertaking a project aimed at improving the safety, social and health outcomes for women seeking legal help. The legal process can often be daunting for women experiencing family violence and unfortunately some of the most vulnerable women do not seek legal assistance as a result. Our Centre considers the opinions of those at risk of family violence crucial to identifying how services can be improved, and we are seeking your help. Your participation in the survey is voluntary. Loddon Campaspe CLC will provide you with legal advice whether or not you participate.

### What is involved?

We ask that you complete a short survey, which should take 5–10 minutes. If you agree, we will then contact you about a follow up interview after your legal case is closed. This interview will be conducted how you prefer (over the phone, in person, or online) and should take no more than 45 minutes. You can inform us of the safest way to contact you. You can choose to 'opt out' on any question, or end the interview at any point.

### What will you be asked about?

We will ask about your expectations before coming to court and what needs you might have, and we will ask you about your experience at court. If you participate in the follow-up interview, we will ask you about whether your needs have been met through the legal process.

### What will happen to this information?

Our Centre will use the information you provide to produce reports about the needs of women who experience family violence and whether the legal process is meeting their needs. We will also produce reports about the assistance provided to women at court aimed at improving their experience. Your personal details will be kept confidential and if we use a quote of what you have said, we will not include your name. Our records will be kept in a locked archive and destroyed after ten (10) years. Only if you identify an imminent risk of harm to you or any other person may we disclose information you have provided us.

Contact Bonnie Renou at the Loddon Campaspe CLC on 5444 4364 if you have any questions about the project. If you do not feel comfortable speaking with the researchers you can contact Nickie King, Principal Solicitor at the Loddon Campaspe Legal Centre on 5444 4364.

## Informed consent

**Researcher:** Carolyn Neilson, Loddon Campaspe Community Legal Centre.<sup>A1</sup>

**Place of research:** Bendigo, Kyneton, Swan Hill, Echuca, Maryborough, Castlemaine, 2011-2015.

**Participating or supporting indigenous organisations and non-indigenous organisations:**

Njernda Aboriginal Corporation, Bendigo and District Aboriginal Co-operative, Swan Hill and District Aboriginal Cooperative, Centre for Non- Violence, Council to Homeless Persons, Cobaw Community Health Centre and Annie North Women’s Refuge.

### 1 I understand what this project is about

I have read [or had read to me] the “Why Didn’t You Ask ?” Information for Participants which explains what this research project is about and I understand it.

I have had a chance to ask questions about the project, and I am comfortable with the answers that I have been given. I know that I can ask more questions whenever I like.

### 2 I have volunteered to participate

I agree to participate in the research. I know that I do not have to participate in it if I don’t want to. I made up my own mind to participate – nobody is making me do it.

The researcher will not write anything down unless I agree that she can. The researcher will turn off the recorder if I ask her to.

### 3 What will happen if I want to stop participating?

I know that I can pull out at any time.

If I pull out, none of the information I have given the researcher can be used in the research.

OR

The information can still be used but only with my consent.

### 4 How the research will happen

I agree that the researcher(s) can complete a “Why didn’t you ask ?” survey with me and, if I am also willing, have a follow up interview with me for the research and write down or record what I say.

AND

If I accidentally tell the researcher(s) some information that is confidential and should not be recorded and conveyed to other people, that information will be deleted.

I understand the research will take place over, but not for all of, one or two days. During that time the researcher(s) will do the survey with me when I am at court or another place of my choosing. Then if appropriate interview me once or twice. Each interview will last for about 1 hour and will be at a place of my choosing.

## 5 Getting paid for participating in the research

I know that I won't get paid for participating in the research project.

## 6 Risks and benefits of the research

I understand that the research may have the following benefits as set out in the Information for Participants; the research findings will identify how legal services experienced by victims of family violence can be improved and this will hopefully lead to better safety, social and health outcomes for victims of family violence.

AND

I understand that the research is not guaranteed to achieve improvements in the legal services experienced by victims of family violence. e.g. 'it depends on what the researcher finds out' or 'it depends on whether other organisations listens to what the Loddon and Campaspe Community Legal Centre says'.

I know that the possible risk of the research in talking about any trauma is that I might feel temporarily worse but the researcher can assist me access appropriate support services

## 8 Who will be the authors of the research?

The researcher Carolyn Neilson and other staff at the Campaspe and Loddon Community Legal Centre will be the authors of the research.

I understand that the researcher will write the research report but my story might be in that report.

I understand that I can be acknowledged as a contributor to the report.

## 9 Will people find out personal things about me from the research?

I agree that my name, either first name or whole name can be used in the research findings  
OR: I understand that my name will NOT be mentioned in any reports that come out of this research, and that people won't know who I am but I can use a pseudonym if I wish.

AND

After ten years the Campaspe and Loddon Community Legal Centre will either destroy this information or give it back to me.

## 10 What about culturally restricted information?

I understand that, if I share information with the researcher that I identify as being secret or sacred, this information cannot be included in the research findings or conveyed to anyone without my and/or other people's consent.



## 11 Who will have access to the research results?

I understand that this research will produce a report for the Legal Services Board, the Alternative Law Journal and for distribution amongst the Loddon and Campaspe Community Legal Centre's partner organisations and networks.

AND I understand that anyone can read the report that comes out of this research, and that even people on the other side of the world might see it, maybe on the internet. That's OK with me.

AND: The Loddon and Campaspe Community Legal Centre will give me a copy of any reports/ materials that she writes or produces out of the research.

## 12 Intellectual property

I understand that the Loddon and Campaspe Community Legal Centre will hold copyright in any reports, articles, or materials produced as a result of this research.

This means that:

The Loddon and Campaspe Community Legal Centre will be able to reproduce the information that is in the research report in other places (e.g. on the internet) or for other justice outcomes in accordance with the aims of this research, without asking for anyone else's permission. The Loddon and Campaspe Community Legal Centre will be able to let other people reproduce that information without asking for anyone else's permission.

## 13 Complaints

I know that, if I am worried about the research project, I can telephone the researcher on 0354444364 and talk to her about it.

I know that I can also complain to: Peter Noble, Executive Officer, ARC Justice, Tel No: 0354444364.

SIGNED:

.....

NAME:

.....

DATE:

.....



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CRICOS Provider No. 00120C

## Final Evaluation Report (2011 - MG008) for the Legal Services Board Victoria

### ***‘Why Didn’t You Ask?’ – Evaluation of the Family Violence Project of Loddon Campaspe Community Legal Community Legal Centre***

April 2015

**By Dr Liz Curran**

Senior Lecturer

Australian National University

Thank you to the Reference Group for the WDYA Project and the staff and management of the Loddon Campaspe Community Legal Centre for their assistance with this project. Additional thanks for the voluntary assistance of Dr Robert Southgate as colourful and helpful charts he devised appear throughout this report.

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## Part A – Overview of Project and General Findings of the Evaluation

### Background to this Report

This report is for the Legal Service Board and Commissioner Grants Program and the Loddon Campaspe Community Legal Centre (LCCLC), a program of the Advocacy & Rights Centre Ltd, Bendigo (ARC). It evaluates the Family Violence Project of LCCLC entitled 'Why didn't you ask?' which was funded by the Legal Services Board (LSB) in 2011 after an application by the LCCLC. **Why didn't you ask? (WDYA)** aims to improve the safety, social and health outcomes for women at risk of or experiencing family violence (FV). The project aims to target family violence in the Central Victoria region. It provides a family violence duty lawyer, advice and ongoing case work across the Loddon and Campaspe region, currently constituting 46.5% of the service's case work.<sup>1</sup> This project focuses on giving voice to women that have experienced family violence and the legal system. The funding has enabled LCCLC to dedicate the type of resources to family violence work that is needed to respond to demand and to identify systemic improvements.

The author, Dr Curran (Curran) was commissioned in late July 2014 to undertake this evaluation of a project that has been operating for approximately three years. Given the need to report on and evaluate the project in a short time frame it was determined that the best method would be to undertake a 'desktop review' of activities conducted and processes undergone in the family violence program at LCCLC (8 Months).

### About the WDYA Project

The initial application in 2011 to the LSB states that the WDYA Project sought to:

- Increase legal solutions that support outcomes preferred by women
- Achieve timely, effective and appropriate legal services across the region
- Increase knowledge of health professionals concerning legal interventions and the health benefits of timely legal interventions
- Improve health outcomes for victims of violence through early identification and referral for legal interventions
- Increase in knowledge of service users, service providers and the community generally about the range of legal interventions that can be used to address family violence.

Part of the strategy to achieve these aims included:

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<sup>1</sup> The average proportion of family violence in legal work across community legal centres in Victoria is 35.5%.

- Seeking the views of clients regarding the appropriateness and effectiveness of legal interventions and their preferred outcomes through a survey and in-depth interviews. These were then documented in a report alongside relevant other research and literature on family violence prevention. Two written reports (in a summary and in detailed longer form) have been released at a public launch on 5 May 2015. This aspect of the project fills an, until recently, significant gap in much of the research in the family violence area by directly asking women about their experiences, what they seek and around systems' improvement. This is literature and unique research with participants who have experienced family violence.
- Delivering legal assistance through a multidisciplinary model and at a number of different court locations where a need was identified. (This saw the project deliver a lawyer service at two new regional sites of Kyneton and Swan Hill and increases over the life of the project at other court sites).
- Focusing on the health benefits of effective legal interventions
- Building collaborative relationships across legal, health and social services. LCCLC developed and conducted a survey tool of legal and health professionals to gauge the benefits and inhibitors to collaboration on family violence. This has generated some useful data and insights that can inform future collaborations between legal and health and allied health providers.
- Engaging with Indigenous communities. This included the presence of an indigenous person on the reference group for the project and ongoing discussions and advice sought on culturally sensitive service from local indigenous organisations and community legal education and professional development.
- A strong educative and professional development component for non-legal professionals particularly doctors.

Key to the project methodology was to incorporate the voices of women who have experienced family violence in the development of LCCLC tools and methodology and also in informing the legal process about how its interventions might be improved.

In the initial first two years of the project attempts were made by LCCLC to organise a focus group for women who have applied for intervention orders in the past to provide feedback on the survey content. Unfortunately, it was very difficult to recruit participants for such a focus group. It was decided that the key link to participants is contact with them at courts, and that this would be the best way to obtain direct client feedback and to make initial contact.

The difficulties LCCLC identified in their first two progress reports to the LSB are not unique as many research projects have reported problems recruiting participation of women. What is

commendable, and is a finding of this evaluation report, is that LCCLC persisted and found an appropriate and sensitive methodology for recruitment that involved contact at court, voluntary survey participation and then in-depth interviews with women who volunteered for further follow-up through the survey.

### **Summary of Findings of this Evaluation**

This project has achieved its aims and the significant majority of the deliverables. In some areas the project has achieved what it indicated it aims to achieve and gone beyond its aims with additional innovations. Where deliverables were not delivered they were found to not be appropriate (see LCCLC's Second Report to LSB dated 15 January 2014 for explanation).

LCCLC has extended services for family violence assistance and representation. It has provided a venue for women's experiences of violence, the court system and the legal process and support system, to be heard. LCCLC is working to ensure these views in form policy and practical responses and has advocated for systems enhancements to protect safety for women and children and improve service delivery and court processes. This culminated in the release of the report *Will Somebody Listen to Me?* on 5 May 2015 which has been provided to decision-makers, media and community with pragmatic suggestions for change.

The LCCLC project has demonstrably led to a greater understanding of family violence service, referral pathways and the role of the law and family violence orders with health and allied professionals. Evaluations of training with medical practitioners evidence an 'intention to change practice' as a result of training conducted by LCCLC around family violence.

As a result of this WDYA project, LCCLC has laid the ground work to identify barriers and enhancers for better collaboration between health and legal professionals through the development, conduct of a Health Survey Tool 2 and preliminary analysis of findings from the 'Supporting Clients Better through Good Professional Collaborations' Survey which closed on 31 March 2015.

As noted in 'Part C – Conclusions' at the end of this Evaluation Report, valuable research and findings, as detailed and evidenced in this Evaluation Report, have resulted from the LSB funded 'WDYA Project'. This work ought to be continued, given the momentum and valuable findings from this project and the expertise of staff that has been developed by virtue of this project.

Curran also suggests in this Evaluation Report that the important work of the LCCLC can also be advanced by bringing its findings to the attention of the Victorian Royal Commission into Family Violence (The Neave Inquiry) established in December 2014.

## Scope of this Evaluation Report

The 'Why didn't you ask? Project' (WDYA Project) was funded through the Legal Services Board (LSB) 2010 -11 Grants Program. Another initial evaluator was retained in or around July 2012 to evaluate the project.

LCCLC provided an Interim Report on the WDYA Project in October 2013. This provided detail on aspects of the project as to the findings of the survey and interviews and views of women at that point in time of the project. This Evaluation Report of the WDYA does not replicate the WDYA Project Report on the literature on family violence nor the WDYA Project research findings. The LCCLC has produced a very detailed report (in summary and full formats entitled, *Will Somebody Listen to Me?* that will act as a compliment to this Evaluation Report. This report will cover material in the WDYA Research insofar that it is relevant for the purposes of this evaluation.

LCCLC has also provided a number of interim reports to the LSB on project progress during the life of the project from 2012- 2014. Curran is informed that the previous evaluator also provided an evaluation report in the second year of the project.

The previous evaluator and the LCCLC had already settled on the details in the deliverables and the survey and interview questions prior to Curran's engagement. For this reason, Curran has largely been tasked with measuring attainments within the existing settled framework and program logic for the evaluation and the questions and data sources. However, Curran has not been able to verify many of the evaluation questions that the previous evaluator settled upon given that this evaluation was not of an ongoing nature with the same consistent evaluator and a gap in time for the new evaluator to be appointed. For example, 'reflection sessions' suggested by the previous evaluator over the life of the project and identification of changes in referral patterns were not achievable.

Given the late stage at which Curran was retained on this project it was decided the evaluation would proceed by way of a 'desk top evaluation' only, given this shortness of time and the delays that an ethical approval process would have entailed where any component had involved human participation. This was particularly the case as the evaluation had been established without Curran's input into the tools and any retrospective human ethics process may have delayed the critical work, timed funding of this project and the milestones that LCCLC is required to reach. In addition, Curran's involvement in reflection sessions and direct research and data collection would have involved human research. This would have been problematic in terms of ethics approval especially as the tools and instruments for the evaluation had already been decided and were underway prior to her engagement. Changing the methods would have compromised comparable data which the project had envisaged would emerge over the project life.

The scope of this evaluation is therefore necessarily limited by the nature of the evaluation being by 'desk top' analysis, reliance on CLSIS data as a data collection and capture tool and timelines for acquittal. Accordingly, the 'desk top' approach examines data that has already been collected from

participants, de-identified and aggregated in-house by LCCLC and through the checking of processes that have been undergone by LCCLC in line with deliverables and aims.

Another limitation in the evaluation has been that it has been heavily reliant on data collected through the Community Legal Services Information System (CLSIS) which is the system by which community legal centres are required to capture data on service delivery. CLSIS can be 'clunky' and it is often difficult to extract data that would be in line with what might be desired for a project on family violence and to aggregate data in more than two fields. Some rich additional data has been extracted from the LCCLC's own surveys, which it has designed in-house and in consultation with other agencies namely, the initial health survey and the later professional collaboration survey.

Curran applied for and received ANU Ethics Approval for the evaluation to be a 'desk top' evaluation in 'expedited format' as there was no human research to be undertaken by Curran. Ethics Approval (Number 2014/500). Ethics approval was granted by ANU in September 2014.

This evaluation has only required that Curran check to see that questions are asked, to check data and analyse it, once it has already aggregated by LCCLC. Curran has also verified that processes and actions (deliverables) have been completed or undertaken. It has not involved Curran in any of the actual research being conducted other than in an advisory sense in the publication phase and in terms of the process for the delivery by LCCLC of some community legal education (CLE) in the final stages of the project.

This evaluation does not include a literature review on family violence. This has been detailed in the report, *Will Somebody Listen to Me?* which LCCLC has written, produced and launched and can be found there. To repeat it here would be merely a duplication.

As this is a desk top evaluation and commenced well into the project, it presented limits to the action research nature of the project or inputs around continuous reflection and improvement. However, in the course of the project Curran did make some suggestions. For example, in the area of legal education and professional development on refinement of the evaluation tools to incorporate questions around 'changes or intentions to change practice'. These suggestions were implemented and the Evaluation Surveys were conducted by LCCLC in-house. Curran also provided feedback into the draft 'WDYA' Project's research report, *Will Somebody Listen to Me?* which was considered by LCCLC.

Curran notes that, despite the limitations of the desk top evaluation approach, staff at LCCLC have been enthusiastic in considering and taking on board ideas around service improvements and have been timely and persistent in providing her with the CLSIS data subject to the limitations of the data base.



## Methodology

The approach to this evaluation was to undertake a desktop review of activities conducted by the family violence project. It involved preliminary consultations with the project's reference group to assist in evaluating the family violence project against its stated objectives.

The project requires that LCCLC reach certain goals with articulated deliverables.

Curran has conducted two site visits in Bendigo. One on 29 July 2014 and one on 20 October 2014. She attended and observed a reference group meeting with consent of the Multi Agency Reference and Advisory Group on 29 July 2014 and met with the collaborators.

On her site visit on 20 October 2014 she examined documents provided by LCCLC to ascertain whether the objectives numbered one – seven (1-7) and the deliverables denoted in bold below were on track or reached. Curran provided an Interim Evaluation Report to LCCLC at the end of October 2014 which concluded that the project was on track.

All data for the evaluation has been collected and aggregated by LCCLC and provided to Curran who has then checked information and data against the deliverables as benchmarks for the achievement of the projects aims. She has also noted whether any are in the process of being achieved or for some reason were not appropriate given the context in which the service is being delivered.

## Project Objectives

The objectives and deliverables set against these objectives are as follows:

Objective 1. Increased legal solutions that support outcomes preferred by women.

Deliverable 1. Family Violence Outcomes tool against which to measure preferred and actual outcomes of client over time

Deliverable 2. 200 responses to court-based survey (Targeting 30% of total assistance provided during project life)

Deliverable 3. 20 responses to in-depth follow-up interviews.

Objective 2. Achieve timely, effective and appropriate legal services across the region.

Deliverable 5. Initiated legal assistance program across target sites and developed "on-call" model for remaining court locations.

Deliverable 6. Published report on multidisciplinary practice for family violence intervention services in rural and regional contexts.

Objective 3A. Increased knowledge of health professionals concerning legal interventions and the health benefits of timely legal interventions.

Deliverable 7. Health survey results (Survey 1). 60 responses by health care providers.

Deliverable 8. Training package developed in consultation with Loddon Mallee Murray Medicare Local (LMMML).

Deliverable 9. Delivery of CLE in conjunction with LMMML and Bendigo Community Health Service at 3 sites.

Deliverable 10: Promotion of Family Violence Screening Tools to Health Partners

Objective 3B. Improved health outcomes for victims of violence through early identification and referral for legal interventions.

Deliverable 11. Health outcome assessment tool.

Objective 4. Joined up services between relevant health, legal and social services.

Deliverable 12. Active participation in two strategies undertaken by local family violence prevention projects.

Deliverable 13. Literature review of collaborative practice between social workers and lawyers, and within the RRR context.

Objective 5. Appropriate, effective and increased legal assistance services to indigenous communities.

Deliverable 14. Legal Education delivered at not less than three sites on 10 occasions.

Deliverable 15. Legal outreach advice sessions delivered at a minimum of one Aboriginal Community Controlled Health Organisation.

Objective 6. Increase in knowledge of service users, service providers and the community generally about the range of legal interventions that can be used to address family violence.

Deliverable 6. Legal Education delivered at not less than six sites on 20 occasions.

Objective 7. Evaluation report against project concepts, elements, objectives and activities.

Deliverable 7. Monitoring and evaluation agreement in place.

### **Overall Findings in Light of Deliverables**

*The research and report, Will Somebody Listen to Me?*

The research into the experiences, suggestions and concerns of women who had or were experiencing family violence has been detailed in the *Will Somebody Listen to Me?* Report which comes in abridged report and in a detailed report.

190 women participated in the survey whilst 27 women consented to and participated in an in-depth interview. This is a significantly high response rate given research in this area struggles to gain women's participation. Past research has noted a problem in studies with the high rate of victim attrition or difficulty recruiting women with experience of family violence in many of studies. The victim is usually viewed as the best source for information. (See for example, L Feder, L & DB Wilson (2005) 'A meta-analytic view of court mandated batterer intervention programs: can courts affect abuser's behavior?' *Journal of Experimental Criminology*, vol. 1, pp. 239–262 and J Mouzos, & T Makkai (2004) 'Women's experience of male violence: findings for the Australian component of the International Violence Survey', *Research and Public Policy Series*, no. 56, Australian Institute of Criminology, Canberra. Some studies released in the past two years have had more success. This is also discussed in detail in the *Will Somebody Listen to Me?* Report and so will not be discussed in this evaluation report. Significant though is the ability of LCCLC in its research to recruit such a number of women. Later on this evaluation report (in the section 'WDYA Research') Curran will comment on factors that were effective in LCCLC approach in recruiting women's participation.

In Curran's view the 'WDYA' Project Report and the research which informs it provides a unique opportunity for the voices of women to be heard and it makes pragmatic suggestions for improvement. Therefore LCCLC has increased the legal solutions that support outcomes preferred by women through both undertaking the research, documenting the results and promulgating them. This is evidenced with a planned communication strategy for the promulgation of the report and its recommendations in the wider community and for relevant decision-makers.

A new survey tool (Health Survey Tool 2) for measuring experiences and views on effective collaboration between health and legal service providers in family violence matter was developed by the LCCLC team, conducted until 31 March 2015 and then aggregated. Results have been examined by the evaluator. 118 professionals participated in the Collaborative Survey. 60% of participants were from the health sector whilst 40% of participants were from the legal sector. The results of this survey tool should assist in informing practices around some of the barriers, facilitators and impediments. It will be a useful tool in addressing emerging training gaps and professional misunderstandings which act as barriers to effective client service through collaboration.

Overall, the information flowing from the LCCLC's independent research including all the surveys and interviews with the women and the survey into collaboration between professionals in the health and allied health sector and legal sector is incredibly rich. It provides critical information around problematic service delivery and issues around safety and accountability.

#### *Court and Advice Work*

The project has seen increased access by women to legal representation through an escalating presence in regional courts as a result of the LSB funding. This is evidenced by the IVO figures at each court in the LCCLC CLSIS statistics in Bendigo, Echuca, Maryborough and the establishment of new services in Swan Hill and Kyneton.

There were a total of 464 Intervention Orders (IVOs) secured in the year from May 2011 - April 2012 (Kyneton IVOs commencing July 2012 at 54 until May 2012) compared to a total of 583 IVOs in May 2012 – April 2013 and 509 IVOs from May 2013 – April 2014 and total 501 IVOs May 2014 – March 2015. This signifies an increase in the IVOs with the project funding meaning, the attainment of the project aims and specific deliverables (see below).

It is not easy to elicit comparisons between court figures as often matters are transferred from court to court for a variety of reasons and the courts do not sit for certain periods. Aggregating the total court IVOs from year to year, however, reveals a steady increase in the number of clients assisted both at court and by way of outreach since the project's commencement.

The aggregated data in CLSIS provided by LCCLC reveals that referrals in on 'Advice' formed a pattern over the life of the project of steady increase, rising from 2 referrals in June 2011 to an average of 8 over the months in the last year of the project. This is suggestive of a growing awareness of agencies of the family violence work of LCCLC and a willingness to act and refer. The

project has therefore delivered legal assistance through a multidisciplinary model and at a number of different court locations where a need was identified.

#### *Community Legal Education and Professional Development*

The Community Legal Education (CLE)/Professional Development (PD) Evaluations of Medial Practitioner Training which were completed by participants during the project were positive. The responses provided by participants in the CLE/PD evidenced that whilst participants were aware of the growing need that health practitioners identify those experiencing family violence, this awareness increased following the CLE/PD provided by LCCLC. The CLE/PD Evaluation responses showed 'agreeing/strongly agreeing' post CLE/PD suggesting the session had instilled better understanding and confidence with respect to making referrals and 'agreeing' post CLE the CLE had instilled a better understanding of the intervention order process. A significant number of participants (consistently around 80%) tended to 'agree'/'strongly agree' that the information was relevant, useful and helpful, and that the participants were more informed as to how the law operates in Victoria with respect to family violence. Suggestions for improvement were also provided by Curran in the Evaluation Forms and have been used from CLE/PD sessions by staff at LCCLC.

Other CLE was conducted by the project team for a range of organisations and community members including indigenous services but not all evaluated. The number and sites of CLE conducted exceeded the required deliverables.

As noted above, the service was very responsive to feedback from Curran provided during this desktop evaluation. Approaches to training, professional development and community legal education were adapted to reflect adult learning principles and materials used were modified. The evaluation was adapted so as to gather data on 'changes to practice' or 'intention to change practice' as a result of training professionals or professional development to reflect recent thought on measuring impact in multidisciplinary practice in the public health sphere.

More detailed analysis of the aggregated data collected and the research responses and conclusions are provided in this Evaluation Report in Part B under the following headings below:

- A. The Survey, In-depth Interviews and WDYA Report
- B. Legal Services and Orders Delivered under the project
- C. Community Legal Education in General
- D. Community Legal Education GP Evaluations
- E. Health Surveys
- F. Un- listed Project Objectives/ Deliverables

Where deliverables were not delivered they are either shortly to be delivered (example publication on Multidisciplinary practice) or were not appropriate deliverables based on feedback to the service from either partners, collaborators or the women who were consulted about their

experiences. This includes the Family Violence Screening Tool. There are a number of existing similar tools and it was considered both a duplication and unnecessary to replace or replicate existing tools when with tweaking existing tools could continue to be utilised to greater effect.

**The following have been examined according to the brief for this Desk Top Evaluation and Findings are briefly listed against each of the stated aims and deliverables of the 'WDYA' Project of the LCCLC (\*Bold denotes the relevant deliverable and finding):**

- 
1. 200 Survey responses have been collected and analysed by LCCLC directly (without any personal participant details which will have been de-identified by LCCLC) and that the survey includes results and questions on quality effectiveness, timeliness and who is reached by the WDYA project of the LCCLC (1 2) **1, 2, 5.**

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**Finding – Substantially Achieved. 190 Survey Responses so the 200 Survey target not achieved. As noted above this is a significant response rate given other research.**

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2. 27 in-depth client interviews have been taken and analysed by LCCLC directly (without any personal participant details which will have been de-identified by LCCLC) and include demographics and court at which client assisted (1) **3**

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With respect to the legal service provided by LCCLC the majority of women surveyed indicated that they were happy with the service that they received from the LCCLC. This result may have a bias given it was the LCCLC conducting the survey and interviews and so this needs to be acknowledged. In the in-depth interviews some participants had also gone on to receive assistance from other lawyers and indicated that these were sometimes problematic and not consistent. From a project point of view in terms of the quality, effectiveness, understanding of legal issues surrounding FV, usefulness, referral and pathways of assistance.

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**Finding – Achieved and exceeded. 27 In-depth interviews conducted – with 7 extra interviews.**

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3. Number and continuity of services across court sites confirmed by LCCLC data/statistics kept by LCCLC (2) **5.**

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**Finding – Achieved. There has been continuous services across five court sites throughout the project by two lawyers including new court sites at Kyneton, Swan Hill which have continued to have numbers starting from no court services at all namely 156 IVOs at Kyneton Court and 223 IVOs at Swan Hill Court in the period from May 2012 until end March 2015.**

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**There has been an increasing number and continuity of services across court sites confirmed by LCCLC data/statistics kept by LCCLC provided to Curran.**

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**Achieved and exceeded. Total figures for IVOs at court locations were 1,766 for the period from May 2012 until end March 2015.**

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4. Identified case data on files opened on FV matters at LCCLC were collected and analysed (without any personal participant details which will have been de-identified by LCCLC) reflecting a growth in numbers of cases opened on FV matters and referred to LCCLC. **(2)**

**Finding – Achieved and Exceeded. In total 3,788 family violence casework services have been provided by LCCLC for the period June 2012- end March 2015.**

In June 2012 the total number of cases taken on in relation to family violence in that month by LCCLC were 65 matters and at the projects conclusion in the month of March 2015 saw an increase to 129 matters. This increase in numbers of case work that has been undertaken since the project was funded by the LSB has consistently increased over the life of the project.

- 
5. Sighting of evaluator of a completed WDYA Report on the results, findings and conclusions from research conducted and analysis of this and relevant literature (surveys and in-depth interviews) by LCCLC on their findings from the LCCLC 1 +2 above (2) **6.**

**Finding – Almost achieved -on track and almost complete – Penultimate Edited Reports Sighted which includes an abridged report and a longer detailed report. Public launch of the Report planned 28 April 2014 and a communication strategy in place.**

- 
6. Legal Education delivered at not less than six sites on 20 occasions (without any personal participant details which will have been de-identified by LCCLC) confirmed by LCCLC data/statistics/ file notes kept by LCCLC (3A) **9 & 10.**

**Finding – Achieved and exceeded by an additional 40 CLE sessions at 15 sites. 2012 (10), 2013 (11), 2014 (9), which have been evaluated 2015 (2) including four sessions for medical practitioners. Total = 32 as at October 2014. The Medical Practitioner Sessions were evaluated and so have been detailed in their own specific heading below.**

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7. Evaluation sheets already completed and summarised by LCCLC (without any personal participant details which will have been de-identified by LCCLC) for the evaluator of CLE at 4 sites and the survey includes questions on quality, effectiveness, understanding of legal issues surrounding FV, usefulness, referral and pathways of assistance available to clients as a result of the CLE undertaken of service providers. See notes above on the Family Violence Screening Tool (3A) by LCCLC in their 15 January 2014 Report to the LSB **9 & 10.**

**Finding – Achieved.** Project varied in 2014 to exclude the Family Violence Screening Tool (3A) from delivery in view of project exigencies explained in the LSB Report. **Of the evaluations completed the vast majority of participants ‘strongly agreed’ or ‘agreed’ post CLE training that the training enhanced their effectiveness, and understanding of legal issues surrounding FV, usefulness, referral and pathways of assistance**

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8. Health survey completed and summarised by LCCLC (without any personal participant details which will have been de-identified by LCCLC) for the evaluator and that the survey includes questions on awareness of the service at Health Justice Partnership, confidence

and growing confidence in legal issue identification, recognition of the role of worker in identify issues and the role of the lawyer in the issues they can assist clients/patients with. (3A) **7, 8, 9** Health outcomes and improvements to existing collaborations to health and legal sector professionals emerging. **11**

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**Finding – Achieved and exceeded. An initial survey was undertaken and a later survey on collaborations also completed. Family Violence Screening Tool not feasible again see second report of LCCLC to LSB dated 15 January 2014.**

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9. Sighting of evaluator of a completed Training Package developed in consultation with Loddon Mallee Murray Medicare Local (3A) **8**.
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**Finding – Achieved.**

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10. Active participation in two strategies undertaken by local family violence prevention projects. (3) **12**
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**Finding – Achieved. Travelling Elephant Awareness Raising (“Family Violence – the elephant in the room”) and WDYA Report written with support of other agencies.**

**Finding – Achieved.** Power Points and Training Materials cited and advice provided by Evaluator, Curran to enhance context, use of scenarios and adult learning approaches recommended on 21 October 2014. These were included in implementation in future workshops and are evidenced in the questions which were included in the adapted Evaluation Forms.

## Part B - Elaboration on Findings

### *A. The Survey, In-depth Interviews and WDYA Report*

The LCCLC ‘WDYA’ research report, in this evaluation referred to as the ‘WDYA’ Project Report reports on findings from the survey and in-depth interviews.

On 1 April 2015 Curran was provided with copies of both the abridged version (35 pages) of the penultimate report and the full detailed report (156 pages) for which she perused and provided feedback. The ‘WDYA’ Project Report reveals some interesting, revelatory and useful findings to inform how the legal system handles and deals/does not deal with family violence particularly in its responsiveness, ways it handles safety of women and children and caters for victim/survivors of violence in the immediate, short, medium and longer term. Curran also had discussions with the project officer Carolyn Neilson in August 2014, October 2014, and November 2014 and in February 2015 about the report and to ascertain that processes were in place and being adhered to. Curran is satisfied that the processes were in place and adhered verified by seeing the material from the survey and interviews after de-identification by LCCLC. In addition to and discussions with and reports from the project worker, about themes emerging and milestones. This has also been verified by the significant response rates to the Survey and the in-depth interviews.

The reports contribute greatly to the dialogue on family violence and will present some challenges for courts, law enforcement and service agencies from the rarely explored vantage point of women who have experienced family violence. Powerful statements from the women participants both in the survey and in-depth interviews add significantly to the discourse. The interviews and surveys also include women of a culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander (ATSI) background. This is not only inclusive but means adherence to the deliverables of the project.

The project devised and implemented respectful processes which supported clients to critique the legal system and the current solutions that it offers to women and children who experience family violence. The first component of the research was a short survey identifying their expectations of the legal outcomes they were seeking and briefly exploring their experiences at court. Women were asked if they would be willing to participate in a follow-up in-depth conversation to explore whether the legal outcome was satisfying, or not satisfying, the justice needs they had prioritised in the survey.

The surveys had been in progress for more than two years at the commencement of the in-depth interviews, so women participated in the latter on a time spectrum of four months to nearly two years after the legal process had concluded. This allowed the women to reflect on the impact of intervention orders over time.

In terms of adherence to good process by the LCCLC Project, legal jargon was avoided as it can alienate and be disempowering, and precludes room for the views or experiences of those who have experienced family violence. The women in the in-depth interview research were asked to choose the terms to be used in the research. Participants also chose non-identifying pseudonyms. This is all evidence for this Evaluation of a respectful process being implemented and undergone by LCCLC.

The two-part quantitative survey asked what the participant was seeking by applying for an intervention order, and what her experience of the legal system had been like. The in-depth semi-structured conversations with a non-legal LCCLC staff member qualitatively explored these hopes, experiences, difficulties and outcomes. All the women interviewed had experienced family violence committed by a male offender and so the draft 'WDYA' Project Report acknowledges this and that it has used a gendered analysis of this type of family violence.

As noted above, this Evaluation Report will not report on specific results of the Survey and In-depth interview. People are referred to the *Will Somebody Listen to Me?* Report.

### *Survey Questions*

There were 190 Responses to Survey from women in rural and remote locations. This was 10 less than the stated aim in deliverables however, as noted earlier in the evaluation report is significant in its contribution to family violence research. Many other studies have struggled to recruit people with experience of family violence. LCCLC has overcome this through its approach to research. Revising it from a focus groups approach to working directly at court, and enlisting women through



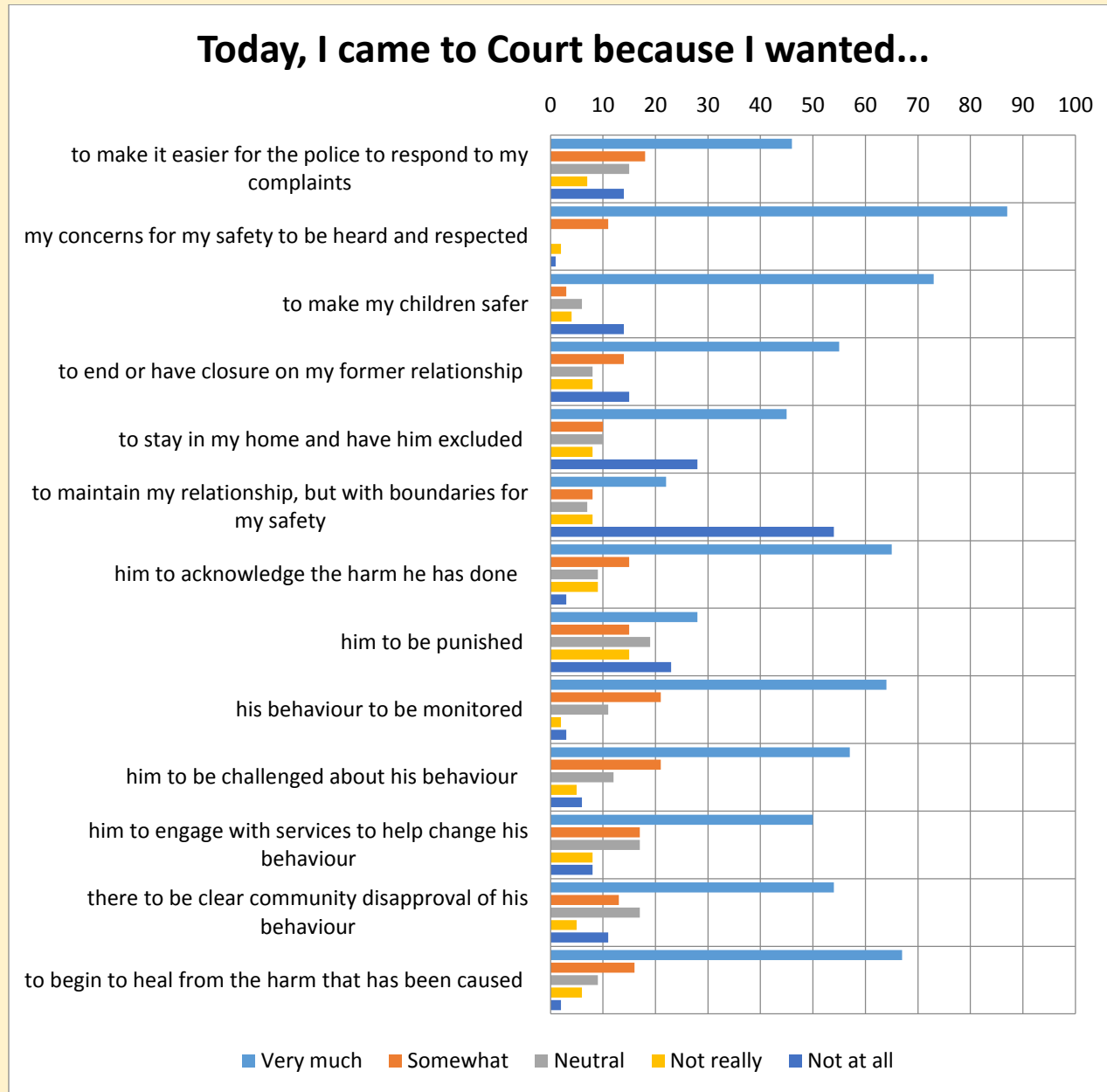
the specific approach (see elaboration below). This was clearly effective given the number of 190 surveys and additional in-depth interview attained.

The researcher has reported to Curran that, with prior consent from the women and after recruitment at court, she maintained appropriate contact with the women until the interview to avoid attrition of potential interviewees and to build rapport with the women. Contact was then maintained after the interview to inform the women of the publishing of the report and potential advocacy opportunities and to honour the relationship built. Such opportunities included appearing before Victoria's Family Violence Royal Commission.

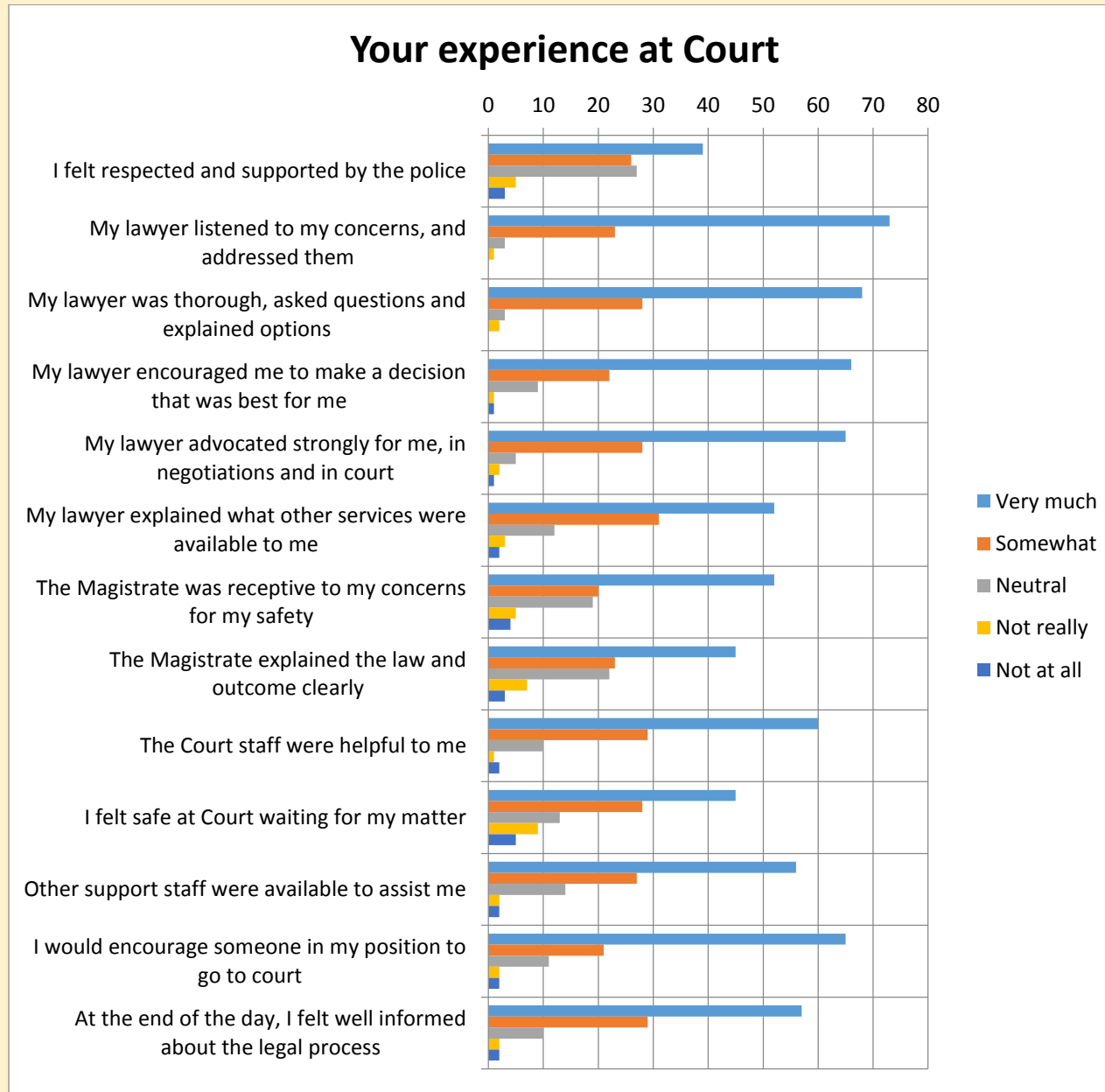


**Table 1 Source: LCCLC**

<b><u>Today I came to Court because I wanted.....(in %)</u></b>	Very much	Somewhat	Neutral	Not really	Not at all
to make it easier for the police to respond to my complaints	47	18	15	7	14
my concerns for my safety to be heard and respected	87	11	0	2	1
to make my children safer	73	3	6	4	14
to end or have closure on my former relationship	55	14	8	7	15
to stay in my home and have him excluded	45	9	10	8	28
to maintain my relationship, but with boundaries for my safety	23	8	8	8	54
him to acknowledge the harm he has done	65	15	9	9	3
him to be punished	28	16	19	16	23
his behaviour to be monitored	64	21	10	2	3
him to be challenged about his behaviour	57	21	12	5	6
him to engage with services to help change his behaviour	50	16	17	9	8
there to be clear community disapproval of his behaviour	55	13	16	5	11
to begin to heal from the harm that has been caused	67	16	9	6	2



<b><u>Your experience at Court (in %)</u></b>	Very much	Somewhat	Neutral	Not really	Not at all
I felt respected and supported by the police	40	26	26	5	3
My lawyer listened to my concerns, and addressed them	73	23	3	1	0
My lawyer was thorough, asked questions and explained options	68	28	3	2	0
My lawyer encouraged me to make a decision that was best for me	66	22	9	1	1
My lawyer advocated strongly for me, in negotiations and in court	66	27	5	2	1
My lawyer explained what other services were available to me	52	31	12	3	1
The Magistrate was receptive to my concerns for my safety	52	20	19	5	4
The Magistrate explained the law and outcome clearly	44	23	23	7	3
The Court staff were helpful to me	60	28	9	1	2
I felt safe at Court waiting for my matter	45	28	14	9	5
Other support staff were available to assist me	56	26	14	2	2
I would encourage someone in my position to go to court	65	21	10	2	2
At the end of the day, I felt well informed about the legal process	58	29	10	2	2





Women stated they came to court 'very much' for:

1. My concerns for my safety to be heard and respected
2. To make my children safer
3. To begin to heal from the harm that has been caused
4. His behaviour to be monitored

Other issues featuring were:

- the offender to acknowledge the harm he has done
- the offender to change his behaviour
- community disapproval of the offender's behaviour



### *In-depth Interviews*

To complement the quantitative response to questions a further 27 in-depth interviews were been conducted by Carolyn Neilson the Project Officer of the WDYA Project at LCCLC. This was an additional seven to the target set in the deliverables.

This process has enabled the women's voices to be heard. This is a seminal piece of work as much of the family violence research in Australia and overseas has failed to enlist women participant with experice of family violence.

The significant majority of women interviewed indicated that they were happy with the service that they received from LCCLC. Some had also proceeded to receive assistance from other lawyers and indicated that these were sometimes problematic and not consistent. From a project point of view in terms of the quality, effectiveness, understanding of legal issues surrounding FV, usefulness, referral and pathways of assistance this bodes well for LCCLC. Curran notes there may be a bias in these results as the interviews being conducted by LCCLC.

The majority of women interviewed saw themselves as those who have experienced or are experiencing Family Violence. They included three Aboriginal women and one CALD woman.

The women participants interviewed were aged between 18 and 83.

All those women who had had an IVO for over one year had requested at least an extension and in some cases multiple orders on the same offender with varying degrees of success. In the absence of the offender changing his behaviour this was the only thing the women, along with other keeping safe strategies they developed, could do to keep them and their children safer.

In terms of Curran's satisfaction with the processes followed, it is noted that legal appointments were offered to women whose interviews revealed they were not clear on the legal position, for follow-up. This was a strength of the project. It indicates a thoughtful process implemented by LCCLC. Some women noted that written orders were often not consistent with what they understood the magistrate had indicated would be in the orders. Women sometimes later realised there were gaps in their legal knowledge that needed clarification. On analysis of data it revealed that there were a number of breaches of IVOs that were legitimate which were not followed up by police and some applications where police did not respond.

Again in terms of satisfaction with the process followed by LCCLC in the in-depth interviews, Curran notes that after the interview there was a debrief with the women after the interview, about how they felt. A follow-up short written survey was posted to participants which could be completed anonymously and sent back handled through the central mailing system at the Advocacy & Rights Centre Ltd. The interviewer was not aware of who completed the survey. Women reported that the interview process was therapeutic and crystallised certain things in their mind around significant people who assisted them, reflections on what happened and a perspective on where they were now at and where they had come from. The women advised that they felt they had a voice through participating in their interview. The researcher reported to Curran some were assisted by the researcher to access other means of advocacy such as attendance at a violence prevention conference in Bendigo in 2014. Again this is evidence of a respectful, empowering process being undergone by the steps taken by LCCLC staff in the 'WDYA' Project.

### *The WDYA Project Report*

The survey and the in-depth interview responses form the basis for the 'WDYA' Project Report with the results of the survey and interviews analysed and key emergent themes identified, conclusions being drawn and recommendations formulated.

The report notes 'the research study is one of the few, although growing in number that have sought to explore women's experiences of the family violence justice system. The women in this research raised issues or themes that have been identified in other policy reviews, national plans and research. These include:

- inconsistent and/or low police accountability in the family violence intervention order application process and investigation of breaches or contraventions of the intervention order
- lack of offender accountability and change in their behaviour
- inconsistent responses from justice practitioners
- infrequency of responses encouraging women's rights of control as to the legal outcome
- inadequate addressing of the needs of children in the justice response
- need for a strong shift in community attitudes to occur so that violence is not acceptable'

The WDYA Project Report identifies areas of improvement, based on the research data that are needed in policing, before court, at court and after court, and service delivery. The Report also identifies the lack of information prior to court, and empowering processes that ought to be in place throughout the legal process. These elements form the recommendations, which seem careful, considered, pragmatic and realistic. These require is a commitment to make a difference from institutions and people that form part of the system.

### Outcomes

The report, *Will Somebody Listen to Me?* was formally launched on Monday 5<sup>th</sup> May 2015, the day the Family Violence Royal Commission was also sitting in Bendigo. Approximately 45 people



comprising service providers, reference group members and research participants attended the event.

The Abridged and Full versions of the report are available on the LCCLC website at

<http://www.lcclc.org.au>

In terms of outcomes the pre and post media response to the report was very positive as is evidenced by the reportage below. See for example:

<http://www.bendigoadvertiser.com.au/story/3055319/will-somebody-listen/>

<http://www.bendigoadvertiser.com.au/story/3058434/report-shows-women-want-to-be-heard/>

Related coverage of family violence funding challenges and a vigil to mark the deaths of women and children due to family violence has also been positive:

<http://www.bendigoadvertiser.com.au/story/3070130/vigil-honours-women-and-children/>

### *Empowerment of Women*

Another project outcome that the researcher who interviewed women interviewed for the 'WDYA' Research Project has reported to Curran is that the women were invited to attend a 'Family Violence Prevention – 'It's everybody's business' Forum on 7 and 8 October 2014. The women were advised of the forum and wanted to participate. A closed workshop was facilitated with the conference organisers so that the women could be heard safely and their messages channeled into the conference event and in what the media should consider. A debrief occurred for the women after the forum. Other women had media interviews and participated in family violence support groups and the Family Violence Regional Royal Commission Sittings. There is also a proposal that there be regular "listening posts" for these women to share their lived experiences of family violence and the justice system with court and police personnel. These listening posts will assist inform a regional safety audit of and a framework of monitoring and evaluation of the family violence justice responses in this region.

## ***B. Legal Services and Orders Delivered under the project***

### *At Court and Outreach Services - Court Assistance and Representation*

There has been continuous services across five court sites throughout the project by two lawyers including new court sites at Kyneton, Swan Hill which have continued to have numbers starting from no court services.

Namely 156 IVOs at Kyneton Court and 223 IVOs at Swan Hill Court in the period from May 2012 until end March 2015.

There were a total of 464 Intervention Orders (IVOs) from May 2011 - April 2012 (Kyneton IVOs commencing July 2012 at 54 until May 2012) compared to a total of 583 IVOs in May 2012 – April 2013 and 509 IVOs from May 2013 – April 2014 and total 501 IVOs May 2014 – March 2015. This signifies that there has been an increase in the IVOs with the project funding.

The Social Worker, Marlene McLoughlan, began work in February 2012 and assisted in referral and support. Bonnie Renou was appointed as the project lawyer and commenced in May 2012. With the extra capacity from Bonnie Renou it made it possible to be in a position to extend beyond Bendigo, Echuca and Maryborough and so figures for Swan Hill May 2011- April 2012 reflect there were no IVOs at that court. These rose to 57 IVOs in May 2012 –April 2013; 20 IVOs in the period from May 2013 – April 2014 and 21 IVOs in the period from May 2014 – March 2015.

There can be a fluctuations in numbers which depends on the court list which is larger at some of the main courts which service larger populations such as Bendigo and Echuca. Some matters whilst at court are ongoing and so do not appear as new numbers.

Services were continued and consistent across court sites throughout the period of the project allowing for matters that were transferred and sittings.

Across the data kept by LCCLC the rate of a client having an interim order in place by the time LCCLC assist (usually first mention) is 28%.

By location:

Bendigo - 64.35%  
 Echuca - 34.54%  
 Kyneton - 56.8%  
 Maryborough - 36.11%  
 Swan Hill - 25%

Total figures for IVOs at court locations were 1,766 for the period from May 2012 until end March 2015 and are broken down by court as follows:

Bendigo Court – 910  
 Echuca Court – 254  
 Kyneton Court – 156  
 Maryborough Court – 223  
 Swan Hill – 223  
**Total IVOs at Courts – 1,766**

**Table 2 Source:** CLCSIS Data provided by LCCLC to Curran on 14 April 2015. In the period before the project was funded and in the early start up phases of the project figures for IVOs at Court in the period May 2011 to April 2012 are as follows:

CLSIS Monthly Casework numbers by outreach location

May 2011 to April 2012

Date	Bendigo IVO	Echuca IVO	Kyneton IVO	Maryborough IVO	Swan Hill IVO	
<b>2011</b>	May	25	13	0	4	0
	June	39	7	0	3	0
	July	19	1	4	6	0
	Aug	25	4	5	5	0
	Sept	24	1	7	2	0
	Oct	19	5	5	1	0
	Nov	35	9	5	1	0
	Dec	14	4	3	2	0
<b>2012</b>	Jan	24	17	2	2	0
	Feb	34	6	7	1	0
	Mar	19	13	3	1	0
	April	17	3	8	5	0



**Table 3 Source:** CLCSIS Data provided by LCCLC to Curran on 1 April 2014. In the period during which the project was funded figures for IVOs at Court in the period May 2012 to end March 2015 are as follows:

Monthly Casework & Outreach numbers by outreach location

May 2012 to March 2015

Date	Bendigo IVO	Echuca IVO	Echuca Outreach	Kyneton IVO	Kyneton Outreach	M'borough IVO	M'borough Outreach	Swan Hill IVO	
2012	May	38	6	3	0	4	6	4	0
	June	26	8	3	0	2	1	0	7
	July	27	5	3	4	6	2	5	3
	Aug	36	3	3	5	0	4	3	10
	Sept	26	4	3	7	5	14	4	8
	Oct	26	0	4	5	1	11	2	15
	Nov	31	10	4	5	2	9	3	0
	Dec	34	1	1	3	1	4	0	0
2013	Jan	47	5	4	2	2	10	2	3
	Feb	29	13	4	7	4	9	3	5
	Mar	38	1	4	3	0	2	1	4
	April	21	11	1	8	1	7	4	2
	May	41	2	3	8	3	3	0	0
	June	20	4	10	7	2	3	3	0

	July	22	11	3	5	9	7	4	7
	Aug	16	9	6	3	0	2	2	4
	Sept	16	5	3	2	0	0	0	3
	Oct	23	12	4	4	1	5	2	2
	Nov	20	8	4	2	5	8	1	0
	Dec	13	8	3	7	4	2	1	0
<b>2014</b>	Jan	32	33	4	8	5	7	3	7
	Feb	23	3	2	1	0	11	2	4
	Mar	24	2	5	4	5	8	0	0
	April	20	6	0	4	1	5	2	8
	May	20	6	2	11	0	11	5	9
	June	26	0	4	5	1	12	1	8
	July	32	5	1	6	0	4	1	3
	Aug	28	2	4	0	2	6	3	5
	Sept	28	5	3	3	2	9	2	3
	Oct	15	19	3	6	0	8	3	1
	Nov	14	13	4	7	3	3	1	5
	Dec	13	12	3	5	3	9	1	10
<b>2015</b>	Jan	18	11	1	2	0	10	2	4
	Feb	26	4	6	5	1	2	2	6
	Mar	41	7	3	2	2	9	0	15



### Case work services

In total 3,788 family violence casework services have been provided by LCCLC for the period June 2012- end March 2015.

**Table 4 Source:** Extracted from CLSIS Data for Casework in family violence provided by LCCLC to evaluator on Wednesday 1 April 2015

		Total cases
2012	June	65
	July	67
	August	86
	September	90
	October	99
	November	121
2013	December	76
	January	113
	February	133
	March	130
	April	104
	May	97
	June	79
	July	107
	August	93
	September	68
	October	144
	November	116
2014	December	84
	January	176
	February	125
	March	115

	April	129
	May	140
	June	125
	July	133
	August	112
	September	145
	October	159
	November	102
	December	110
2015	January	127
	February	89
	March	129
	<b>TOTAL</b>	<b>3,788</b>

In 326 the other party appeared (cross application). 90 matters noted in the data involved firearms. There were 985 children named on the applications (1872 unknown and 949 no children were listed). There were Family Court proceedings involved in 134 of these matters. 1923 were new applications, 175 were extended or varied and 32 were revoked. In terms of gender 1320 matters involved a male, 859 a female and 1,620 were noted as 'unknown'. CLSIS data does not assist in determining the gender of the case work undertaken. In June 2012 the total number of cases taken on in relation to family violence in that month by LCCLC were 65 matters and at the projects conclusion in the month of March 2015 saw an increase to 129 matters.

Additional detailed CLSIS data was provided to Curran by LCCLC but is not relevant and some CLSIS duplication of figures was evident. It was also not relevant to this evaluation's consideration of the aims and deliverables noted above.

The case load and court matters have been continuous and high in number particularly in view of the staffing and the travel involved, given the distance of the various courts.

### *Referrals*

The CLSIS data is clunky on referrals and it is difficult to determine the nature of referring agencies to and from as these were not completed in the fields. This is due to the data system taking time to turn between pages. Although the IT system allows imputing of referrals they are not specific enough to be of value in research. They are problematic as the IT system does not facilitate entry by a busy practitioner. It would be useful for data to be collected, not just of referrals to and from but the specifics of the type of professional and even the referring agency as well. This would provide richer information on who the referrals are coming from, whose rates of referrals are increasing and whether they are linked to the other work of the LCCLC in raising awareness of the family violence and legal service and how to identify a legal issue to enable referrals. This would

be a good indicator of 'actual changes in practice' which would enhance measurement of effectiveness and behavioural change so important in the public health research on measuring social and health outcomes. It is noted the CLSIS data collection system is difficult for community legal centres who are often limited in staffing and resources and who are stretched already in delivering direct service delivery and working for systemic improvements.

The evaluator suggests caution in placing too much store on the CLSIS referral statistics that will now be discussed. The aggregated data in CLSIS provided by LCCLC reveals that referrals in on 'Advice' formed a pattern over the life of the project of steady increase rising from 2 referrals in June 2011 to an average of 8 over the last year of the project. This is suggestive of a growing awareness of agencies of the family violence work of LCCLC and a willingness to act and refer. According to the aggregated CLSIS data the 'total referrals in' in the first month of the project were 114 and in March 2015 were 130. The total number of 'referrals in Advice' for the period from June 2011 - March 2015 were 6,332. The total number of 'referrals out Advice' for the period from June 2011 - March 2015 were 6,461.

### ***C. Community Legal Education in General***

#### *Community Legal Education (CLE) on Family Violence*

Legal Education was delivered at not less than six sites on 20 occasions. LCCLC exceeded this as a total of 40 CLE sessions at 15 sites were delivered.

The information below was extracted from CLSIS data but also through elaboration from staff members as the CLSIS data was not clear in relation to some aspects of the CLE delivered.

CLE delivered through the life of the project by year with the numbers in attendance in brackets is as follows:

#### **2012**

Ten CLE sessions on Family Violence Conducted for the following varied groups including community members, health services, indigenous services and other groups or agencies (with participant numbers in brackets):

Tarrengower Women's prison (10), Indigenous Family Violence Regional Action Group (10), Njernda Mums and Bubs (10), Campaspe Early Childhood Network Echuca (30), Bendigo Community Services Health Hub (20), Cobaw Community Health (10), GPV Family Violence General Practice (21), Mental Health Service (20).



## 2013

Eleven CLE Sessions on Family Violence Conducted for the following varied groups including community members, health services, indigenous services and other groups or agencies and with the numbers in attendance:

Centacare(10), Swan Hill Child Youth and Family Network (20), Mallee Family Care Team (8 + CEO), Njernda Staff In-service (50), Njernda Community Day (20), BDAC Family Violence Awareness Forum (20), Tarrengower Women's Prison (10), Macedon Ranges Police Service Training Day (30), Bendigo Senior Secondary College, Tarrengower Women's Prison (12), BDAC (20)

## 2014

Eleven (see below attribution of a CLE value for awareness raising and reasons) CLE Sessions on Family Violence Conducted for the following varied groups including community members, health services, indigenous services and other groups or agencies and with the numbers in attendance:

Tarrengower Women's Prison (10), Sister's Day Out Family Violence Prevention Legal Service (30), Sister's Day Out Family Violence Prevention Legal Service (40), Kyabrum Community and Learning Centre (15), AVERT Family Violence Training (30), Tarrengower Women's Prison (9) and BRIT TAFE (22) and a further session later in September (26) .

In addition, from September – November, although not strictly CLE, Bonnie Renou travelled throughout regional Victoria on a family violence awareness raising tour with an 'Elephant Display'. The Elephant was used to signify the silence and low visibility of family violence despite its prevalence in community (the "elephant in the room"). Ms Renou travelled with the elephant display to the Sports and Leisure Centre in Kyneton, Castlemaine Library, Castlemaine Farmers Market, Bendigo Bank and the White Ribbon Day March in Bendigo (where it formed the centrepiece and motif). The Evaluator has designated a value of three CLE sessions to this innovative exercise given that Ms Renou had to prepare and discuss family violence with a number of people who asked questions and it involved travel and targeting general community at venues where they gather.

## 2015

One CLE Session on 25 February at the Goulburn Valley Community Legal Centre (8)

#### ***D. Community Legal Education GP Evaluations***

In the Second Report provided by LCCLC to the LSB on 15 January 2014, it was noted by LCCLC that they 'established solid relationships with project partners and continue to deliver legal and education services around family violence across the region. After much consultation we have had to refocus one area of the project around measuring the impact of legal services on health

indicators, toward better enabling health workers to recognise family violence and respond appropriately to it.’

In Curran’s experience in evaluations and effective service delivery, it is not unusual during the conduct of a project and after operationalising it for an agency to need to recalibrate the project to make it more effective and targeted given what is discovered during the life of the project and as complexities emerge.

It would not make sense to launch into a range of deliverables, set in advance of a project, where the rollout of the project identifies gaps in knowledge and understandings that the initial approach might have assumed/presumed to exist. (See A Crocket and L Curran (2013) ‘A Practical Model for Demonstrating and Ensuring Quality Legal Aid Services: A Case Study in Applied Research’, International Legal Aid Conference). What is sensible is that LCCLC having identified gaps in the planned approach revised the project to improve how it targets relevant groups. This included gathering further information to add to the intelligence about what steps were necessary to ensure agencies work more effectively to assist people with family violence issues in understanding the issue and legal mechanism and systems in place before they are expected to identify and refer effectively through a screening tool as had been envisaged.

The project also identified that there were barriers between the health and legal sectors which could impede effective responsiveness to family violence. LCCLC identified from its initial survey that more survey work (see detailed discussion below under ‘E. Health Surveys’) would be required to unpack what things would be effective, what the different professions felt about each other and what further training or professional development might be useful to lead to better collaboration of services assisting clients/patients with family violence issues and to ensure greater safety for clients/patients and responsiveness and interaction between the professions.

Responding to a need for greater training and awareness about legal issues, identification and family violence mechanisms - four further CLE sessions were delivered. These were tailored specifically to General Practitioners and were evaluated. Curran in a site visit to LCCLC in October 2014 viewed training materials and the evaluation tools and modifications were made to adapt the materials to suit a professional audience moving away from lecture format and towards discussion and scenario led learning based on adult learning approaches. This enables extraction of information on the effectiveness of the CLE and impact on practice through evaluation. This were implemented immediately by LCCLC.

The sessions were as follows:

Session 1 – 13 October 2014 at Loddon Mallee Murray Medicare Local, Bendigo.

Session 2 -14 October 2014 at ‘The Good Table’ Castlemaine

Session 3 - 27 October 2014 Loddon Mallee Murray Medicare Local, Bendigo

## Session 4 – 11 February 2015 Loddon Mallee Murray Medicare Local, Bendigo

The evaluation sheets asked participants questions both pre and post the CLE to ascertain any shifts as a result of the CLE sessions and to prompt participants to think about what they knew before the training and what they knew afterwards and any intentions to change practice. The latter is critical as recent studies in the public health sphere state that an intention to change practice or a change in practice as a result of training are indicators of effectiveness of the training and a shift in behavior (See T Triado, Julie White & A Brown (2013) 'Community Health Quality Health Improvement Initiatives', Department of Health, (<http://www.healthcaregovernance.org.au/docs/forum-1-quality-in-vic.pdf> accessed 26 September 2014).

The following questions were asked in the pre-CLE Evaluations and were ranked as follows:

**1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly agree**

1. I am aware that there is a growing need to identify those patients that might be experiencing Family Violence.
2. I have a good understanding that as a General Practitioner I have a key role to play in identifying those patients that might be experiencing Family Violence
3. I am confident in my knowledge and awareness of how Family Violence impacts on the health and wellbeing of my patients
4. I have a good knowledge of the local referral pathways for women who might be experiencing Family Violence
5. I would be confident in making a referral to a service that might be able to assist a patient experiencing Family Violence
6. Intervention orders are a means of stopping family violence and addressing the immediate safety concerns of a patient. I have a good understanding of the Intervention Order application process.

**Comments or suggestions on course content.**

The following questions were asked in the post-CLE Evaluations and were ranked as follows:

**1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree**

1. I am aware that there is a growing need to identify those patients that might be experiencing Family Violence.
2. I have a good understanding that as a General Practitioner I have a key role to play in identifying those patients that might be experiencing Family Violence
3. I am confident in my knowledge and awareness of how Family Violence impacts on the health and wellbeing of my patients
4. I have a good knowledge of the local referral pathways for women who might be experiencing Family Violence
5. I would be confident in making a referral to a service that might be able to assist a patient experiencing Family Violence
6. Intervention orders are a means of stopping family violence and addressing the immediate safety concerns of a patient. I have a good understanding of the Intervention Order application process.

**7. The information was relevant, useful and helpful.**

Strongly Agree      Agree      Disagree      Strongly Disagree

**8. As a result of this session/s I am more informed about how the law operates in this area and how I fit in.**

Strongly Agree      Agree      Disagree      Strongly Disagree

**9. There were elements of the presentation that need improvement.**

Strongly Agree      Agree      Disagree      Strongly Disagree

Please explain. Consider whether further sessions would be useful, in what areas and in what format:

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Specific Questions (Please answer these)

11. As a result of what you have learned in training/community legal education (CLE), do you think you will know how to take the next steps to implement your learnings with clients/patients?  
 If so, what will you do next to operationalise your learnings in practice?  
 If not, why not?

12. As a result of what you have learned in training/CLE will you change in any way how you intend to work/practice/engage with you clients/patients?

Yes/No

Explain in what way if the answer is Yes.

13. As a result of what you have learned in training/CLE will in change in any way how you intend to work/practice/engage with you with other services/agencies?

Yes/No

Explain in what way if the answer is Yes.

14. The training/CLE used practical scenarios and case studies which assisted me in gaining a picture of how the law works and the different contexts.

Yes/No

Explain.

LCCLC provided the following summaries to Curran based on the data received from the CLE Evaluations of GPS:

**Session 1 – 13 October 2014**

1. Whilst participants were aware of the growing need that health practitioners identify those experiencing family violence, this awareness increased following CLE. Those strongly agreeing that there was such a need increased from 40% to 80% post CLE.
2. Participants understanding of their key role in the identification of family violence increased as evidenced by an increase in 'strong agreement' by 20% to that statement.
3. Participants understanding of how family violence impacts upon the well-being their patients consolidated post CLE as evidenced by 40% and 60% agreement and strong agreement with this statement post CLE. Moreover, prior to CLE 20% disagreed with this statement but moved towards agreement post CLE.
4. A neutral response to whether participants knew of local referral pathways for family violence assistance was received pre CLE. However, post CLE participants 'agreed' and 'strongly agreed' (60% and 40%) respectively with this statement post CLE suggesting their knowledge of referral pathways had increased.
5. Again, a tendency for a neutral response to the statement that practitioners would be confident in making referrals was received prior to CLE, but this changed to 40% and 60% of participants 'agreeing' or 'strongly agreeing' respectively post CLE.
6. There was a tendency to disagreement or neutrality in response to the proposition that family violence intervention orders are a means of dealing with the immediate safety concerns of a patient. Again this response changed from 80% and 20% in respect of

‘agreeing’ or ‘strongly agreeing’ post CLE suggesting they had a better understanding of how family violence intervention order may assist with immediate safety concerns.

7. Questions 7 & 8 were only aired post CLE, but participants tended to ‘agree’/‘strongly agree’ that the information was relevant, useful and helpful, and that the participants were more informed as to how the law operates in Victoria with respect to family violence.

#### FEEDBACK

*“Explanation of legal system really helpful”.*

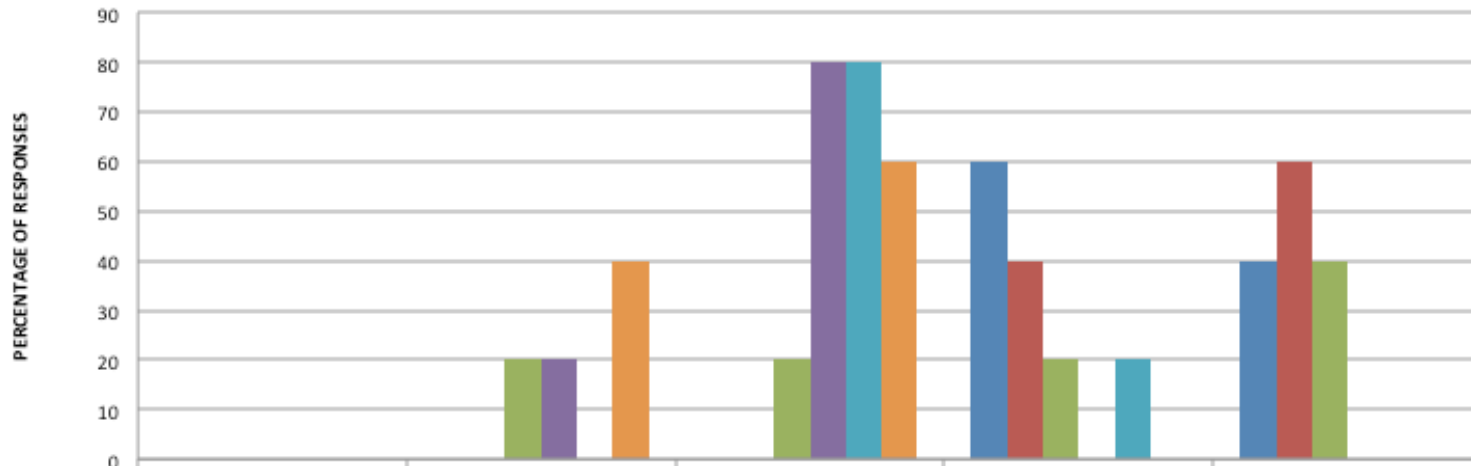
*“I feel more confident of enquiring with specificity & understanding supports available & the legal system”.*

*“Speakers used real examples to make their point”.*

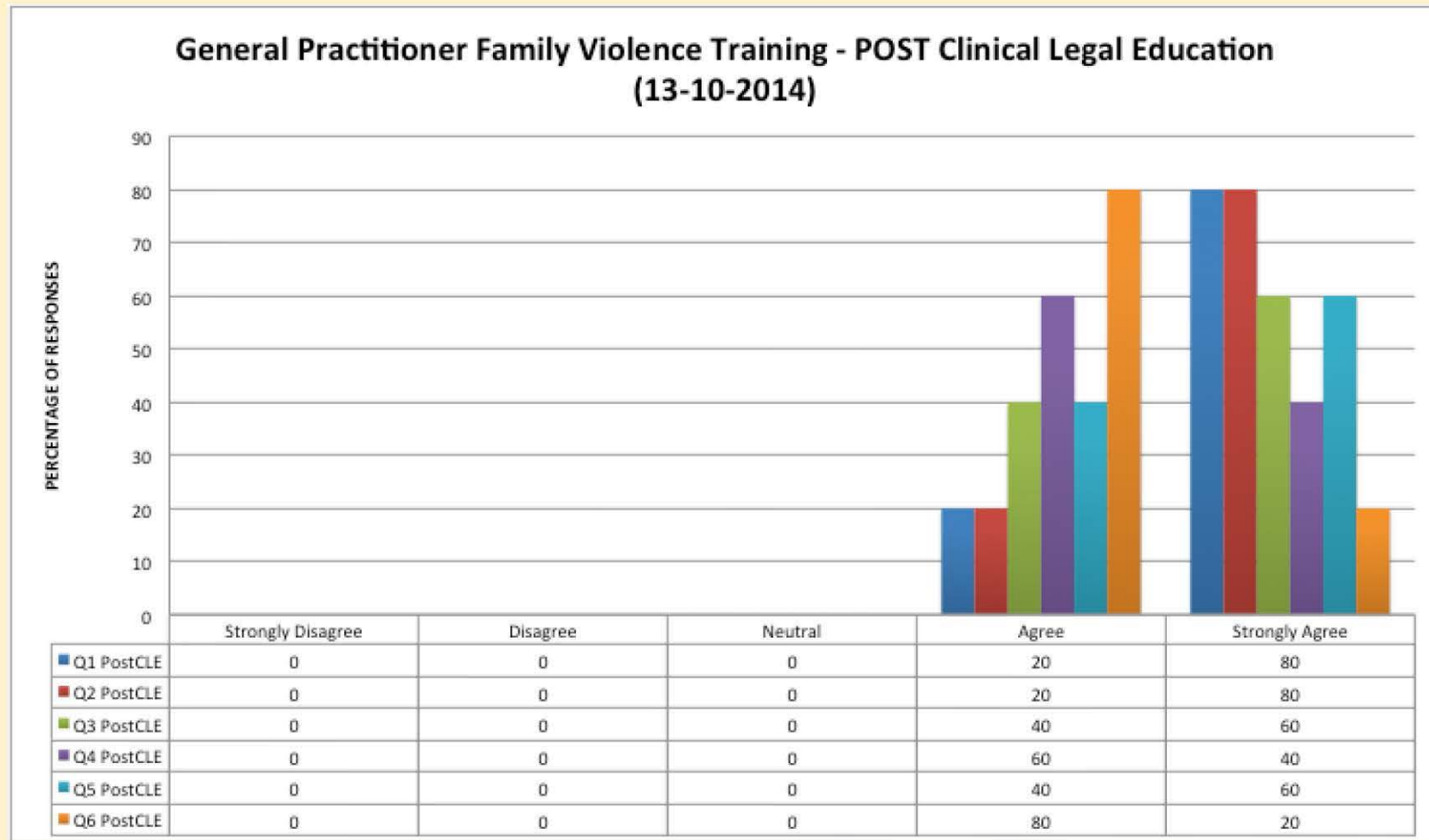
#### **Table 5 Pre and Post CLE Training of GPS Source: LCCLC**



### General Practitioner Family Violence Training - PRE Clinical Legal Education (13-10-2014)



	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Q1 PreCLE	0	0	0	60	40
Q2 PreCLE	0	0	0	40	60
Q3 PreCLE	0	20	20	20	40
Q4 PreCLE	0	20	80	0	0
Q5 PreCLE	0	0	80	20	0
Q6 PreCLE	0	40	60	0	0







### **Session 2 – 14 October 2014**

1. In response to question one, participants tended more readily to 'agree' or 'strongly agree' to the proposition that there is growing need for health practitioners to identify those suffering from family violence.
2. In reference to question 2 which asks if the practitioner had a good understanding of their role in identifying family violence, there was move from neutrality towards 'strongly agreeing' with this statement post CLE.
3. In response to the question that the practitioner was confident in their knowledge and awareness of how family violence impacts the well-being of their patients, practitioners moved from a 'neutral/agreement' standpoint to one of 'agreeing/strongly agreeing' post CLE.
4. A mixed response tending towards 'neutrality/disagreement' was received pre CLE in reference to whether the practitioner was confident in their knowledge of referral pathways that may assist those experiencing family violence. Post CLE the response tended towards 'agreeing/strongly agreeing'.
5. A similar mixed response was received pre CLE when practitioners were asked if they were confident to make a referral to local organisation that might be able to assist a patient experiencing family violence. Again, the response tended towards 'agreeing/strongly agreeing' post CLE suggesting the session had instilled better understanding and confidence with respect to making referrals.
6. There was a neutral response tending towards disagreement to the proposal that intervention orders are an effective means of addressing a patients immediate safety concerns. This tended towards 'agreeing' post CLE suggesting the CLE had instilled a better understanding of the intervention order process.
7. Questions 7 & 8 were only aired post CLE, but participants tended to 'agree'/'strongly agree' that the information was relevant, useful and helpful, and that the participants were more informed as to how the law operates in Victoria with respect to family violence.

### **Feedback**

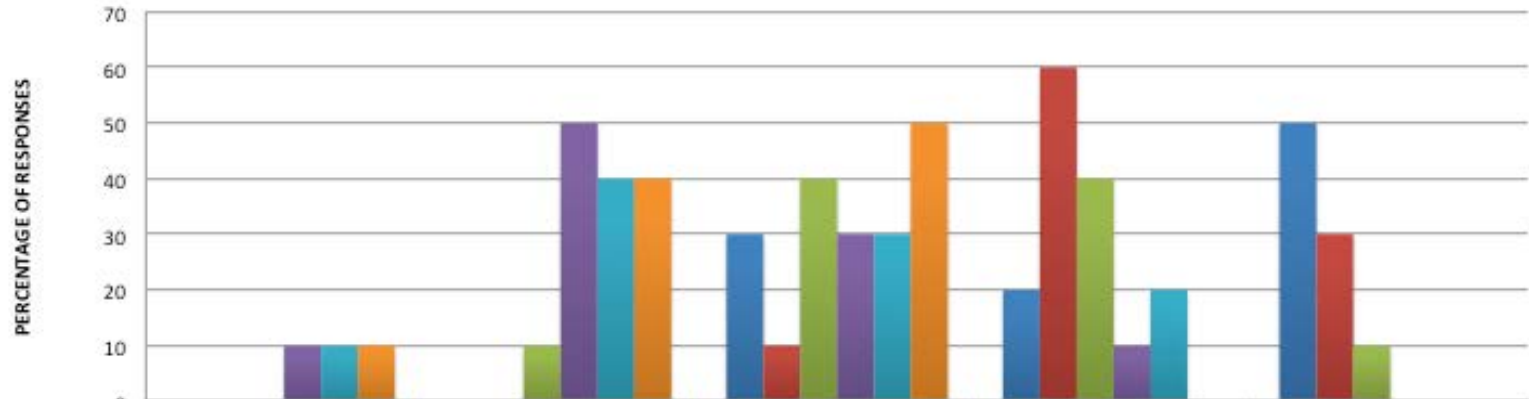
*"feel more confident about where to refer...remember victims of crime funding"*

*When asked if the CLE would change how participant intended to change practice, one participant said it: "increased ability to make people aware of services available"*

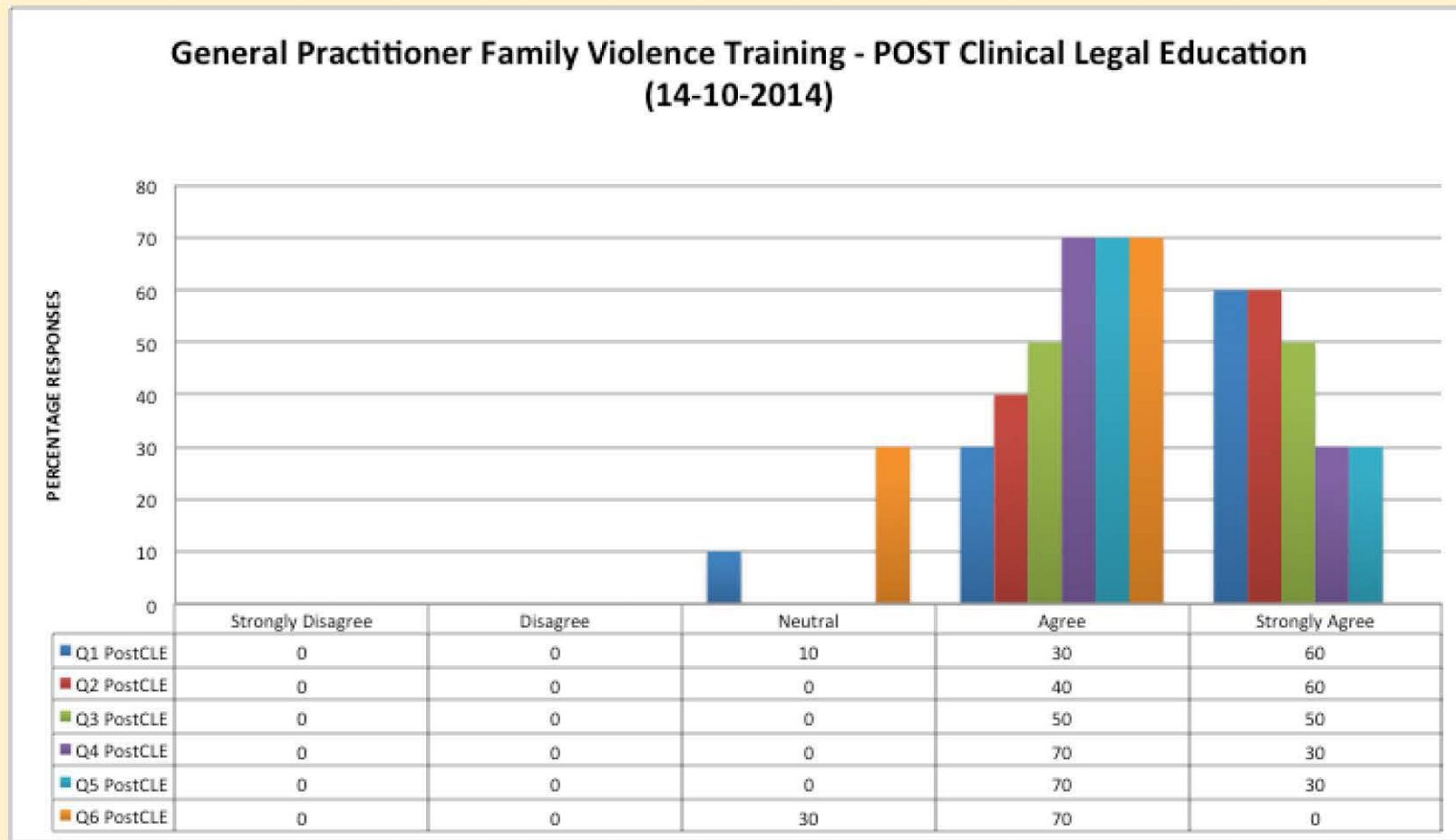
*Another said: "be more proactive in detecting examples of family violence".*



### General Practitioner Family Violence Training - PRE Clinical Legal Education (14-10-2014)



	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Q1 PreCLE	0	0	30	20	50
Q2 PreCLE	0	0	10	60	30
Q3 PreCLE	0	10	40	40	10
Q4 PreCLE	10	50	30	10	0
Q5 PreCLE	10	40	30	20	0
Q6 PreCLE	10	40	50	0	0





Australian  
National  
University

### **Session 3 – 27 October 2014**

1. In response to question one, participants tended more readily to 'agree' or 'strongly agree' to the proposition that there is growing need for health practitioners to identify those suffering from family violence following CLE.
2. In reference to question 2 which asks if the practitioner had a good understanding of their role in identifying family violence, there was move from neutrality towards 'strongly agreeing' with this statement post CLE.
3. In response to the question that the practitioner was confident in their knowledge and awareness of how family violence impacts the well-being of their patients, practitioners moved from a disagreeing standpoint to one of 'strongly agreeing' post CLE.
4. A mixed response tending towards 'neutrality/disagreement' was received pre CLE in reference to whether the practitioner was confident in their knowledge of referral pathways that may assist those experiencing family violence. Post CLE the response tended towards 'agreeing/strongly agreeing'.
5. A similar mixed response was received pre CLE when practitioners were asked if they were confident to make a referral to local organisation that might be able to assist a patient experiencing family violence. Again, the response tended towards 'agreeing/strongly agreeing' post CLE suggesting the session had instilled better understanding and confidence with respect to making referrals.
6. There was a neutral response tending towards disagreement to the proposal that intervention orders are an effective means of addressing a patients immediate safety concerns. This tended towards 'strongly agreeing' post CLE suggesting the CLE had instilled a better understanding of the intervention order process.
7. Questions 7 & 8 were only aired post CLE, but participants tended to 'agree'/'strongly agree' that the information was relevant, useful and helpful, and that the participants were more informed as to how the law operates in Victoria with respect to family violence.

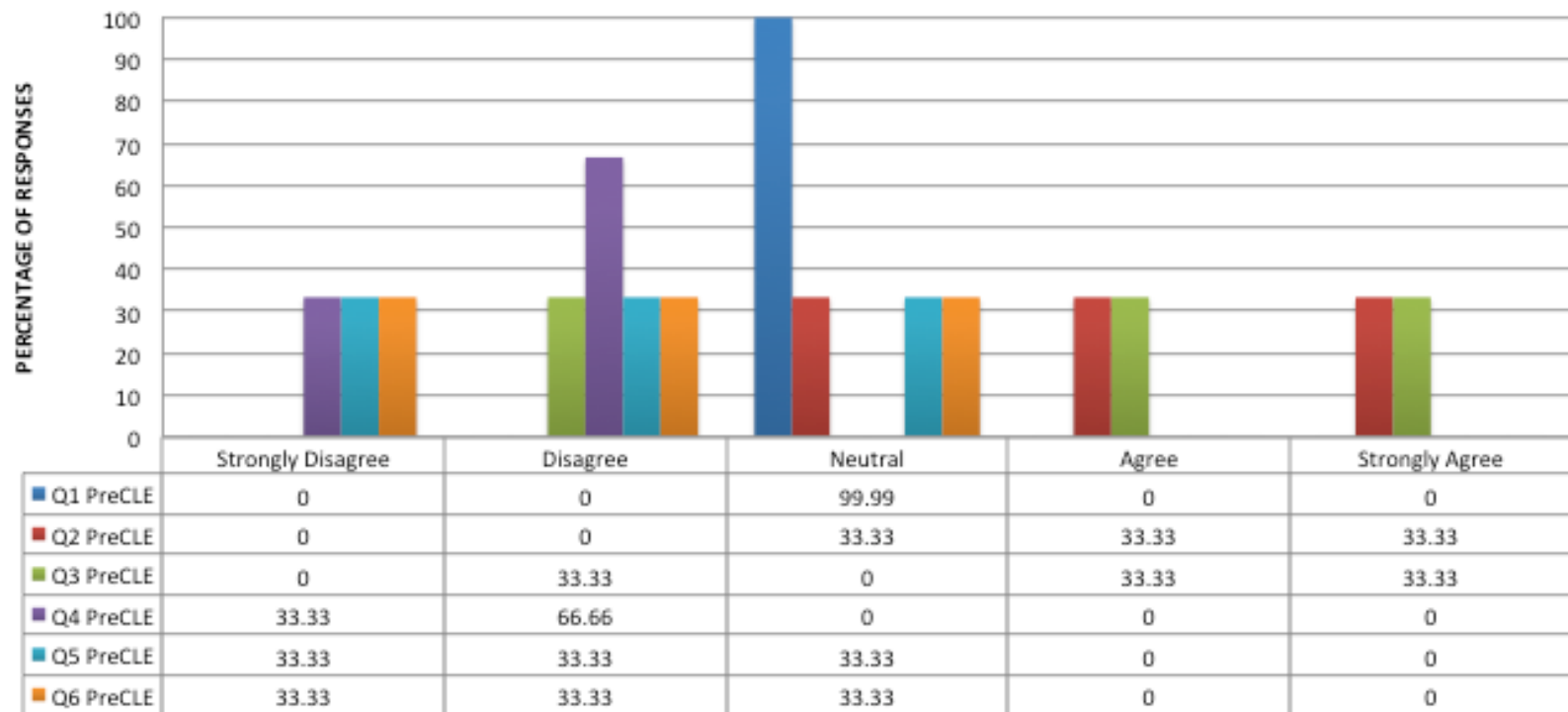
### **Feedback**

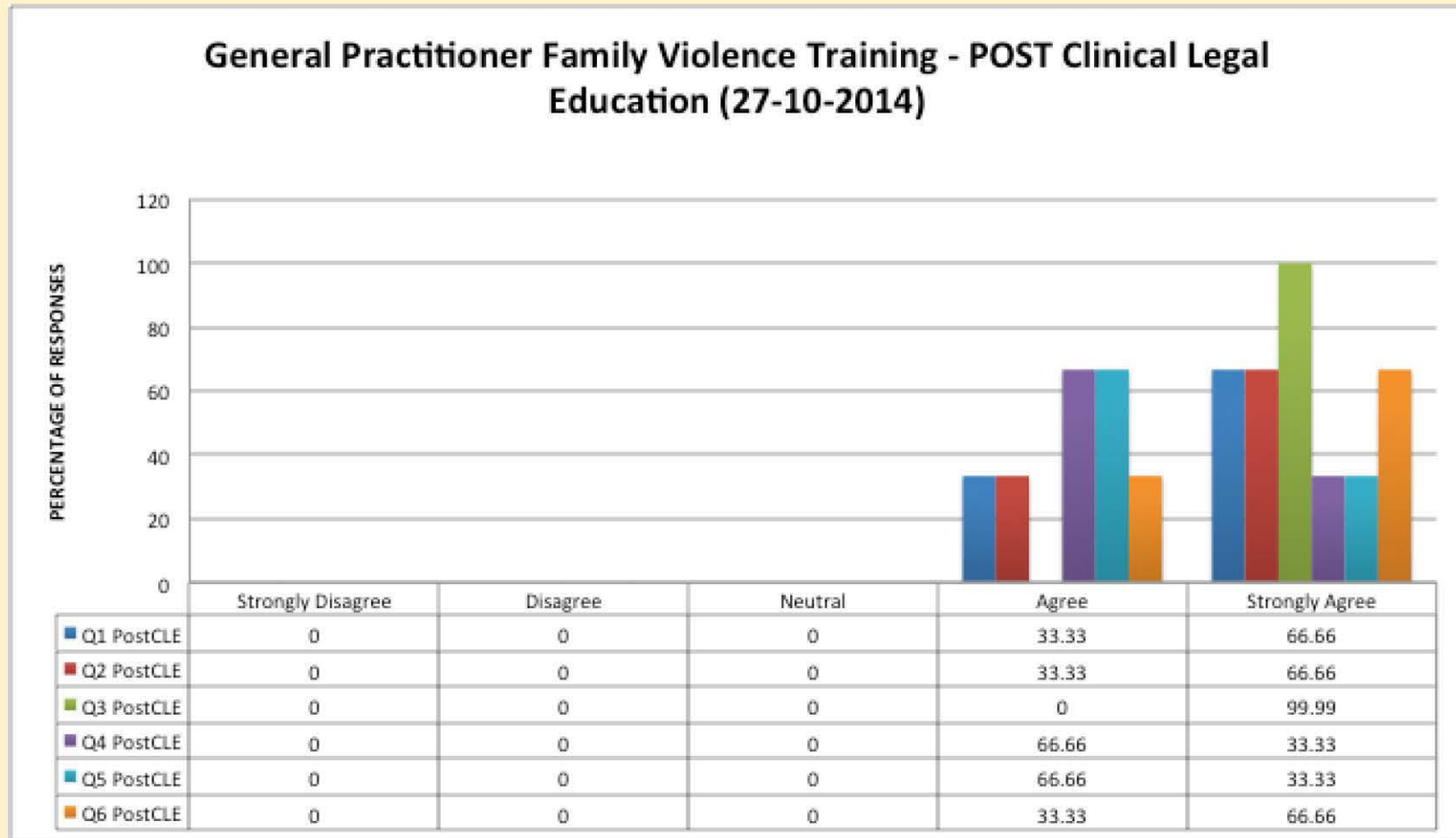
Following on from the session:

*"a referral pathway will be developed for the clinic so all clinicians are aware of the steps to assist those who are at risk of family violence. The information learned from this session will be shared with clinicians at our next clinical meeting"*

*..."I will now be able to give women who have been abused some choices of where to go from here".*

### General Practitioner Family Violence Training - PRE Clinical Legal Education (27-10-2014)









### **Session 4 – 11 February 2015**

1. In response to question one, participants tended more readily to 'agree' or 'strongly agree' to the proposition that there is growing need for health practitioners to identify those suffering from family violence following CLE.
2. In reference to question 2 which asks if the practitioner had a good understanding of their role in identifying family violence, there was move from neutrality towards 'strongly agreeing' with this statement post CLE.
3. In response to the question that the practitioner was confident in their knowledge and awareness of how family violence impacts the well-being of their patients, practitioners moved from a disagreeing standpoint to one of 'agreeing'/'strongly agreeing' post CLE.
4. A mixed response tending towards 'disagreement' was received pre CLE in reference to whether the practitioner was confident in their knowledge of referral pathways that may assist those experiencing family violence. Post CLE the response tended towards 'agreeing/strongly agreeing'.
5. A similar mixed response was received pre CLE when practitioners were asked if they were confident to make a referral to local organisation that might be able to assist a patient experiencing family violence. Again, the response tended towards 'agreeing/strongly agreeing' post CLE suggesting the session had instilled better understanding and confidence with respect to making referrals.
6. There was a neutral response tending towards disagreement to the proposal that intervention orders are an effective means of addressing a patients immediate safety concerns. This tended towards 'agreeing' post CLE suggesting the CLE had instilled a better understanding of the intervention order process.
7. Questions 7 & 8 were only aired post CLE, but participants tended to 'agree'/'strongly agree' that the information was relevant, useful and helpful, and that the participants were more informed as to how the law operates in Victoria with respect to family violence.

### **Feedback**

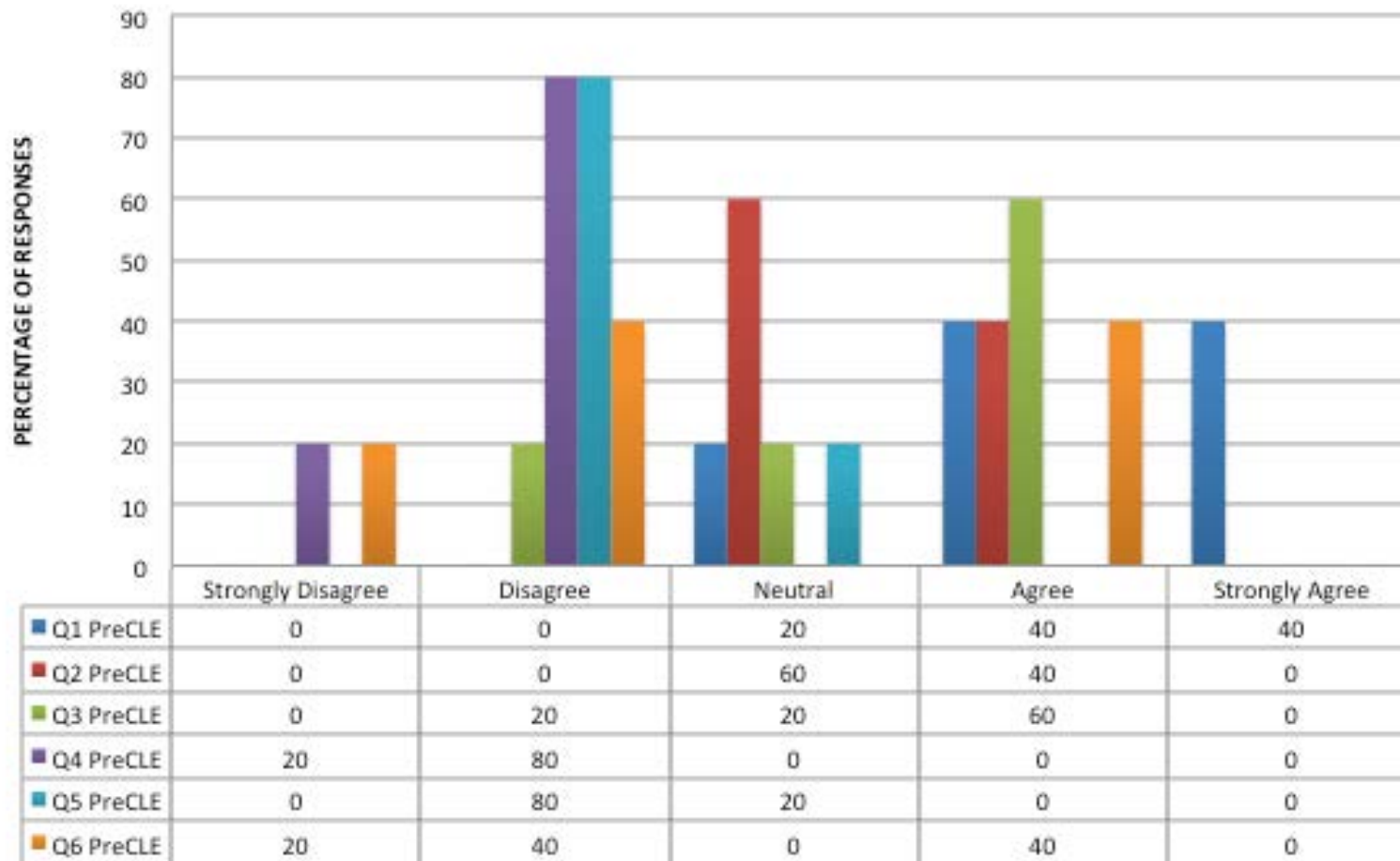
In reference to the training it:

*" helped to explain the process"*

*"I know referral pathways now"*

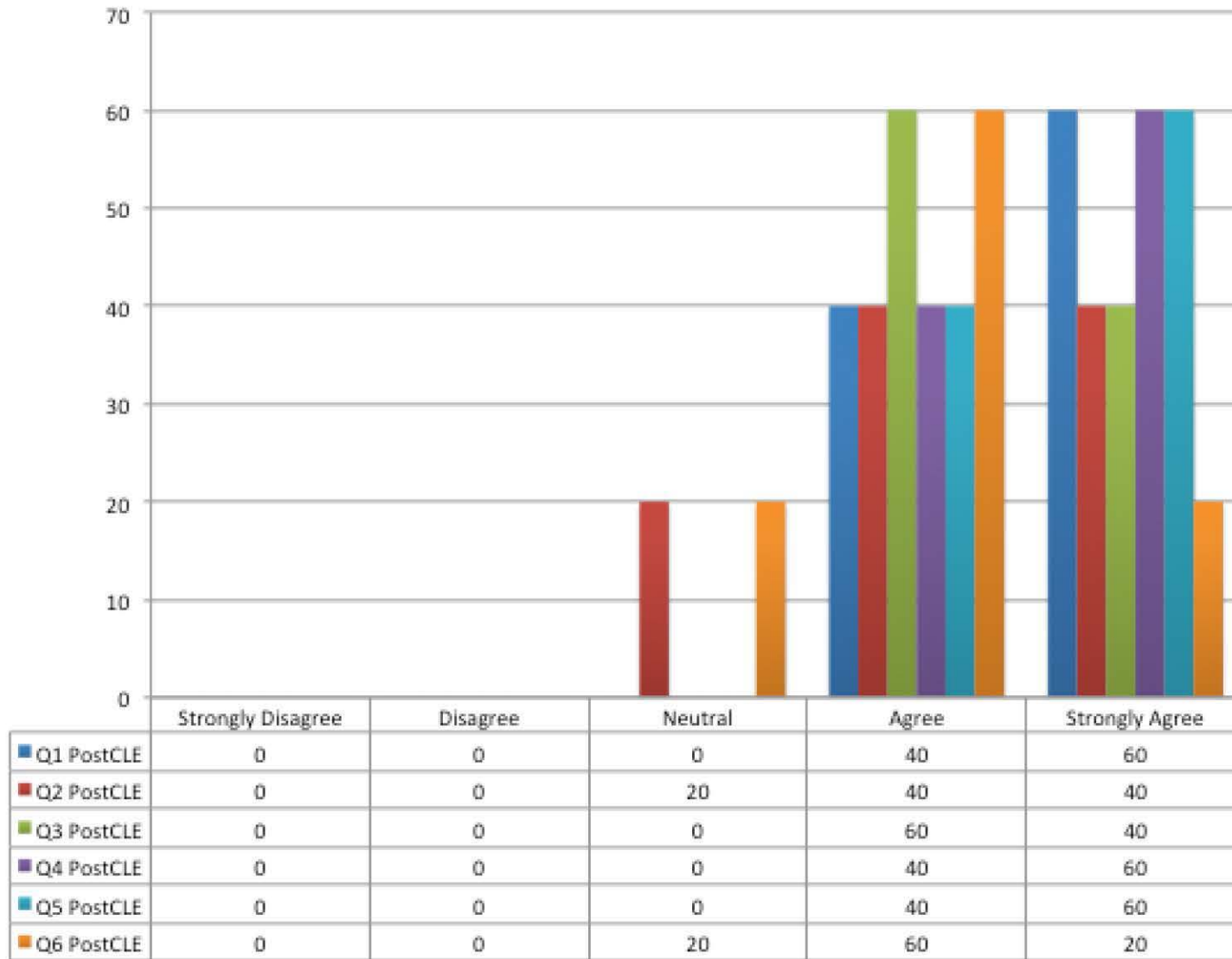


### General Practitioner Family Violence Training - PRE Clinical Legal Education (11-02-2015)

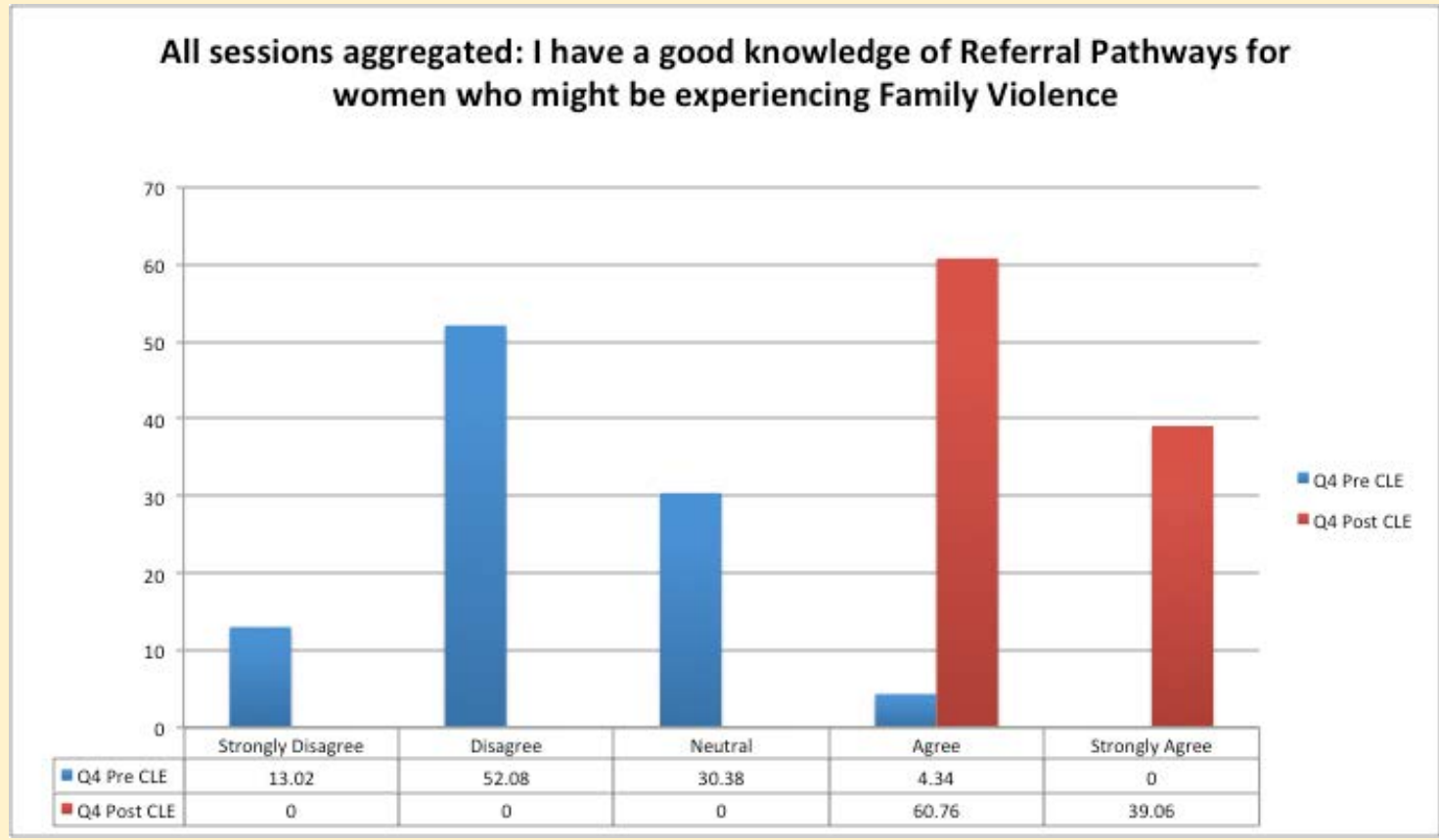




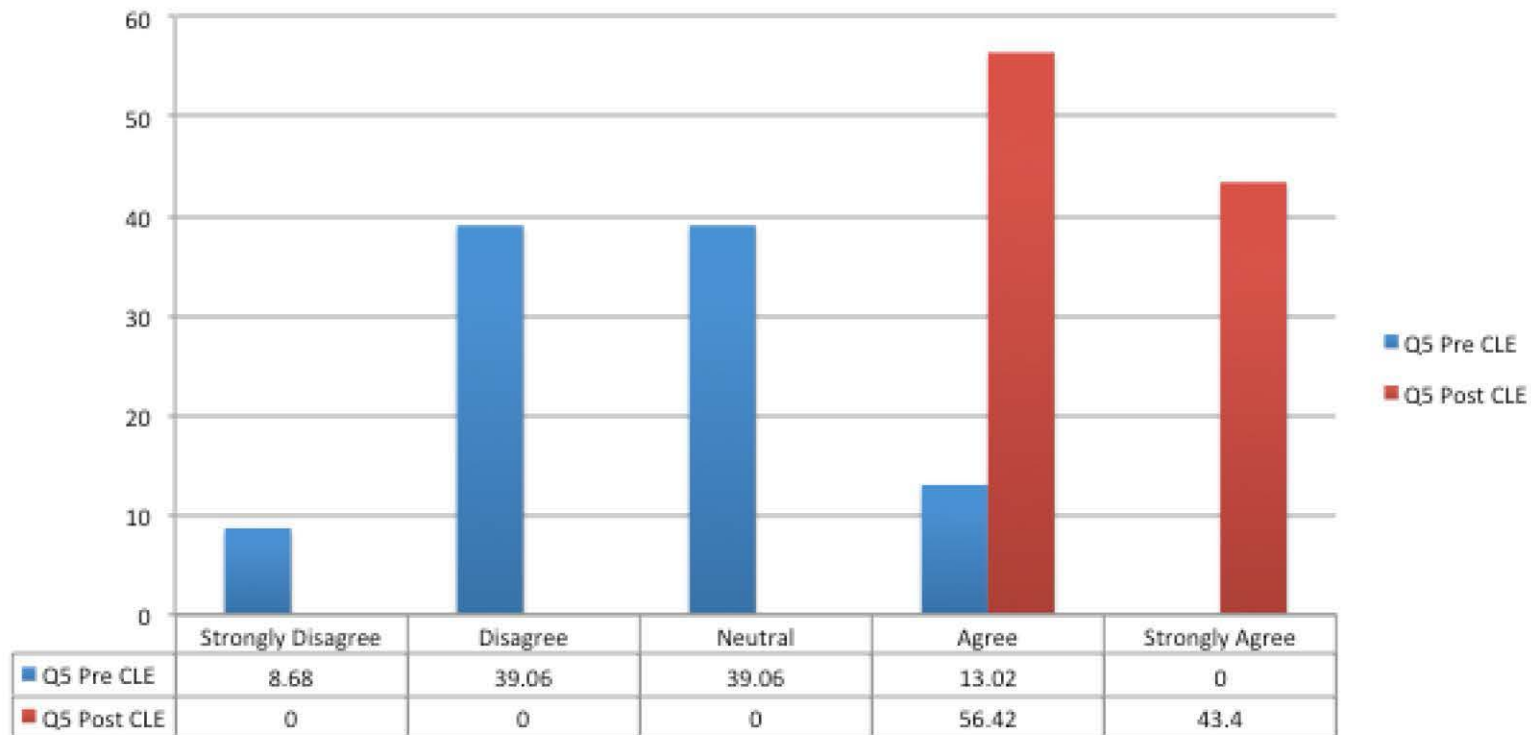
### General Practitioner Family Violence Training - Post Clinical Legal Education (11-02-2015)



**Table 6 All sessions when aggregated Source: LCCLC**



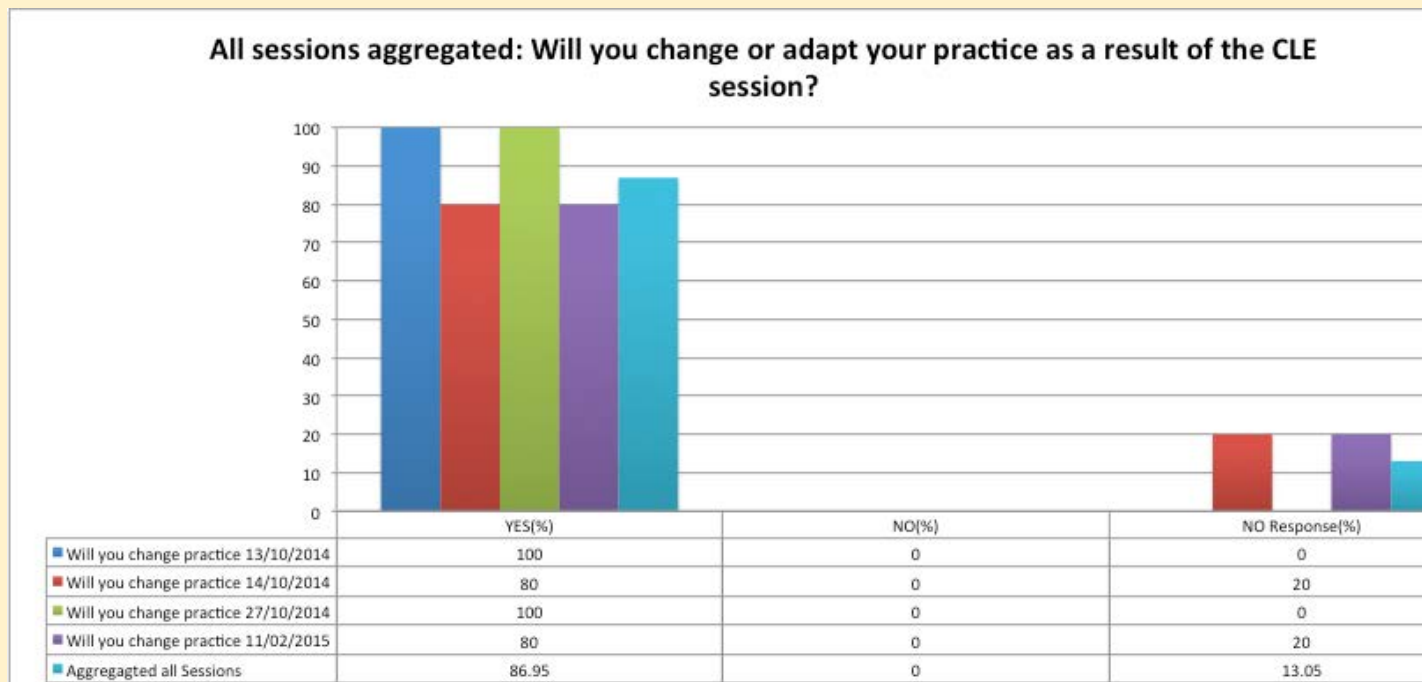
**All sessions aggregated: I would be confident in making a referral to a service that might be able to assist a patient experiencing Family Violence**





The CLE Evaluation responses verify LCCLC's initial view that the medical profession was ambivalent. In addition the medical profession thought it was aware of family violence mechanisms but this was disclosed by the data as only part knowledge and often problematic in terms of assisting patients effectively in terms of referrals and suggestions are areas for further action. The CLE Evaluations post- CLE suggest that the GPs felt more empowered, better informed and became less cynical and more realistic about the role they might have in assisting people experiencing family violence and their children once they had received training. The post CLE results where around 80% of the GPs suggested they 'strongly agreed or agreed' that they knew more and could act demonstrated the training was effective.

This re-iterates the paradigm mentioned on page 34 regarding recent studies in the public health sphere that state that an intention to change practice or a change in practice as a result of training are indicators of effectiveness of the training and a shift in behavior (See T Triado, Julie White & A Brown (2013) 'Community Health Quality Health Improvement Initiatives', Department of Health. when the aggregated data from all trainings session is viewed it is noted that most participants expressed that they would change their practice as a result of the CLE (see below).



Some comments for improvement in terms of the delivery are noted. Curran suggests LCCLC works to ensure the survey results and approaches to education and evaluation informs future planned work in the area of collaboration. The key is to taking on board a need to respect professional

intelligence and experience and use these to develop realistic and practical scenarios that can actually assist the GPs in their own day-to day work and hence motivate their participation. This should be built on in any planned future professional development or legal education of professionals.

## E. Health Surveys

As noted by LCCLC in its Second Report to the LSB on 15 January 2014 'A survey of health professionals was undertaken in partnership with LMMML. The first stage targeted General Practitioners in the region, and the second stage targeted psychiatrists, psychologists, social workers and counsellors. The key survey results (below) indicate strong interest from health professionals to receive training on identifying family violence and options for legal referral pathways for family violence.' This training to health professionals was delivered from October 2014 – February 2015 (see details in Section D above).

*Summary of results (initial Survey) – All health service providers Initial Survey (early in the WDYA Project)*

**Table 7 Survey Data when aggregated Source: LCCLC**

	Agree strongly	Agree	Neutral	Disagree	Disagree strongly	Total
A significant proportion of the patients I work with experience problems related to family violence and / or safety	7.55% 4	37.74% 20	15.09% 8	37.74% 20	1.89% 1	53
Our organisation conducts family violence or safety screens on all patients that access our service	5.88% 3	9.80% 5	17.65% 9	56.86% 29	9.80% 5	51
I feel confident in my knowledge of the risk indicators of family violence	20.37% 11	48.15% 26	18.52% 10	12.96% 7	0% 0	54
I am comfortable with inquiring further with my patients if I detect the presence of the risk factors of family violence	44.44% 24	42.59% 23	7.41% 4	5.56% 3	0% 0	54
I am comfortable helping a patient with a family violence or safety problem	25.93% 14	51.85% 28	16.67% 9	5.56% 3	0% 0	54
I know when and whether I would consult with and / or refer a patient to a legal service about these issues	18.52% 10	37.04% 20	24.07% 13	20.37% 11	0% 0	54
I am comfortable informing women that they have legal avenues open to them to help make them safer	44.44% 24	40.74% 22	12.96% 7	1.85% 1	0% 0	54
I would like to attend further training about domestic violence and safety issues	63.46% 33	0% 0	0% 0	0% 0	36.54% 19	52

## Summary of results – General Practitioners only

	Agree strongly	Agree	Neutral	Disagree	Disagree strongly	Total
A significant proportion of the patients I work with experience problems related to family violence and / or safety	5% 1	45% 9	15% 3	35% 7	0% 0	20
Our organisation conducts family violence or safety screens on all patients that access our service	5.26% 1	10.53% 2	15.79% 3	57.89% 11	10.53% 2	19
I feel confident in my knowledge of the risk indicators of family violence	0% 0	50% 10	25% 5	25% 5	0% 0	20
I am comfortable with inquiring further with my patients if I detect the presence of the risk factors of family violence	10% 2	55.00% 11	20% 4	15% 3	0% 0	20
I am comfortable helping a patient with a family violence or safety problem	0% 0	45% 9	45% 9	10% 2	0% 0	20
I know when and whether I would consult with and / or refer a patient to a legal service about these issues	0% 0	30% 6	35% 7	35% 7	0% 0	20
I am comfortable informing women that they have legal avenues open to them to help make them safer	30% 6	40% 8	25% 5	5% 1	0% 0	20
I would like to attend further training about domestic violence and safety issues	75% 15	0% 0	0% 0	0% 0	25% 5	20

## Summary of results – Non- General Practitioners

	Agree strongly	Agree	Neutral	Disagree	Disagree strongly	Total
A significant proportion of the patients I work with experience problems related to family violence and / or safety	10% 2	35% 7	20% 4	30% 6	5% 1	20
Our organisation conducts family violence or safety screens on all patients that access our service	5.26% 1	5.26% 1	26.32% 5	52.63% 10	10.53% 2	19
I feel confident in my knowledge of the risk indicators of family violence	38.10% 8	42.86% 9	19.05% 4	0% 0	0% 0	21
I am comfortable with inquiring further with my patients if I detect the presence of the risk factors of family violence	66.67% 14	33.33% 7	0% 0	0% 0	0% 0	21
I am comfortable helping a patient with a family violence or safety problem	38.10% 8	61.90% 13	0% 0	0% 0	0% 0	21
I know when and whether I would consult with and / or refer a patient to a legal service about these issues	28.57% 6	47.62% 10	23.81% 5	0% 0	0% 0	21
I am comfortable informing women that they have legal avenues open to them to help make them safer	57.14% 12	38.10% 8	4.76% 1	0% 0	0% 0	21
I would like to attend further training about domestic violence and safety issues	52.63% 10	0% 0	0% 0	0% 0	47.37% 9	19

A further Survey (Health Survey Tool 2) entitled "Supporting Clients Better through Good Professional Collaboration" was developed by the LCCLC and conducted up until 31 March 2015 with 118 responses.



It is interesting to note that the health professionals answered questions more completely with the participating lawyers skipping some of the questions. This in itself is interesting in terms of the responsiveness of lawyers to a survey trying to find out about issues and factors affecting collaboration between the professions. It is suggestive that lawyers can benefit from further training about why it is useful for clients to work in partnership and collaboration with non -legal services, like health, allied and social services and to highlight the results for them of the Australia-wide Law Survey on how to better reach 'hard to reach' clients effectively. (See C Coumarelos, D MacCourt, J People, H.M. McDonald, Z Wei, R Iriana and S Ramsey (2012) 'Access to Justice and Legal Needs: Legal Australia Wide Survey Legal Need in Australia, Law and Justice Foundation of New South Wales, Sydney; Buck, A, Smith, M, Sidaway, J & Scanlan, L (2010) [\*Piecing it together: exploring one-stop-shop legal service delivery in community legal advice centres\*](#), Legal Services Commission, London; L Curran (2008) 'Relieving Some of the Legal Burdens on Clients: Legal Aid services working alongside Psychologists and other health and social service professionals', *Australian Community Psychologist*, Vol 20 (1), pp 47-56 and A Buck and L Curran (2009) 'Delivery of Advice to Vulnerable and Marginalised Groups: The Need for Innovative Approaches', Public Space, *The Journal of Law and Social Justice*, Vol 3.)

LCCLC has reported to Curran that it plans to use the most recent survey data to develop a brief paper providing tips for improved collaboration. This will be useful given the rich data and information the LCCCLC attained from this survey. This includes attitudes of the legal and health professions to each other, the difficulties in understanding each other's roles identified in the results and a need for clearer and more transparent communication and awareness about each other role, methods of operation and ethical obligations. This will be guided by the text, P Swain and S Rice (eds) (2009) *In the Shadow of the Law: The Legal Context of Social Work Practice* (3<sup>rd</sup> Ed) The Federation Press, Sydney, 2009 and the report by L Gyorki (2013) 'Breaking Down Silos: Overcoming the Practical and Ethical Barriers of Integrating Legal Assistance into a Healthcare Setting' Churchill Fellowship.

The Survey Questions for "Supporting Clients Better through Good Professional Collaboration" is attachment 'A' to this Evaluation Report.

The following is a '**preliminary summary only**' of participants' responses extracted directly from the "Supporting Clients Better through Good Professional Collaboration' Survey Tool 2 (2015) provided by the LCCLC:

**Table 8 Collaborative Health Survey Data (Legal and Health Professionals) when aggregated Source: LCCLC**

Total responses: 118

Workplace:

Hospital	<b>13.64%</b>
Community Health Centre	<b>15.45%</b>
Family Violence Support Service	<b>8.18%</b>
Aboriginal Controlled Community Health Service	<b>4.55%</b>
Community Service Organisation	<b>18.18%</b>

**Non-legal responses: 60%**

Private Legal Practice	<b>4.55%</b>
Legal Aid Commission	<b>5.45%</b>
Community Legal Centre	<b>30.00%</b>

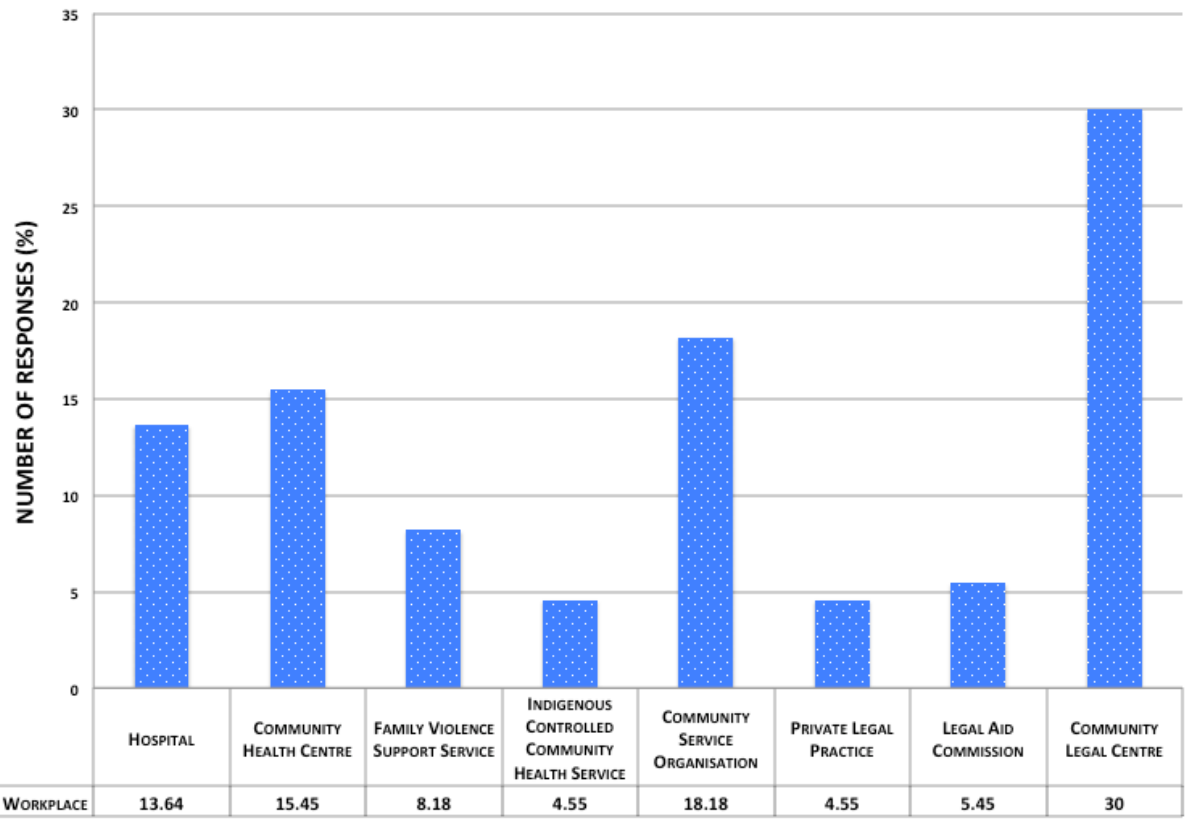
**Legal respondents: 40%****Profession:**

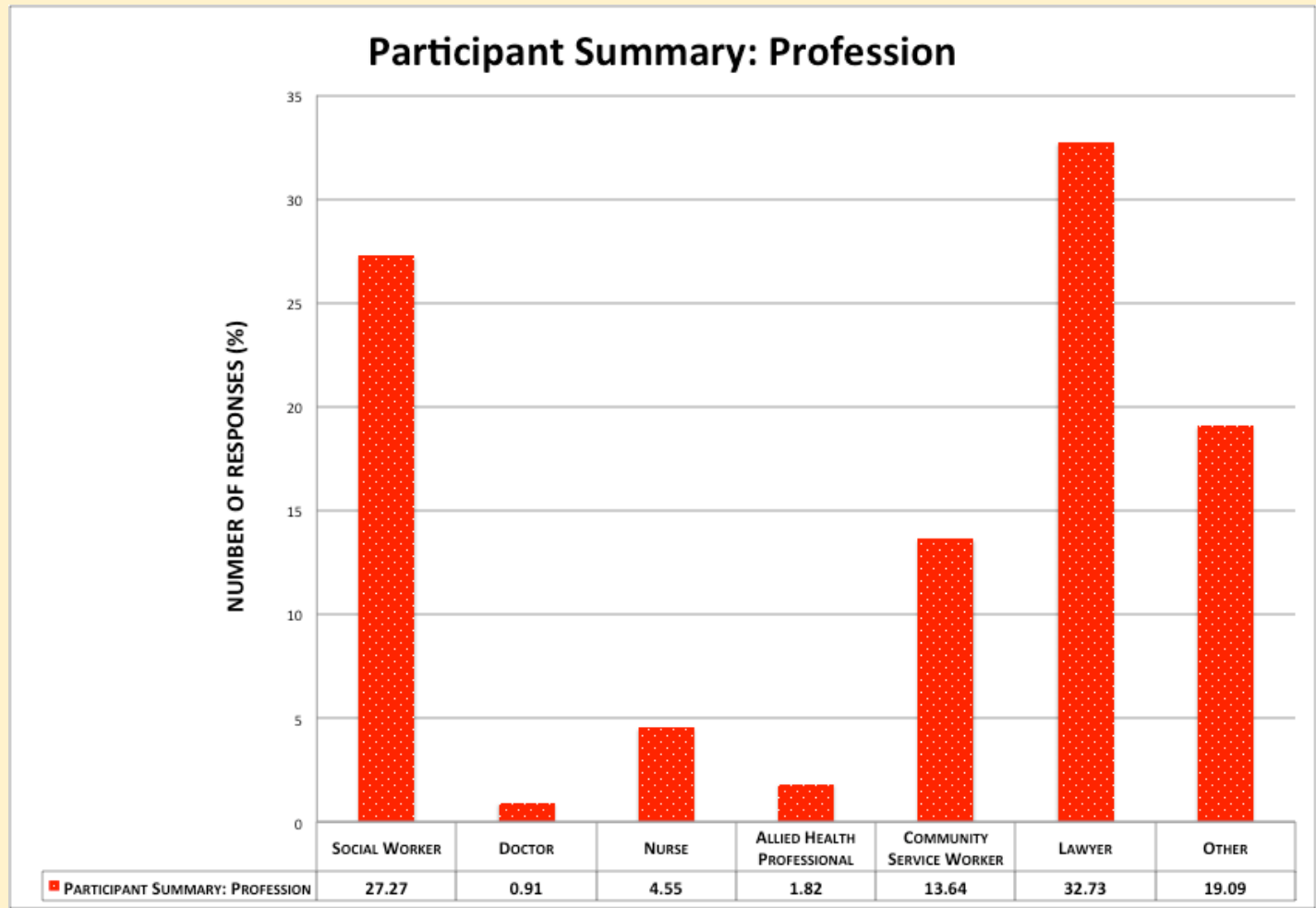
Social worker	<b>27.27%</b>
Doctor	<b>0.91%</b>
Nurse	<b>4.55%</b>
Other allied health	<b>1.82%</b>
Community service worker	<b>13.64%</b>
Lawyer	<b>32.73%</b>
Other	<b>19.09%</b>

Table 9 Charts on Collaborative Survey Tool 2 Results Source: LCCLC

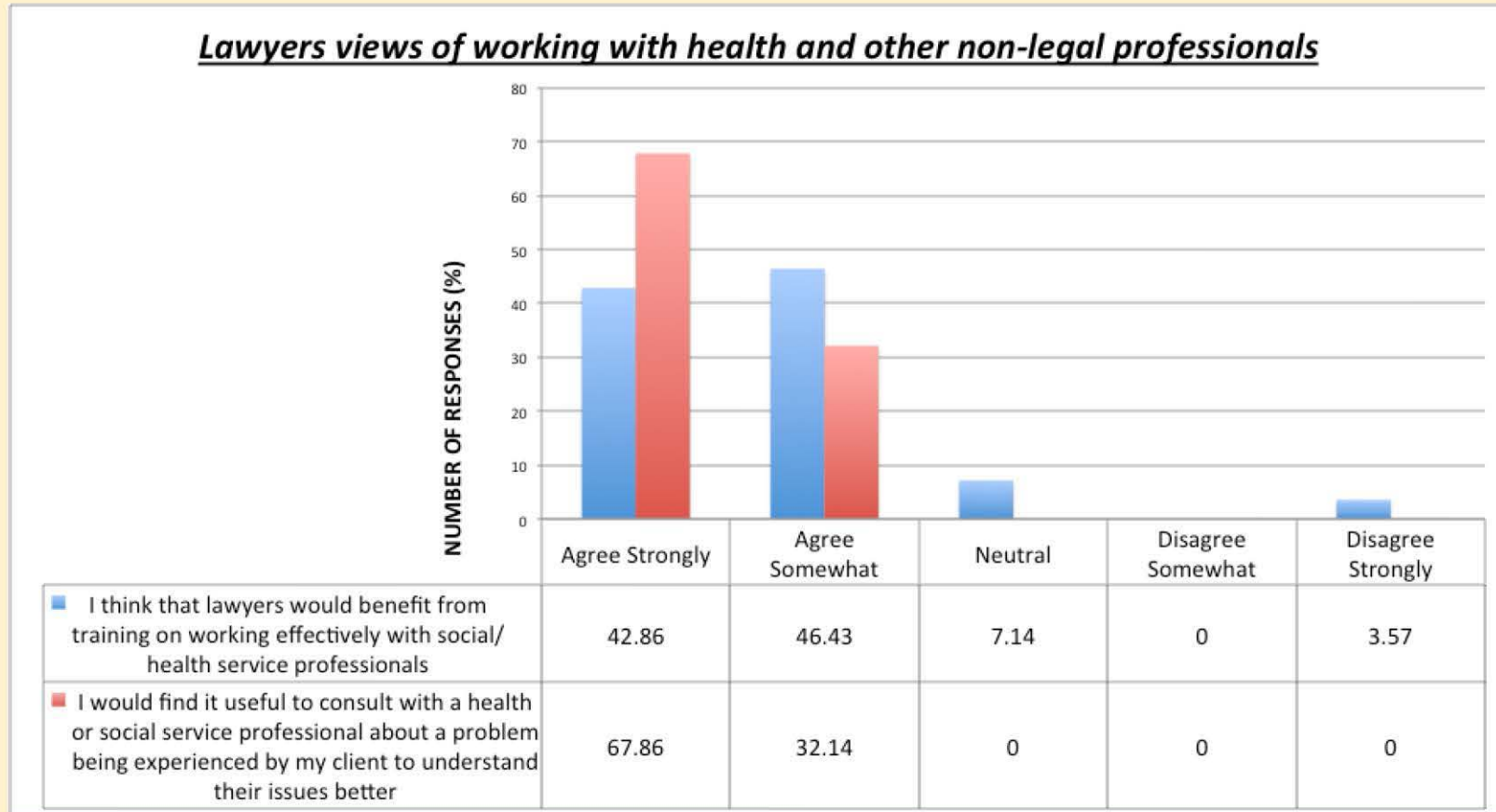


### Participant Summary: Workplace

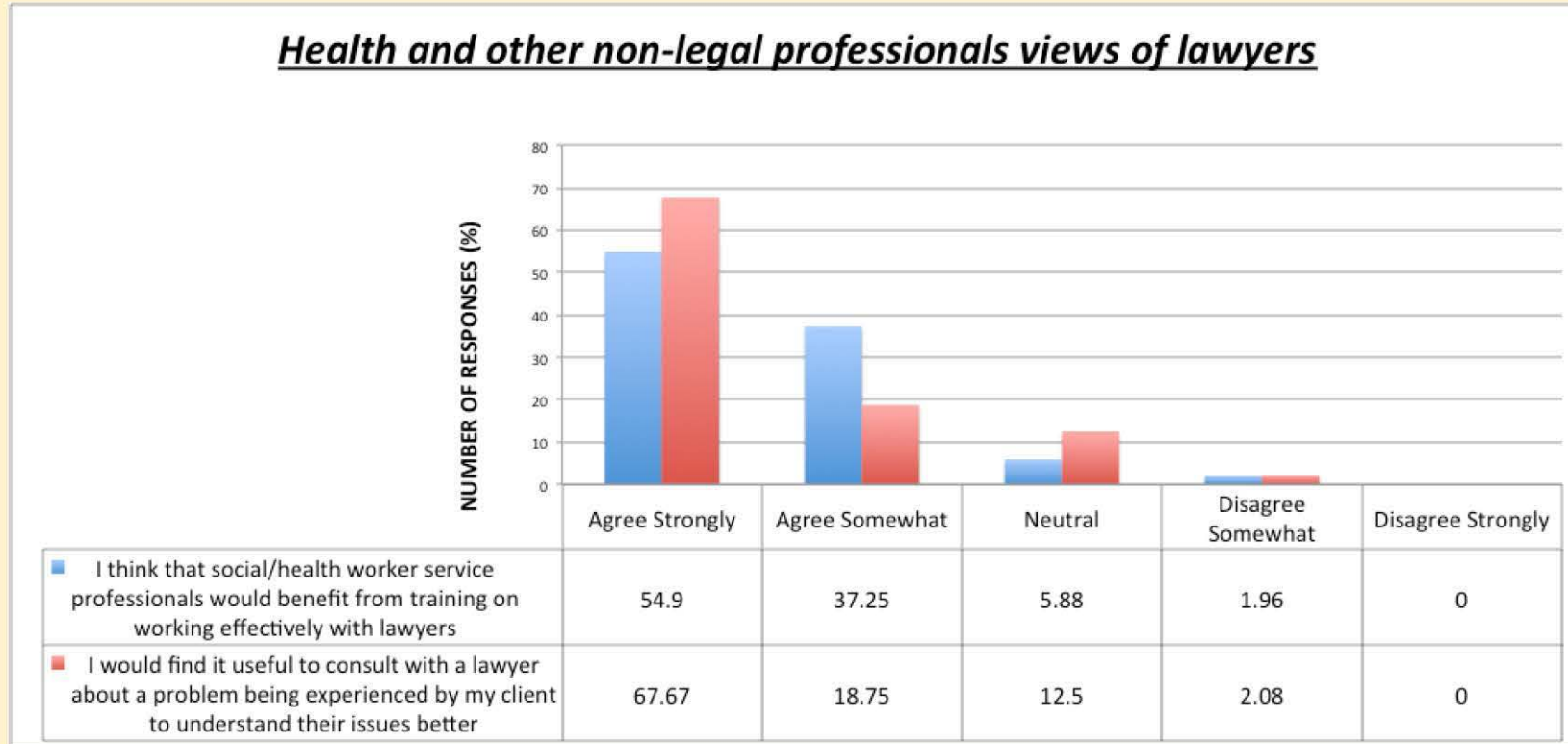




Lawyers:



Health Sector:





The following notes on the Survey Results have been provided by the LCCLC to the evaluator, Curran. As noted above, these are only preliminary findings and the survey only closed on 31 March 2015.

### **Lawyers views of working with health and other non-legal professionals**

#### **Positive experiences**

- **Good referrals**

“Health professionals (a) being alert to the fact that a client may need legal help, (b) being prepared to take the time and effort to link clients to the legal help they need. Clients often need strong encouragement for this to occur.”

- **Helpful and proactive in providing documentation and support**

“Support by social workers at court or tribunal hearings; provision of pro bono plea material and reports”

“Being proactive - following up regularly, encouraging, motivating “

“Bringing them to appointments/Court, helping to sort out paperwork, writing reports/letters of support”

- **Good (and comprehensive) communication**

“Health/Social would provide full reports of clients' circumstances to assist with preparation of legal documents. The provider would be involved from an early stage and be aware of any court conditions to assist the client in complying with any court outcomes, such as attending counselling or making installment payments.”

“An open dialogue with the health service or social services professional means that the client is better supported as different services are on the same page. It is beneficial to have an extra communication link between a worker and a client, as the worker generally has more contact with the client and often sees the client face to face, making it easier to explain issues that may arise. Particularly when there are mental health and homelessness issues.”

- **Good professional boundaries**

“Respectful, supportive, clear, recognises professional and personal boundaries, responsive, seeks to clarify issues that are unclear, is not agenda driven but genuinely seeks to advocate for client's interests in a constructive way.”

- **Promotes their clients rights**

“Service making every effort for client to realise their legal rights and participate fully in treatment decisions that affect them”

“Reduces the imbalance of power and enhances the client role in the relationship”

- **Agreed goals and limitations of support**

“Where we can identify and agree on the benefits (or limitations) legal advice or advocacy can bring the client”

### **Negative experiences**

- **Providing advice about legal issues that may not be accurate**

“When they undermined the advice or messaging of the legal representative by dismissing or incorrectly questioning it.”

“Social workers who obtain a small amount of legal information and use it inappropriately”

- **Not responding in a timely manner**

“Time poor - unable to respond in timely manner and this protracted the legal issues at hand”

- **Not according a client their rights, or supporting the client to make their own decisions**

“Psychiatric professionals who exhibit a dismissive attitude to clients with mental illness, recertification of clients who have been released from compulsory inpatient treatment by the Mental health Tribunal in order to force them to stay in hospital”

“local domestic violence court support worker was impeding courts, police and legal representatives by telling client what to do, telling client to change instructions, not listen to court staff, police or legal advice and despite being requested to only provide support continued to impede all especially client rather than providing the support required. Local service is now not on court referral list but advocate still attends court, has improved behaviour at court lately”

- **Undermining client/lawyer relationship**

“A service manager has verbally abused me within view of a client who had persecutory delusions. The service manager incorrectly felt that I did not have lawful authority to attend and assist the client or view their clinical file. The conduct of the service manager reinforced the client's incorrect belief that the Service was not lawfully treating him and was keeping information from him.”

- **Not maintaining information barriers**

“overly ambitious in the help they want to provide - i.e. accusing the lawyer of unnecessarily delaying a matter to get better reports as well as theirs, or providing information that may give rise to a conflict of interest”



**Key messages****1. What is the role of a lawyer**

- a. Lawyer obligations
- b. Broader goal: promoting rights/transparency
- c. What a lawyer can do, what a support worker can do better

“I am on client's side but will not tell them what they want to hear, nor will I make decisions for them”

“For them to understand that we are trying to make the system work fairer and make sure that legal rights as well as medical interests are respected”

“That my role is to follow the instructions of the client”

“The non-legal worker (for example, financial counselor) can often provide non-legal assistance/support that is more likely to help resolve the client's problem”

**2. The crucial supportive role of the health/support worker**

- a. The value of good documentation
- b. Identifying a legal issue and providing a good warm referral

“Health providers need to be willing to provide detailed reports of the client's circumstances, beyond what is included in a medical certificate”

**3. Developing a good working relationship**

- a. Roles and boundaries – separate but complementary
- b. A shared language – plain English

“We are supposed to be on the same team”

“That we can work constructively, that our distinct roles can be complimentary, that boundaries are sometimes very useful and if we can negotiate the boundaries in advance it can be to everyone's benefit. (...) That they can play a really valuable role in both advocating on behalf of clients (not as lawyers but in other ways) and that they can help to identify clients with legal issues that impact on their wellbeing.”

“Better use of plain English on both sides”

“It would assist for health or social service professionals to have a better understanding of therapeutic jurisprudence so they didn't feel that they could get in trouble for assisting me and to ensure they didn't feel that I may use information/material against them”

**Views on training / collaborative practice**

I think that lawyers would benefit from training on working effectively with social / health service professionals	I would find it useful to consult with a health or social service professional about a problem being experienced by
--	---

		my client to understand their issues better
Agree strongly	42.86%	67.86%
Agree somewhat	46.43%	32.14%
Neutral	7.14%	0
Disagree somewhat	0	0
Disagree strongly	3.57%	0

Do you think that there are any professional or ethical obligations that get in the way of you working effectively with other health or social service professionals? Yes – 67.86%; No: 32.14%

### **Health and other non-legal professionals views of lawyers**

#### **Positive experiences**

##### **Key terms**

- Respectful, of the client and the worker
- Cultural awareness/sensitivity (especially for Aboriginal clients)
- Clear communication
- Making sure the client feel heard
- Responsive
- Friendly
- Timely, regular, (not rushed) contact
- Empathic and non-confrontational
- Knowledge of service sector
- Good onward referral

- **Knowledge of the different but complementary roles**

“Both parties being dedicated to the wellbeing of the client, respectful of the different approaches each may have (best interests of the client versus client instructions).”

“Acknowledging that different professionals all have skills and knowledge to share”

- **Information sharing**

“The lawyer would contact myself and receive a hand over from me and then provide feedback after they have seen the patient”

- **Understanding the impact of family violence and providing tailored support**

“Understand that the woman is often not able to be assertive for herself. Not take advantage of this to push the woman to do what is easiest for the solicitor. Give the woman options & then give her time to think it over before making a decision even if this means another appointment. Explain the long term consequences of actions/decisions made now. Actively involve her case worker in the planning (with her consent)”

## Negative experiences

### Key terms

- Abrupt
- dismissive, arrogant, rude
- disrespectful, condescending
- false hope
- negative
- jargon
- unresponsive
- judgmental

- **Poor communication with support workers, and unrealistic/improper requests or submissions**

“Not keeping the worker informed of their clients appointments with the lawyer and outcomes as a result of those appointments (to allow worker to better support the client and be kept in the loop).”

“Phoning me on the morning of court and requesting letters of support is a pain. Expecting me to lie is also not helpful. Asking me to book clients in for a service and then send a letter to court to state that they are engaged in service WHEN WE HAVE NOT HAD ANY PREVIOUS CONTACT WITH THEM IS A PAIN. It is also deceitful and we won't do it and we shouldn't be asked to do it.”

“When a legal representative intentionally keep their intentions from CCS staff and then make claims in Court that items were agreed to by CCS.”

- **Not making time for, or hearing, the client and speaking in unclear language**

“NOT listening, not making time for clients concerns to be heard and addressed in a professional matter. I know lawyers are very busy on the day of court but client are people with feeling and often they really are not heard by the legal system.”

“Impatient manner when client finds options difficult to process quickly. Hanging up on a vulnerable client where there was a conflict instead of providing a referral. Sending a legal letter with complex information with no attempt to ensure that the client could understand it”

- **Not respecting the role and skills of the support worker**

“Disrespectful of my skills and knowledge just because I do not have a law degree.”

- **Not supporting clients to exercise their rights**

“Lawyers who don't provide information the client needs to make informed decisions and exercise their rights”

“Lawyers who tell my patients they don't need Enduring Power of Guardianship despite a dementia diagnosis given that this patient will lose capacity for appointment of a guardian in the future”

- **No understanding of the complexities of family violence**

“Mother blaming. Not understanding the complex reasons why a woman may choose to return to the relationship.”

“Lawyers not listening and talking over clients and directing clients to accept conditions that are not suitable for a quick outcome.”

### **Key messages**

#### **1. Understanding of support services, and mutual respect of each other’s complementary role**

“Equal understand and equal respect for each other’s’ profession”

“To have an idea of the specialist nature of the service(s) we provide”

“I am also busy and my time is also very valuable, just like yours.”

“That we are on the same side, trying to work towards making the woman/family/victim safe and hopefully empowered and heard”

“I would like to work in partnership with lawyers so that skills from both agencies are utilized and maximized, to their full potential.”

#### **2. Clear communication and truly collaborative practice**

“To allow time for secondary consults (as above). To consult with workers regarding appointments and court dates to allow worker to assist the client with transport. To have time to ask questions about different legal issues are clients may be experiencing.”

“Time given for effective communication exchanges prior to commencing a partnership and introducing a client. You want them to have knowledge of your role, responsibilities and experience and your vision of the way forward for the client. A well-considered partnership plan should be prepared for a preliminary discussion.”

“Perhaps an understanding that 1. Clients often don't grasp the advice quickly and need time to absorb it (a phone session is often not enough) and 2. Information about helpful websites or phone numbers for free phone advice for follow up is really helpful. That's because they often have further questions and to really understand how the law works, it's good for them to have something to read or hear about.”

“I would like transparency with lawyers & clients”

“Not to avoid pre-court discussions with CCS prosecutors - things can usually be decided at this time and then CCS can assist the legal representative in Court (to argue an outcome), if a decision had been agreed upon.”

#### **3. Client respect and sensitivity to cultural needs**

“I need my clients to feel heard while they may request I be present with a lawyer and may ask me to speak on behalf of them, I would like the lawyer to pay good attention to the client and really hear them”

“The client have the best idea about what will work well in their lives”

“Cultural knowledge and understanding that mental health anxiety and crisis impact significantly on poor people”

**Views on training / collaborative practice**

	I think that social/health worker service professionals would benefit from training on working effectively with lawyers	I would find it useful to consult with a lawyer about a problem being experienced by my client to understand their issues better
Agree strongly	54.90%	67.67%
Agree somewhat	37.25%	18.75%
Neutral	5.88%	12.5%
Disagree somewhat	1.96%	2.08%
Disagree strongly	0	0

Do you think that there are any professional or ethical obligations that get in the way of you working effectively with lawyers? Yes – 38.78%; No: 61.22%

**Allied/health workers – Key messages to lawyers**

- More information on levels and types of consent (for practitioners) More information for lawyers on the work we do and innate risks that go with it - even when all due precautions, consent etc is followed.
- To allow time for secondary consults (as above). To consult with workers regarding appointments and court dates to allow worker to assist the client with transport. To have time to ask questions about different legal issues are clients may be experiencing.
- Yes. Can be helpful sometimes looked at when you speak and are ignored.
- Time given for effective communication exchanges prior to commencing a partnership and introducing a client. You want them to have knowledge of your role, responsibilities and experience and your vision of the way forward for the client. A well-considered partnership plan should be prepared for a preliminary discussion.
- They just have to phone and ask us what we can/can't do.
- Equal understand and equal respect for each other's profession
- Working collaboratively with workers allows both the lawyer and worker to support the client to gain the best result.
- that changing behaviour or acting on behalf of themselves takes time that being guarded and not sharing all their story is protective that sometimes they really don't have the energy to continue to go through the legal process
- To have an idea of the specialist nature of the service(s) we provide
- I need my clients to feel heard while they may request I be present with a lawyer and may ask me to speak on behalf of them, I would like the lawyer to pay good attention to the client and really hear them
- They seem pretty well versed in most of the issues our clients have, but perhaps an understanding that 1. Clients often don't grasp the advice quickly and need time to absorb it (a phone session is often not enough) and 2. Information about helpful websites or

phone numbers for free phone advice for follow up is really helpful. That's because they often have further questions and to really understand how the law works, it's good for them to have something to read or hear about.

- I believe they have a good understanding that if we ask for a referral, there is a pressing need. The only point I would stress is that our clients are usually in crisis and the information delivered and expected of them needs to be done slowly and clearly to ensure it is processed correctly.
- I need to stay updated with what is happening with the client.
- My experience is that lawyers don't tend to listen to the professional support people when they attend court with their clients. Often if a discussion was held prior lawyers might get a more appropriate outlook and professional staff may understand the legal system much better.
- I am also busy and my time is also very valuable, just like yours.
- Give me support and at the same time I will give them the support it is a 2 way where we can all know what is happening and can understand this
- Hospital patients, especially those in palliative care, are vulnerable. They appreciate lawyers spending compassionate time with them.
- Planned completion of all EPOAs including Guardianship is very important.
- I would like transparency with lawyers & clients
- That we are on the same side, trying to work towards making the woman/family/victim safe and hopefully empowered and heard
- we have a great networking relationship with LCCLC in response to housing justice and have referred clients to other justice issues
- clients highly vulnerable require specific interaction
- Discuss my role however they take the lead.
- The support we offer and the services we can assist with. More communication around clients' needs
- That if we make the effort to call a Lawyer / Legal firm, there is a genuine reason, we don't intentionally waste their time!
- I would like to work in partnership with lawyers so that skills from both agencies are utilized and maximized, to their full potential.
- That it makes a world of difference to have the client understand their situation clearly. The response they get can make them feel more at ease.
- the client have the best idea about what will work well in their lives
- To keep staff and patient informed about what is happening for the patient weekly to advocate for their clients, instead of leaving everything to the last minute
- cultural knowledge and understanding that mental health anxiety and crisis impact significantly on poor people
- Whilst respecting confidentiality, patient outcomes are better when there is cooperation between parties.
- Would like regular contact, contact not to be so difficult, things to be explained simply and with respect.
- I think Lawyers need to understand the importance of integrated support systems between workers and lawyers and understand the benefits this can have on positive

outcomes. Lawyers also need to know how important the worker's role is for the clients safety, support, advocacy and creating integration, as at times a workers role has been seen as 'just a support worker'. Open and positive communication between workers and lawyers is key.

- Not to avoid pre-court discussions with CCS prosecutors - things can usually be decided at this time and then CCS can assist the legal representative in Court (to argue an outcome), if a decision had been agreed upon.
- Lawyers need to listen to support workers as often the support worker has knowledge of what the client has experienced and already built a rapport with the clients.
- I would like lawyers to appreciate that vulnerable clients must be given extra time to process information. It is helpful if lawyers appreciate the value that a social work dimension can bring to a client's life and problems; and that a holistic approach to client issues can make a significant impact on the way clients experience their outcomes.

### **Lawyer – Key messages to allied/health workers**

- That we are willing to provide whatever support or education we reasonably can in order to support them being able to identify legal issues and make appropriate referrals. That we are willing to be flexible to make this occur.
- I am on client's side but will not tell them what they want to hear, nor will I make decisions for them.
- Health providers need to be willing to provide detailed reports of the client's circumstances, beyond what is included in a medical certificate.
- That we can work constructively, that our distinct roles can be complimentary, that boundaries are sometimes very useful and if we can negotiate the boundaries in advance it can be to everyone's benefit. That lawyers aren't monsters, or all blood-sucking leaches. That I am happy for them to advocate for clients but that they also need to exercise respectful restraint when I am dealing with a client and trying to advise and represent them according to their instructions. That they can play a really valuable role in both advocating on behalf of clients (not as lawyers but in other ways) and that they can help to identify clients with legal issues that impact on their wellbeing.
- better use of plain English on both sides
- For them to understand that we are trying to make the system work fairer and make sure that legal rights as well as medical interests are respected.
- Following the example in question 5, some understanding of the limitations of legal advice and assistance.
- That my role is to follow the instructions of the client.
- It would assist for health or social service professionals to have a better understanding of therapeutic jurisprudence so they didn't feel that they could get in trouble for assisting me and to ensure they didn't feel that I may use information/material against them.
- Knowledge of how to make effective legal referrals
- Understand the limitations of legal practice generally and in particularly the scope of work that CLCs can do (and what we can't)

- To respect our professional boundaries. We don't try to be social workers so they need to not try to be lawyers
- Support services are important and wonderful but client is the person lawyer needs to hear circumstances from. Also that it is the client who needs to make decisions that is best for them after full advice. Often this is difficult as clients may want to be told what to do and often ask but it is important to empower client to make decisions for themselves.
- I am proactive and respond in a timely fashion. I expect the same in return. I go the extra mile, I also expect the same from those who work, together with me, with among the most vulnerable.
- I would like them to know more about legal services generally so that they can correctly refer
- A first task is to define boundaries around the role of each worker and working together to find a single solution e.g. when a client has multi infringements because they fail to have resources on their myki card. Lawyer addresses the legal issues with a supporting letter from the case worker then they both tackle the issue of the financial hardship faced by the client.
- I want them to know (so they can share it with the client) the limits of what a lawyer and legal action etc. can achieve. The non-legal worker (for example, financial counselor) can often provide non-legal assistance/ support that is more likely to help resolve the client's problem.
- Shared objectives in terms of working towards enhancing client's wellbeing. The nature of community legal centres (under-resourced but community-based). Need to build shared respect between service providers, shared understanding of determinants and concerns that both health and legal workers are responding to.
- That they can access justice for their clients: there is good legal advice and support available by phone initially and that free legal advocacy may also be accessible.
- That we have obligations to the client. That there really is no issue with them co-witnessing documents with lawyers.
- We are supposed to be on the same team
- What we do and don't do, how we can assist the client, outcomes that can be achieved, manage expectations, that we are not-for-profit.
- The main issue would be how unlikely it is that they will be likely to be subpoenaed to give evidence and what happens if they do

(End of analysis and data provided by LCCLC)

### *Conclusions from Survey*

The Collaborative Survey, Health Survey Tool 2, preliminary results reveal there is a need for further work to be done to build understandings around different cultures and modes of operation between the professions. More respectful dialogue and communication and clearer explanations of legal and ethical complications can be better explained and work towards good practice that does not compromise confidentiality or conflict of interest rules seems a sensible step.

This Survey and its information should provide a useful platform on which to inform future work to remove barriers and ensure ways to better facilitate co-operation that addresses and responds



better to client and patient need. Professional development, training and respectful reciprocal relationships are key.

## Collaborations

The WDYA Project is evidence of collaboration by LCCLC with a range of other agencies in order to conduct the research and to produce the report and involving different professionals in surveys, in CLE and PD. Collaboration included: The Centre for Non Violence, Bendigo; Women's Health Loddon Mallee; Ann Spittles, Indigenous Family Violence Regional Coordinator, Department of Human Services, Bendigo; Loddon Campaspe Centre Against Sexual Assault (CASA); Pat Mullens, Bendigo Court Network Programme Manager for the Bendigo regional courts and the Loddon Campaspe Family Violence Advisory Committee, LMMML, the courts and court staff and Clayton Utz Lawyers which provided pro bono transcription of the recordings of the women's conversations for the LCCLC WDYA research report. This goes to evidence collaborative practice as required by deliverable 13.

### F. Un- listed Project Objectives/ Deliverables

*Reference group meetings since project commencement:*

**June 5 2012 (10am-12pm)** – 'Key Stakeholders Reflective Workshop' Attendance – Bendigo and District Aboriginal Corporation (BDAC), Central Victoria General Practice, Centre for Non Violence, IFVRAG, DHS, Women's Health Loddon Mallee, Success Works and LCCLC staff.

**May 28 2013 (1.30-4.00pm)** Attendance – Centre for Non Violence, Loddon Mallee Murray Medicare Local and LCCLC staff

**28 July 2014 (1.00- 3.00pm)** Attendance – IFVRAG, DHAS, Women's Health Loddon Mallee, Centre for Non Violence and LCCLC staff. Author observed with consent and clear ownership, involvement and suggestions from the group. They also noted that some of their suggestions from previous meetings had been taken on board by the project team and although there had been some hold-ups with staff leaving the project had been tracking well.

Carolyn Neilson, the Project Officer met with a number of the stakeholders (individually) for feedback on the initial report draft, to assist with development of the report. It was also circulated at the regional advisory committee meeting on 5 February 2015. There has not been a reference group meeting since 28 July 2014.

### Media Coverage on Issues Emerging

LCCLC has also had some of its work through the WDYA Project funded by the LSB recognized by the media, evidence by media coverage and requests for it to participate in research undertaken by RMIT.

For example:

'Family Violence Victims Forced to sit within metres of Offenders in Victorian Country Courts.'  
Project Lawyer Bonnie Renou interviewed on ABC Radio's PM Program on 2 March 2015.

Extract:

### **'Calls to bolster security before 'something bad happens'**

Security cameras were installed at the courthouse, but one lawyer who uses the facility said that would not prevent threats from happening.

"I don't see why the same kind of protections that are provided in the city can't be in place in the country," said Bonnie Renou from the Loddon Campaspe Community Legal Centre.

Ms Renou, who has interviewed clients in her car for privacy, suggested high-security screening seen at Melbourne Magistrates Court as a possible solution.

Domestic violence victim

"You would hope that it wouldn't take something really bad happening before these things are considered," she said.

She said the lack of privacy was not isolated to the Kyneton court.

Another anonymous victim, whose family violence case was handled in the Echuca courtroom, described the intimidation she felt waiting in the same room as her alleged offender.

"You end up shaking and your heart is racing and it's frightening because you're seeing that person again and they're allowed to stand there," she said.

"Bad enough going into the courtroom but then you're sitting out there for three or four or five hours with him wandering around, and that's the thing they start getting angry and it can escalate a bit."

On line article <http://www.abc.net.au/news/2015-03-02/family-violence-victims-sit-near-offenders-vic-country-courts/6271952> (accessed 14 April 2015)

In addition, LCCLC was invited to participate in other research being conducted by RMIT's Centre for Innovative Justice which called for removing the burden of family violence from victims to the court and police and more commitment to prevention. The RMIT Report, *Opportunities for early intervention: bringing perpetrators of family violence into view* was launched on 19 March 2015. Importantly, the report references the interim findings of LCCLC's project. Members of LCCLC were invited to attend the launch by Australian of the Year, Rosie Batty.

See <http://www.rmit.edu.au/news/all-news/media-releases/2015/march/family-violence-report-aims-to-interrupt-cycle/> (accessed 14 April 2015) and also <http://theconversation.com/remove-the-burden-of-family-violence-from-the-victims-to-the-courts-38994> (accessed 14 April 2015).

The report, *Will Somebody Listen to Me?* was formally launched on Monday 5<sup>th</sup> May 2015

The Abridged and Full versions of the report are available on the LCCLC website at <http://www.lcclc.org.au> meaning it can be accessed into the future.

As noted above under heading A, The Survey, In-depth Interviews and WDYA Report the pre and post media response to the report was very positive as is evidenced by the reportage below. See for example:

<http://www.bendigoadvertiser.com.au/story/3055319/will-somebody-listen/>

<http://www.bendigoadvertiser.com.au/story/3058434/report-shows-women-want-to-be-heard/>

Related coverage of family violence funding challenges and a vigil to mark the deaths of women and children due to family violence has also been positive:

<http://www.bendigoadvertiser.com.au/story/3070130/vigil-honours-women-and-children/>

## **Part C – Summary - Conclusions from this Evaluation**

Clearly valuable research and findings, as detailed and evidenced in this Evaluation Report have resulted from the LSB funded 'WDYA Project'. This work ought to be continued, given the momentum and valuable findings from this project and the expertise of staff that has been developed by virtue of this project.

***The WDYA Project has provided valuable (evidenced by survey feedback from the women experiencing family violence about the research process) and much needed services where there was not only a gap but where women and children without access to good legal information advice, collaborative support and court representation are placed at great personal risk. The project has seen court representation expanded at a number of regional courts and outreach services provided in areas where there was previously none or insufficient services to people experiencing family violence and their children.***

Evident in gathering data for this project and in discussions with all staff at LCCLC was a clear dedication and commitment to clients and improving community outcomes that was demonstrated by all staff from the lawyers, administration support, social workers, volunteers, reference group members and their agencies and the management team. They facilitated this evaluation by being ready with data and timeliness in their responses to requests. It was clear that

throughout the project LCCLC team was able to work effectively in many different partnerships (See Heading 'A. The Survey, In-depth Interviews and WDYA Report') to build and sustain reciprocal and respectful relationships. Ongoing funding for the project would enable this important work to continue in its clearly evidenced momentum, especially on the cusp of the launch of the WDYA Project Report and in view of the important data emerging from the recent Collaborative Survey.

It would be good, in future, to see some additional research by LCCLC funded to enable them to look at the broader impacts of family violence on children protected by or mentioned in IVOs. This research was unable to focus on this aspect but clearly children were listed on many orders or ought to have been. The WDYA Project Report raises this issue and the failing of police and the court to consider this aspect and problems in the interface between the Federal Family Law and the State based IVO system.

A key strength of the WDYA Project Research has been its success in the recruitment of participants of people who have experienced family violence which as noted in the body of this Evaluation Report is a failing in many past research studies on family violence. The steps, empowering approach and processes adopted by the LCCLC to recruit in a way that is inclusive of women are all methods that ought to be considered by other projects which seek to recruit participation from vulnerable groups or people experiencing family violence and other forms of trauma such as physical, psychological and sexual abuse. These were explained in more detail under the heading 'A. The Survey, In-depth Interviews and WDYA Report' above.

The collaborations started and the detailed information from the survey on barriers to effective service delivery ought to be the subject of further ongoing work. These include the need for further training and professional development which includes clarity of roles and understanding of ethical professional obligations and limitations and how people can work better together. Workarounds that respect the various difference in roles and improvements to communication styles and mutual respect and transparency that the collaborative survey discussed under heading 'E. Health Surveys' are feasible if a problem solving collaborative approach is taken by multi-disciplines with the patient/client as a central focus providing safety and responsiveness. These are worthy of ongoing resourcing and support so that effective intervention can continue and be expanded upon and improved which can only lead to more effective service delivery and a better reaching of people in need of support and family violence protection and prevention.

In summary, a key finding of this evaluation report, given the overall success of the WDYA Project and through

- the rich data;
- expanded service coverage in regional and rural areas where there has been a gap;
- ideas for service improvement;
- practical steps for systemic change to how the legal system responds and approaches family violence detailed in the WDYA Project Report, *Will Somebody Listen to Me?* launched on 5 May 2015

is that LCCLC's work ought to be enabled to continue through resourcing and provision of further funding into the future. It would be a pity if the relationships and collaborations being built and the services being provided through the greater ability to retain and hire staff were not sustained into the future. To provide ongoing funding to continue the work enabled by this LSB grant would also be in line with recent stated commitments by State and the Commonwealth Governments to the National endeavours to end family violence. This project is commended to those with funds to ensure its continuance given the importance of family violence prevention and responsiveness is a priority of both government and national concern. A key suggestion from the evaluator is that the work undertaken by the WDYA Project ought to be brought to the attention, as soon as possible, of the Neave Commission of Inquiry so that the important findings of the LCCLC WDYA Project can also be advanced drawing on its findings both in the WDYA Project Report and the recent 'Collaboration Health Survey Tool 2' by the Victorian Royal Commission into Family Violence established in December 2014.

Dr Liz Curran, Australian National University  
14 May 2015.

ANNEXURE 1 Health Survey Tool 2 Questions 'Supporting Clients better Through Good Professional Collaborations'

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