

ATTACHMENT DV-3

This is the attachment marked "**DV-3**" referred to in the joint witness statement of Fiona Margaret McCormack and Alison Vina Macdonald dated 12 August 2015.

Family Violence Outreach Service Case Scenario¹

Amal is a thirty year old woman with two children aged 3 years and 2 months. Amal is referred to a family violence outreach service after she disclosed to her Maternal and Child Health Nurse that she is afraid of her husband who assaulted her during both her pregnancies and has threatened to do so again since the birth of their youngest child.

The Maternal and Child Health Nurse phones Amal's local family violence outreach service during their appointment and Amal speaks directly to an intake worker. Because the outreach service has a waiting list for case-managed support, the intake worker conducts a risk assessment over the phone with Amal and explains that the outreach service will contact her on a weekly basis and offer support and information until there is capacity to offer her case managed support.

The risk assessment process allows Amal to explore a range of her husband's behaviours that isolate her and cause her to feel afraid for her and her children's safety. This was particularly confronting for Amal because until now she has coped with the abuse by choosing not to reflect on it and to believe that external issues such as stress her husband is experiencing at work and his experiences as a child were the cause of much of his behaviour. Amal has also learned from the Outreach Worker that her children are being harmed by their exposure to the abuse.

Amal is assessed to be at 'elevated risk' of future violence from her husband. The outreach worker and Amal develop a safety plan for Amal and her children that Amal can use if she fears that violence is imminent.

Two weeks later, Amal's Maternal and Child Health Nurse phones the outreach service to express concern that Amal may be suffering from depression. Because depression would increase the risk to Amal, the outreach service re-shuffles its case lists and appoints a case worker for Amal the following day.

The case worker phones Amal several times before she reaches her. Amal says that things with her husband are not so bad and since she is very busy with the baby, she doesn't think she can attend appointments right now. The case worker offers to meet Amal in her neighbourhood and eventually Amal agrees to see her at the Maternal and Child Health Nurse's rooms.

The case worker conducts a review of Amal's risk assessment and a full intake assessment. Amal and the case worker identify goals for Amal's case plan that are designed to reduce the risk to her and her children. Amal has considered separating from her husband but states that she feels that it's easier to stay with him right now. The only employment she has had was a series of cleaning jobs and she is not confident she can support herself in the future. She lacks confidence in her abilities and fears parenting alone. And she knows little about managing her finances as her husband makes all of the financial decisions and gives her a small amount of cash with which to run the household.

The case worker discusses the concerns about Amal's mental health with her. She very sensitively explains that depression is a common problem both for new mothers and for women who

¹ This scenario has been devised to exemplify the common issues and risk trajectory that women experience and the typical work of a family violence professional. Amal is not a real client.

experience abuse from a partner. The case worker explains that regardless of any issues that Amal has, she will continue to support her and will get her assistance from other services if Amal requires it.

The goals for Amal's case management plan are to:

- Attain a mental health assessment and assistance with any mental health issues.
- Arrange two days a week of child care for Amal's eldest child to take pressure off Amal and to allow her to attend necessary appointments.
- Arrange counselling for Amal to assist her to process her experience of family violence, and to address her low mood/depression.
- Link Amal into a support group for mothers to give her opportunities to establish friendships and to increase her confidence in her parenting and coping skills.
- Improve Amal's financial literacy and provide her with information about income support.

Because Amal's husband is likely to oppose her attending these appointments as well as utilising child care, Amal and her case worker agree these will be timed to be well within Amal's husband's hours of work. They also develop a cover story for Amal should her husband become aware that Amal and/or their child was away from the house without his knowledge.

With Amal's permission, the case worker contacts a local child care centre and negotiates a place for the child. She also tells the child care centre director that confidentiality is extremely important in Amal's case.

Amal agrees to attend a mental health clinic with the outreach case worker to undergo a mental health assessment. The case worker contacts the Mental Health Service and arranges an urgent appointment. The case worker collects Amal from her home (her husband is at work), takes her to the clinic, watches her children during the assessment and conferences with the Mental Health worker and Amal following the assessment. (The Outreach Worker does this because she has identified a need for intensive support at this stage of the case plan when Amal is frightened and depressed and caring for very young children. The Outreach Worker believes that Amal would be unlikely to follow up on referrals without this level of support.)

A mental health care plan is developed and Amal is assigned a mental health worker who will liaise with the outreach case worker. It is agreed that the outreach caseworker has the role of coordinating services for Amal.

Ten days after her first contact with the outreach service, Amal calls the police after her husband slaps and pushes her during an argument about their baby's crying. Amal's husband is angry that the baby has been crying for an hour despite Amal's efforts to comfort her. Amal's husband denies assaulting Amal to Police. Police issue a Safety Notice and drive Amal's husband to his brother's place to spend the night.

The outreach service receives an L17 referral for Amal the following day. Amal's case worker contacts her and explains how a safety notice works and that Police can apply for an Intervention Order on her and her children's behalf at the court mention date. Amal is very distressed. She says that her husband texted her that morning and threatened to kill her. Amal says she is too frightened

to talk to the police about this but agrees that her outreach worker should speak to them. The outreach worker advises Amal to save any text messages that she receives from her husband as these can be used as evidence.

Amal's outreach worker contacts the Police Family Violence Liaison Officer and reports the threat to kill. She requests that Police visit Amal at home to take a statement from her as she has small children, is depressed and very frightened and will not attend a police station. The outreach worker contacts police several times over two days to determine a time for police to visit Amal. Eventually Police contact the outreach worker as they are preparing to visit Amal and the outreach worker attends the house with them. Amal is distressed and confused and the outreach worker helps her to collect her thoughts in order to make a statement.

Amal's husband is arrested for breaching the conditions of the Intervention Order. The Outreach Worker remains in touch with the police and queries the decision not to also charge Amal's husband with threatening to kill her. The outreach worker contacts the Family Violence Liaison Officer and asks that they look into the decision not to lay criminal charges considering that there is evidence available in the form of the saved text message. Police agree to consider laying further charges and the outreach worker arranges to drive Amal to the police station to allow the investigating officer to view her mobile phone.

The outreach worker accompanies Amal to Centrelink where she is assessed by a social worker and applies for income support. The outreach worker also liaises with the Office of Housing to have Amal's husband's name removed from the lease agreement for their home. She provides a copy of the Intervention Order to support this request.

Amal's outreach worker continues to assist Amal over a period of four months during which time Amal agrees to allow her husband to return home. The Outreach worker advises Amal to seek a variation of the conditions of an Intervention Order that prohibited her husband from being at the house and encourages her to retain the Order despite her husband requesting that she revoke it. Amal and her outreach worker monitor her and her children's level of risk with regular risk assessments while her husband lives at the house. The outreach worker later assists Amal to vary the intervention order again to reinstate the non-contact provisions after her husband verbally abuses and threatens her life again and he is removed from the house by police.

The outreach worker continues to coordinate service provision for Amal by liaising with the Mental Health Service and with Amal's counsellor. She regularly updates Amal's risk assessment using information provided by Amal and by the other services, and shares this information with Amal's consent.

Now that Amal is again separated from her husband, she becomes accustomed to a routine that involves child care and regular appointments with services. Her Outreach Worker locates a play group in Amal's neighbourhood and she begins to attend this with her children. Amal's husband contacts her by phone a number of times and Amal's Outreach Worker helps her report these breaches of the Intervention Order and advocates for charges to be laid.

Amal's depression and anxiety are gradually easing with medication, regular counselling, new friendships and less exposure to violence. Amal's outreach worker refers her to a budgeting service to learn about managing her finances now that other areas of her life are more manageable.

The outreach worker arranges for her to consult a lawyer about ending her marriage and negotiating residency and contact arrangements for the children as well as a property settlement. Amal's husband was initially prohibited from contact with the children and then had irregular contact that was informally supervised by his mother. Amal wants to request that this supervised contact arrangement is formalised. The outreach worker and Amal meet before this appointment to help Amal record her relevant history and her objectives. The outreach worker attends this appointment with Amal to assist her to provide a comprehensive history of the abuse and to check her understanding of the lawyer's advice following the appointment.

Once Amal has regained some confidence, established supportive professional and personal relationships, is able to manage her responsibilities including appointments, and has acquired knowledge about family violence, budgeting, and coping with depression, Amal and her Outreach Worker agree to close her case. Amal is aware that she can phone the Outreach Service at any time to seek support or information or to request advocacy on her behalf with another organisation. Since Amal finds the legal system particularly difficult to negotiate, Amal's Outreach Worker reminds her to contact the service if she requires advocacy around her legal issues or any new police involvement.