

ATTACHMENT JH 1

This is the attachment marked "JH 1" referred to in the witness statement of Joanne Carol Howard dated 8 July 2015.

Royal Commission into Family Violence

Submission prepared by Kildonan UnitingCare

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Summary of Recommendations

Kildonan congratulates the Victorian Government on the breadth and scope of the 2015 Royal Commission into Family Violence in Victoria.

With 134 years of supporting Victorians that have experienced or been impacted by family violence, Kildonan UnitingCare is well placed to share our experience and insights on this issue that continues to plague our community. Kildonan is acutely aware of the large number of submissions from the sector that the Royal Commission into Family Violence in Victoria 2015 will receive. For this reason Kildonan has chosen to focus our response to the Royal Commission into Family Violence on what we consider to be the most pressing elements of the family violence system that critically need attention, and concrete pathways forward to improving response and prevention.

Based on our extensive experience and knowledge, Kildonan wishes to respond to specific areas and questions articulated in the Royal Commission into Family Violence Issues Paper 2015. In relation to these areas we make the following recommendations:

Gaps and improvements in current service system

1. Maternal and child health nurses and family services workers should be better trained to identify and respond to family violence and to better engage men.
2. The needs of GLBTIQ victims of family violence must be better recognised and supported through inclusive practice and enhanced capacity in mainstream family violence services.
3. The family violence system must be supported to better integrate with the criminal justice system (police, courts and Corrections).

Barriers to service integration and coordination - practical changes

4. Agencies that deliver financial counselling and address financial hardship should be acknowledged as an integral component of the family violence services system. The family violence service system must recognise the importance of financial counselling and utility and hardship relief agencies in responding to family violence.
5. Family violence is the number one cause of women's homelessness. Specific funding for safe, accessible and affordable housing options for women and children escaping violence, particularly programs such as Kildonan's Families@Home which provide an integrated and coordinated response to family violence, and measures outcomes, should be available for replication across Victoria.
6. The service system response to L17s should be better integrated across men's, women's and children's services. Whilst this may not require one service to deliver a one stop shop, service integration through service colocation will support enhanced capacity and shared practice frameworks in responding to family violence. Service integration will require MOUs, protocols and policy to ensure there is one shared philosophy about working with family violence, high level coordinated care is delivered and safety of women and children the highest priority in service intervention.
7. The Services Connect platform (which provides a one stop shop response to a broad range of issues) should be piloted as a platform to respond to family violence.
8. Practice frameworks articulating a consistent response to family violence, including where statutory services are involved, should be developed and inform workers across all sectors.

9. Government must support capacity building across all sectors to build generalist skills in working with family violence.

Accountability and changing behaviour of men that have used violence

10. Information pertaining to family violence (definition, legislation, supports) should be available to men and women arriving in Australia, including those on temporary work or study visas so newly arrived people understand the legislative framework relating to family violence.
11. Financial and employment support should be provided by government to support training male and female facilitators, from culturally diverse backgrounds, to facilitate men's behavioural change programs. This could include scholarships to assist payment of fees for the Family Violence Facilitator Course (via Swinburne University).
12. The Caledonian model (Scotland) an evidenced based approach to working with violent men, should be trailed and evaluated in an Australian context.
13. The model of delivering MBCPs should be examined with reference to the newly emerging field of trauma informed practice and the need for greater capacity to deliver individual counselling sessions, to complement group work.
14. Men's behavioural change programs should provide at least four sessions on fathering and/or a separate program which focus on fathering for men who have completed the men's behavioural change program.
15. Consideration should be given to funding men's behavioural change programs which work with specific demographic cohorts including culturally diverse cohorts, younger men (18 -25 years) and fathers in order to address the specific circumstances of these cohorts and to prevent family violence.

Intervention and behaviour change with violent adolescents

16. Adolescent family violence must be recognised as a form of family violence and included in all family violence policy and legislation.
17. Government funding should be provided to support delivery of adolescent family violence programs which are family inclusive and work with parents, adolescents and siblings.
18. The relationship between adolescent family violence and adult family violence must be more clearly articulated including the inclusion of policy and practice guidelines for L17s made by police when adolescents are offenders/perpetrators.
19. The first response to adolescent violence in the home should be diversionary. An adult family violence response is not suitable to adolescent offenders and should be precluded wherever possible.
20. A clear referral pathway for L17s where adolescent family violence occurs should be developed and operationalised (from police/courts to the community sector). This will require funding of new Adolescent Family Violence programs across each Victorian catchment where none exist.
21. The family, youth, child protection and family violence sector require capacity building in how to best respond to impacted individuals and offenders in relation to Adolescent Family Violence.
22. Policy and protocol including Risk Assessment Tools (AVITH version of the Common Risk Assessment Framework used in adult family violence) and development of Practice Standards are required.

About Kildonan UnitingCare

Kildonan UnitingCare is an innovative organisation within the Uniting Church¹ that is rapidly gaining a reputation for delivering some of the most relevant community services in Victoria.

Our 134-year history demonstrates a proven track record of pre-empting social trends and responding with programs and services that help people improve their circumstances. Kildonan's services support the growth of thriving and inclusive communities. We do this by creating and delivering integrated solutions with a holistic, personalised approach.

In 2014-15 Kildonan provided services to over 20,000 individuals and families across Victoria.

Kildonan is a respected and trusted agency with a strong history of service delivery to individuals and families across northern metropolitan Melbourne and Greater Shepparton and Moira Shires in regional Victoria.

Kildonan has service delivery hubs in Reservoir, Heidelberg, Broadmeadows, Collingwood, Coburg, Epping, Shepparton and Cobram.

Kildonan's key service streams include:

- [Child, Youth and Family Services](#) (people experiencing personal or family issues including violence)
- [Social and Financial Inclusion](#) (people with financial issues or struggling to pay their bills)
- [New Arrival Support Services](#) (people settling in the community from migrant, refugee backgrounds and seeking asylum)
- [Enterprise Partnerships and Development](#) ([social enterprises](#) including training and consulting for organisations working with vulnerable customers)

Kildonan services target individuals (children, young people and adults), families, and the community. They include family strengthening programs, programs for vulnerable youth including Aboriginal youth, financial counselling, budgeting and utility support, GLBTI programs, settlement services, family violence services (for men, women and children), child placement, prevention and education linkage programs.

¹UnitingCare agencies provide a range of services to help people in need, from emergency relief and financial and energy counselling to youth, aged and disability services. In Victoria and Tasmania there are now 28 agencies, with more than 3,500 staff and 4,000 volunteers.

Kildonan Family Violence Programs

In 2013/14 Kildonan family violence programs worked with 160 families in addition to our Men's Behavioural Change Programs (MBCP) intake of 300 men. Mother/child family violence specific playgroups engage approximately 30 families per annum.

Since 1881, Kildonan has supported the most vulnerable Victorians and as an agency we have a long history of providing family violence programs. Our current family violence programs include:

- **Men's Behavioural Change Programs (MBCPs) – Department of Justice, Department of Health & Human Services, Corrections Victoria (2012-14).**

Kildonan is the largest Men's Behaviour Change Program (MBCP) provider in the north and west metropolitan region of Melbourne. The Kildonan program attracts a high number of referrals, particularly from Local Courts/Department of Justice, Victoria Police, Corrections, local community agencies and self-referrals. Kildonan has a strong working relationship with Heidelberg Magistrates Court, routinely accepting referrals for men to participate in the MBCP. Our annual intake for MBCPs is over 240 men with services provided to more than 300 men in order to meet the demand for program participation. Kildonan is committed to ensuring the wellbeing and safety of partners of men that enter the program, through individual support or referral to other agencies and other Kildonan group programs. Kildonan MBCPs include a South Asian and an Arabic speaking program. Kildonan's South Asian Men's Behaviour Change Program, was the first culturally specific program for men in this region to be introduced in Victoria.

- **Men's Fathering Program**

Participation in research project with Melbourne University aimed at improving the parenting experience of children whose fathers have used domestic and family violence.

- **Active Fathering**

Active Fathers works with families living in City of Hume and Moreland to engage new parents, and particularly fathers, in group programs to discuss infant needs, the impact of a new baby on parents' relationship and dealing with the challenges of new parenting. It has a focus on promoting respectful and equitable relationships between parents and promoting optimal infant development and wellbeing. Kildonan partners with City of Moreland, City of Hume and Merri Community Health to deliver Active Fathers.

- **Families@Home**

An integrated response to family violence. The program secures suitable and safe housing and offers financial counselling, energy visits and support to address family issues and engaging men in behavioural change. The Families@Home program has supported 393 families since its inception in November 2012.

- **Adolescent Family Violence**

The program provides therapeutic intervention and casework where adolescents (aged 10 – 18 years) use violence and abuse against parents and other family members. The service undertakes safety planning, active referral and supports parents and adolescents through court processes including intervention orders.

- **Family Violence Interest Free Loan Program**

This program helps people on a low-income purchase goods and re-establish themselves after experiencing family violence.

- **L17 Triage and Child FIRST**

Support and referral for children that have experienced family violence following police involvement. Kildonan operates the Hume Moreland Child FIRST (Child Family Information Referral and Support Team) and also delivers Integrated Family Services for Hume and Moreland families.

- **Risk Assessment Management Programs (RAMPs)**

Hume and Heidelberg. RAMP is an information sharing and high risk planning procedure held fortnightly for four hours to monitor and manage high risk male perpetrators. RAMP brings together Victoria Police, Child Protection, Child First, Corrections Victoria, women's family violence services and men's family violence services (Kildonan). This process has been a positive innovative for Kildonan's MBCPs as men identified as high risk has been referred into the program via the Heidelberg court. The process has assisted in making a more informed risk assessment particularly for the women and children connected to the men.

- **Organisational Training**

Training on family violence to staff of organisations that may come into contact with families that are impacted by violence such as Victorian Government Department of Justice and Regulation Corrections staff. We also provide training to a range of corporates such as utility providers and banks to assist them to understand family violence and respond more appropriately and with greater sensitivity to customers who may have experienced family violence.

Kildonan's family violence work is supported by strong established internal and external community program linkages to services such as financial counselling, settlement services, integrated family services, youth programs and Aboriginal services.

Background: The need for Family Violence Service Sector Improvement

Kildonan recognises that it is overwhelmingly women and children who are impacted by family violence, and men who use violence against them. Kildonan recognises that the use of violence towards a partner stems from power and control and that family violence is viewed as 'gendered' for this reason. Kildonan adheres to No To Violence Standards of Practice in the delivery of men's behavioural change programs, and in its work with partners, which reinforces this gendered view.

Whilst holding a strong gendered lens in the work Kildonan undertakes in relation to family violence prevention, Kildonan notes the importance offered by the Royal Commission to reflect on opportunities for change in how family violence services and the broader service system respond to family violence. Current models have sustained the family violence system and response for decades and contributed to improved outcomes for women and children. Whilst acknowledging this, Kildonan sees the Royal Commission as an opportunity to question and reflect on current approaches and practice frameworks and whether there is room for change and improvement.

In relation to this Kildonan notes:

- The family violence sector is siloed and disconnected from important services including drug and alcohol, housing and mental health.
- The family violence sector can, at times, see itself as so specialist that no other service can undertake family violence work. In times of significant demand, and where almost 100% of cases experience co-occurring issues with family violence, there is an urgent need for increased capacity for all agencies to have knowledge about family violence and practice frameworks to guide responses that prioritise the safety of women and children.
- Different practice frameworks across the broader service system result in different responses to family violence which in turn means the safety of women and children is not always prioritised in interventions.
- The family violence sector response is mainstream and does not easily adapt to the complexity of family violence presentations including to families from diverse cultural backgrounds, GLBTIQ communities and younger men i.e. between 18 and 25 years.
- Family violence practice frameworks have historically been informed by feminist frameworks and by white Anglo women; whilst these have validity, their relevance to families of cultural diversity, including Aboriginal families, and the lived experience of many women is questionable.
- The family violence sector is segregated with men's services operating almost completely independently from women's and children's services. Most relationships remain intact yet the family violence system largely operates as if this is not the case. The historical divide between men's and women's and children's family services does not reflect the reality of family lives nor the desires of those who turn to the family violence system for assistance. It does little to support the safety needs of children who live with parents where family violence continues, despite statutory and criminal justice intervention.

- There is a lack of clear understanding about the role of the criminal justice system in family violence prevention across the general public (and particularly those from Aboriginal and CALD backgrounds) and by workers in mainstream sectors.
- There are no standards of practice nor practice frameworks in working with adolescent family violence. Whilst a Common Risk Assessment Framework (CRAF) exists in relation to safety in heterosexual adult family violence, there is no guidance in relation to risk assessment and safety planning with adolescent violence in the home.
- Whilst Kildonan understands family violence as predominantly a gendered issue, other cohorts, particularly the GLBTIQ community, may struggle to gain support and for their circumstances to be adequately responded to.
- The family violence sector struggles with a 'both/and' approach – that children can be victims of family violence as well as offenders (adolescent violence in the home). This struggle and the methodology of separating 'perpetrators' from 'victims' means families where an adolescent is violent frequently struggle to access any form of service support.
- The L17 approach is siloed in the northern Department of Health and Human Services division with referrals for men, women and children are sent to different services despite the fact most families remain intact. This means relevant information which supports the safety of women and children is not shared and family inclusive practice is not supported.
- Many women do not choose to leave their partners, at least initially, after police involvement. This has ramifications for child protection and child safety work.

There is almost no work done with male partners within a family context, even when children are at risk and despite increasing evidence that men are best engaged in the change process when the focus is on the impact of their violence on their child. Whilst some Men's Behaviour Change Programs (MBCP) focus on fathering, this is the exception rather than the rule.

Kildonan has a strong focus on fathering in our work with family violence prevention and response. We acknowledge most men who use violence are fathers and most families remain intact, despite the use of violence. For this reason we seek to engage fathers to consider the impact of their violence on children and to leverage empathy of fathers wanting a close and loving relationship with their child as a catalyst for change. Our observation is that unfortunately whilst men may not have initial empathy for their partner, most want their child to be safe and secure. Understanding the impacts of their violence on their child and on the mother/child relationship has supported men to be accountable for, and take responsibility for their use of violence.

Kildonan notes:

- Current practice frameworks for working with violent men that were developed historically, have not been reviewed or challenged and should be, particularly given increasing evidence about trauma informed approaches. It is timely to consider new paradigms and models for working with perpetrators and with parents.
- Whilst there is an important role for specialist family violence workers, all services deal with women and children impacted by family violence and with men who perpetrate it (although they may not disclose). There is an urgent need to build capacity for all workers to understand and respond to family violence as well as provision of a specialist family violence response.

- Family violence work is seen as specialist with workers requiring specialist skills in order to support women and children. This 'specialisation' prevents non family violence workers from taking action in relation to the safety of women and children.

Kildonan explores these issues in our response and makes recommendations in relation to service system improvement.

Issues and Recommendations

Gaps and improvements in current service system

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.

Kildonan has identified key areas where there are gaps or deficiencies in current responses to family violence.

The role of maternal and child health, early learning and schools in family violence prevention

Kildonan is working with two local governments – Hume City Council and Moreland City Council - to build capacity among maternal and child health nurses to engage men. Maternal and child health nurses are well placed to identify family violence and act early to prevent family violence occurring.

Kildonan’s Father Focus program is engaged in training all maternal and child health nurses in these two local government areas to understand, identify and respond to family violence. Maternal and child health nurses understand family violence with key messages including it is gendered and involves the use of power and control. They learn about pregnancy and early parenting as times of significant vulnerability for women. They learn how to have conversations with women to explore if family violence is present and where to refer if family violence is identified. This is undertaken with the overarching centrality of approach being safety of women and children.

Importantly maternal and child health nurses are encouraged and supported to more actively involve fathers in their visits. They understand they can promote gender equity and respectful relationships through encouraging fathers to play a significant role in parenting and supporting their partner’s parenting, dealing productively with the stresses of new parenting and referring for help and additional support. Maternal and child health nurses and their managers report this capacity building has significantly changed practice by maternal and child nurses. For example after hours new parents groups are delivered now in order to encourage father participation. The next stage of the three year project will involve early childhood learning centre and childcare staff.

Kildonan also acknowledges the role of schools in promoting values and attitudes which promote gender equality and respectful relationships. Whilst programs like Respectful Relationships are of significant value and should be delivered across all schools, VicHealth identified (2009) the importance of whole-of-school approaches so that all policies and protocols have synergy with family violence prevention (rather than siloed approaches). This means teachers are trained to respectfully relate to students and vice versa, bullying and discrimination is prevented and speedily responded to, sexism is challenged and gender equality and the value of women is recognised and celebrated.

School welfare staff need to be trained to identify and respond to family violence when students present with a range of issues.

The role of family services and child protection

Whilst the safety of children must be absolutely paramount, the child protection system places unfair and unreasonable expectations on women in relation to the protection of their children.

Women who experience family violence can be disempowered, lack access to resources and experience significant mental health and emotional distress. Yet child protection and family service providers expect women to keep their children safe, despite women being unsafe themselves. Kildonan's experience in this area shows it is common that men disregard intervention orders and return to the family home, that they emotionally manipulate women to stay in the relationship and that they use access to drugs and alcohol to 'bargain' with women to stay in the relationship.

Men need to be more accountable for their use of violence. Child protection workers in particular need greater awareness about the barriers to women leaving violent men and to taking action to stopping the violence. These barriers include the impact of violence on their emotional and mental well-being and importantly lack of access to housing and financial stability. Violent men use their intimidating behaviour to avoid taking responsibility for the negative outcomes of their violence on children. Child protection, as a statutory body, has powers to enhance men's accountability and alleviated vulnerable women from having to take responsibility.

The current child safety service system (child protection and family services) works with families who experience family violence with a framework underpinned by the notion that when family violence occurs with police intervention and/or intervention orders, the parents will separate. In Kildonan's experience this occurs in the minority of cases, rather than routinely. The fact that in most cases parental relationships stay intact and fathers continue to have contact with children, calls for revision of the current approach which ignores the father and focuses on the mother/child. Other countries are starting to involve violent fathers in family interventions (pending comprehensive risk assessment) and work with the parental relationship, rather than pretending it doesn't exist. This work is complex and requires highly skilled staff. One example is the program in San Francisco, delivered through the Family Violence Prevention Fund, where dyad work occurs with the father/child and mother/child in relation to parenting and attachment. Highly skilled clinicians also undertake couple work with the child as central, where it is safe to do so and parents want to pursue this options (San Francisco, CA: Family Violence Prevention Fund. McAlister Groves, B., Van Horn, P., and Lieberman, A. F. 2007).

Engaging with men as fathers

Kildonan notes an increased need across the child welfare and family violence sector to engage and work with fathers. Our thinking is informed by David Mandel's work (2014) on the importance of domestic violence informed child welfare systems and an increased emphasis on domestic violence victims and perpetrators as parents.

Child FIRST, the catchment based intake for vulnerable children and families, has documented increased numbers of direct family violence referrals (where a child is at risk) and the co-occurrence of family violence in referrals where family violence may not be initially identified as the priority reason for referral. Many of these families have had multiple contacts with the child protection and/or child welfare system.

Child FIRST notes the considerable responsibility placed on women to keep their children safe. If women/mothers are not seen as complying children can be removed. This discriminatory approach where men/fathers are not included in assessment or care planning, further victimises already vulnerable woman. Mandel comments on the use of a 'failure to protect' model which guides family intervention in the child welfare system. Kildonan concurs that an approach informed by perpetrator

patterns of behaviour and one which emphasises perpetrator responsibility for child safety would be less punitive to women and achieve more positive outcomes for children.

GLBTIQ community

Kildonan's Diversity Project is an early intervention and prevention program focussing on same-sex attracted, sex and gender diverse young people at risk of or experiencing social and emotional well-being issues.

The program works to ensure that young people grow and develop while feeling safe to talk about their feelings, thoughts and identities, and seek the right help when they need it. Priority is given to young people demonstrating high risk behaviours that are indicative of significant illness or distress.

This community faces considerable barriers accessing and receiving an appropriate response from mainstream services. The family violence service largely operates on the assumption that family violence is limited to adult heterosexual intimate relationships. This assumption can mean GLBTIQ people face significant barriers to locate a service or gain support through the criminal justice system which can support them if they experience family violence. They lack access to counsellors and support workers who can respond to GLBTIQ people in an inclusive manner. There is a paucity of support groups for GLBTIQ people who experience family violence; and no programs for perpetrators of violence in GLBTIQ relationships.

Family violence interface with the criminal justice system (police, courts and Corrections)

The recently released Evaluation of the Family Violence Court Intervention Program (Effective Change Pty Ltd 2015) highlights that 'the system matters' and that the effectiveness of MBCPs cannot be measured on program delivery alone, as its performance and impact is reliant on relationships and integration with the work of the courts, police and community sector – the system in which it is located.

Kildonan concurs; a more systematic and integrated approach across men's, women's and children's services and across the child and family (including child protection), family violence and criminal justice system (police, courts and Corrections) is required to gain service improvements which result in positive and sustained outcomes for those who experience family violence and those who perpetrate it.

Programs such as the Caledonian model, which more intensive are worthy of consideration, given the high level integration with courts and inclusive approach to men, women and children.

The Risk Assessment Management Panels (RAMPs) are helpful in terms of high risk offenders, however this integrated approach to assessment and safety planning, in effect, case management, is needed across the board.

Recommendation:

1. Maternal and child health nurses and family services workers should be better trained to identify and respond to family violence and to better engage men.
2. The needs of GLBTIQ victims of family violence must be better recognised and supported through inclusive practice and enhanced capacity in mainstream family violence services.
3. The family violence system must be supported to better integrate with the criminal justice system (police, courts and Corrections).

Barriers to service integration and coordination - practical changes

Question 10: What practical changes might improve integration and coordination? What barriers to integration and coordination exist?

Whilst positive change has occurred across some sectors in relation to family violence prevention and response, most notably with child and family services, the family violence service system remains fairly siloed. Two key silos exist that prevent family inclusive practice and operating across platforms such as alcohol and drug services.

Whilst women's and children's services which respond to family violence have closer integration, as evidenced by L17 triage for example, there is almost no integration and coordination between women's and children's and men's services. This is in part due to historical and ideological differences, perceived and real, from women's services to men's services. These historical differences mean that some women's family violence services are suspicious of the intentions of men's programs (such as men's behavioural changes programs) and consequently fear working with men's service providers could jeopardise the safety of women and children. The outcome of this divide means information is not shared and family centred planning does not occur, despite the fact that most couple's relationships remain intact, even when police involvement occurs.

Kildonan estimates that approximately 60% of all families referred to ChildFIRST where a police involvement has occurred and an L17 has been initiated by police, result in parents remaining in the relationship. Where cases are high risk, a family centred approach does occur through the Risk Assessment Management Program (RAMP), however this does not translate into an integrated and family centred approach at the coal face where men's and women's service delivery remains siloed.

Ideological differences and differences in practice frameworks also prevent greater collaboration and integration between family violence services and services like alcohol and drug services. Drug and alcohol practice frameworks stress client advocacy, for example when clients have criminal justice or statutory involvement. Whilst this is important, it can result in service splitting when family violence is involved and the male offender is also an alcohol and drug client. The alcohol and drug worker may advocate for the male client, therefore compromising the safety of the women and children. Similarly, the alcohol and drug worker may advocate for a woman client who is a mother, against the recommendations of Child Protection (who are frequently seen as 'the enemy').

The following section outlines four practical approaches and proposes recommendations to help overcome barriers to integration and coordination present in the family violence service system: financial inclusion, Families@Home, integrated L17 response, and generalist worker support.

Financial inclusion

Economic dependence on an abusive partner can be a critical obstacle to leaving a violent partner (Adams et al. 2008). In addition to victims being unable to access funds needed to leave, domestic violence can cause social isolation which reduces options for leaving (ALRC/NSWLRC 2010). Women who leave violent partners experience a multitude of financial barriers including sexually transmitted debt, reduced income, homelessness or insecure and inappropriate housing, difficulty with utility payments and relocation expenses.

Financial literacy education and financial capability building have been identified as preventative measures and as responses for women who have experienced family violence. There is a need for a better understanding of the appropriate contexts for providing financial literacy education to women

experiencing economic abuse, including the potential for ‘mainstream’ community-based education programs to fill this role.

Kildonan provides a range of community based financial support services that are essential in supporting women to leave violent partner and rebuild her life after separation. These services include:

- Financial counselling – including general, utility and hospital based financial counselling, as well as a specialised service for the indigenous community with several partners
- *CareRing* – Kildonan’s holistic and innovative model providing customers of partners such as Yarra Valley Water, South East Water, Western Water and ANZ with a range of support services through one centralised, co-ordinated point
- Utility education and support programs– including home energy audits, Koorie Energy Efficiency Project , Geelong and Surf Coast Council Heatwaves and Sustainability Project, Lend Lease Energy Sustainability program
- Financial literacy and microfinance programs – including Money Minded and NILS (with a program specifically for people leaving a violent relationship)

Kildonan has a key focus on profiling awareness of economic and financial abuse across the community, and particularly in our work with corporate entities. Essential service providers, such as utility and phone companies, have an important role to play in family violence prevention. Kildonan is working with a range of corporate partners to enhance their capacity to respond to women who have experienced family violence. Debt collection staff from utility providers and banks participate in training to better understand family violence and its impacts and learn how to more appropriately and sensitively work with women who have experienced family violence and face financial and economic hardship in relation to utility and other payments.

Training participants report an interest in learning about family violence, significant increase in knowledge about family violence and a willingness to be more responsive when working with women who experience family violence. They are also clearer about referral pathways when women and children experience family violence and the confidence to refer women on. Whilst outcomes have not been evaluated at this stage, Kildonan envisages that women experiencing family violence and facing financial and economic hardship will have improved outcomes when dealing with corporates.

Kildonan’s extensive experience collaborating with organisations in other industries has culminated in the development of the Kildonan *CareRing* model. *CareRing* takes a holistic approach to vulnerable customers with an early intervention focus to address both the immediate and obvious issues that can result in an inability to pay the bills, while also identifying and addressing interlinked factors that can contribute further to a family’s decline.

This innovative partnership between corporate services (utility companies and banks) and Kildonan which provides a wraparound support to customers facing financial hardship, such as meeting utility payments. **Family violence rated as the second highest issue of concern by corporate customers who were supported by *CareRing*.** This finding clearly demonstrates the need for greater focus on supporting financial hardship when women leave family violence situations and to consider how corporates such as utility companies and banks can more consistently and proactively support their customers.

Families@Home

[Families@Home](#) is funded as a Victorian Government Innovation Action Project (IAP), to trial new approaches to intervening early and preventing homelessness.

The program supports women financially to establish and/or maintain tenancies. Many of these women would have no alternative but to enter the refuge system to seek safety from family violence. It is a successful example of a program utilising service integration, family focused practice and a successful combination of worker roles and specialist skill. Referrals are received from a range of agencies including family violence, Child Protection, family services, culturally specific and housing services.

Effective service integration and cost benefit

The program is based in the north east growth corridor of Melbourne (Whittlesea area) where rates of family violence are high. Kildonan partners with the City of Whittlesea, Heidelberg Court and the Rotary Club of Melbourne Inc. to deliver this program. Families@Home was initially funded to support 245 clients from October 2013 to June 2015. By the end of January 2015 the program had received 419 referrals with services provided to 393 clients. In May 2015, Kildonan was advised that the Victorian Government would extend the program. Research published by the State wide Women's Domestic Violence Crisis Service, has calculated the cost to the government for each woman entering the refuge system to equate approximately \$53,279 per person. The total Families@Home expenditure for clients to establish and/or maintain a tenancy over the past two years has been approximately \$302,963 so far - divided by 393 clients averages around \$1,000 per person.

Outcomes for women

The program has been able to target community need and provide the appropriate supports. For the period from November 2012 to February 2015 the program has been successful in advocating for and obtaining public housing for the program's most vulnerable families:

- At the time of presentation to the program, the percentage of women in private rental was 44.3%. At the end of the program's intervention the percentage increased to 54.1 %.
- At the time of presentation to the program, the percentage of women in public housing was 4.8%. At the end of the program's intervention the percentage increased to 8.0%.

The program actively supports women to find employment by financially assisting women to enter vocational studies. The program also links women with employment agencies, work readiness related training courses and addresses underlying issues preventing women from working such as affordable and available childcare:

- At the time of presentation to the program, the percentage of women who were employed was 19.6 %. At the end of the program's intervention the percentage was 22.8 %.
- At the time of presentation to the program, the percentage of women who were unemployed was 40 %. At the end of the program's intervention the percentage was 36.5 %.

From statistics generated, the intervention period required for most families is relatively short due to the program's multidisciplinary model and targeted approach to resolve several issues simultaneously:

- Statistics show most clients (42%) require 2 – 14 weeks of intervention, with 22.5 % of clients requiring 14 – 26 weeks of intervention and 16.6 % requiring 26 – 52 weeks.
- Furthermore 85.2 % of clients have only required one support period.

██████████'s Story

██████████ has a teenage son and daughter whose father was violent. It took significant time for ██████████ to leave the first relationship but eventually she felt safe enough to do so. She then met ██████████ some years later and believed he was different. She liked his gentle and placid ways and they had two children together.

██████████ struggled with the challenges of her teenage children - in particular because he was not their biological father. ██████████ became increasingly hostile towards ██████████'s oldest son who has a disability. ██████████ physically assaulted ██████████'s son and her son called the police. The attending officers issued ██████████ with an intervention order and escorted him from the property. The incident triggered an L17 report to Child Protection, in turn leading to an initial request for ChildFIRST to become involved. ChildFIRST had an eight-week wait before support and services could commence therefore Kildonan's Families@Home was engaged.

██████████ and the children were living in a property listed in ██████████'s name that cost more than ██████████ per week. There were rent arrears and a number of outstanding bills. ██████████ had regularly given ██████████ money for these bills but ██████████ had not paid them. ██████████ looked for cheaper private rent but her applications were rejected. When she found and applied for an affordable property, she asked Families@Home staff to speak on her behalf with the real estate agent. The Families@Home worker from HomeGround met with the real estate office who agreed to lease ██████████ the property.

Families@Home brokerage funds paid for ██████████'s removalists. A Families@Home financial counsellor was introduced to empower ██████████ on how to work with energy and utility companies in relation to her outstanding bills. A home also energy worker worked with ██████████ to reduce her energy costs.

██████████'s eldest son saw a Kildonan youth team counsellor and both teams collaborated closely. ██████████'s toddler son started copying aggressive behaviors and ██████████ asked for support to address this issue. While the youth team worked with her eldest son on his behaviour, the Families@Home worker supported ██████████ to implement parenting strategies in the home to curb both her boys' aggressive behaviour.

██████████ also requested emotional support and counselling and is adamant that she will never accept a partner's violence and abuse again. ██████████ is currently settled into her new home and is trying to concentrate on 'being a mother' to develop stronger relationships with her children and moving on with her life in a safe and supportive home environment.

Integrated L17 response

L17s were implemented to support a referral pathway for police who are called to family violence incidents. Three types of L17s are delivered – to women, men and children.

Whilst the establishment of formal protocols from police to community agencies is a positive step, there is little coordination between men's, women's and children's services, doubling up across women's and children's services, and also inefficient use of resources. When police take out L17s for adolescent family violence (and this is not consistent), adolescents may be referred to Child Protection or family violence services; neither of which often believe they have a mandate to respond. Adolescent offenders/perpetrators therefore fall through the service system gap. Victims of adolescent family violence may be referred to family violence services, but these may not respond if an adolescent is an offender (rather than an intimate partner) and if the offender is female i.e. daughter.

An integrated L17 response would see all L17s sent to one service location and an individual or family plan developed which includes prioritising women's and children's safety and engaging men in violence cessation. Where children are involved Child Protection would be notified and involved only in exceptional circumstances such as significant safety concerns and family not engaging. It is useful to consider that significant numbers of women referred through L17s remain in the relationship with their partner.

Kildonan's experience of L17 delivery in relation to children highlights that only the minority of women will engage in relation to their children. A response to children should be incorporated into the women's response with workers trained to assess risk and safety to children. These workers should work with the best interest of the child first and foremost of any intervention. This approach would reduce duplication that now occurs across Child FIRST and women's family violence services.

Greater integration across men's and women's service providers for L17s would also support greater cross referral to better ascertain safety risks and inform work with women. RAMPs currently operate this way. A high level of confidentiality would be required as would building a culture that is comfortable to share information. Because men are often mandated to attend men's behavioural change programs, there is an opportunity to engage women partners through partner contact. Women partners may be more likely to engage with the service system through partner contact than through an L17 call. An integrated service system response can leverage from L17 men's referrals to gain access to women (and therefore children).

Generalist worker support

Family violence service provision is viewed by government and 'the sector' as a specialist field. Women and children who experience family violence are referred out by nonspecific family violence agencies to specialist family violence agencies. Wait times can be lengthy and women may disengage before they receive a service.

Whilst there is a need for specialist workers across a range of areas, including family violence, most clients of services face multiple issues including family violence, drug and alcohol, mental health, housing and homelessness, financial hardship etc.

The Service Connect model of one key worker and generalist service provision is new and so far untested in terms of evaluation of outcomes from this different model of working. Kildonan supports the view that generalist workers, trained in working across a number of issues, can support families who experience family violence. Whilst some areas of family violence work requires specialist skill,

particularly that involving high risk families, most workers have the ability, with additional training, to provide family violence support (as per the Services Connect model). The key worker model is helpful to women who may be in crisis as it reduces the numbers of 'professionals' women need to deal with, addresses co-occurring issues and reduces the need for multiple service intervention.

Women who experience family violence may not engage with a family violence service as first port of call. Often in fact the issue of family violence is identified and addressed through GPs, housing services, family and parenting services, mental health and drug and alcohol services. Workers who can case manage all these issues, as is the case with Kildonan's Families@Home model mean women are not held up waiting to access one component of the service system and their issues are dealt with holistically. It is likely this results in improved outcomes for the whole family.

Building capacity in a general workforce involves family violence training (ie understanding family violence is about power and control), understanding risk assessment frameworks and safety planning and understanding the role of police and courts in family violence prevention and how best to work with these systems to ensure the safety of women and children.

Recommendations:

4. Agencies that deliver financial counselling and address financial hardship should be acknowledged as an integral component of the family violence services system. The family violence service system must recognise the importance of financial counselling and utility and hardship relief agencies in responding to family violence.
5. Family violence is the number one cause of women's homelessness. Specific funding for safe, accessible and affordable housing options for women and children escaping violence, particularly programs such as Kildonan's Families@Home which provide an integrated and coordinated response to family violence, and measures outcomes, should be available for replication across Victoria.
6. The service system response to L17s should be better integrated across men's, women's and children's services. Whilst this may not require one service to deliver a one stop shop, service integration through service colocation will support enhanced capacity and shared practice frameworks in responding to family violence. Service integration will require MOUs, protocols and policy to ensure there is one shared philosophy about working with family violence, high level coordinated care is delivered and safety of women and children the highest priority in service intervention
7. The Services Connect platform (which provides a one stop shop response to a broad range of issues) should be piloted as a platform to respond to family violence.
8. Practice frameworks articulating a consistent response to family violence, including where statutory services are involved, should be developed and inform workers across all sectors.
9. Government must support capacity building across all sectors to build generalist skills in working with family violence.

Accountability and changing behaviour of men that have used violence

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?

Question 15: If you or your organisation have offered a behaviour change program, tell us about the program, including any evaluation of its effectiveness which has been conducted.

Kildonan has delivered the Family Violence Intervention Program (FVIP) since 2006. Kildonan's FVIP offers a range of services for men, women and children including individual and group work.

Kildonan delivers a number of [Men's Behaviour Change Programs \(MBCPs\)](#) with referrals received from the courts (for men on counselling orders) and voluntarily. Support and assistance to women and children impacted by family violence is an integral aspect of the FVIP. Women's Support Workers provide a range of services including regular telephone support, individual counselling and group work at Kildonan's Heidelberg, Epping and Reservoir sites. A Child and Family Worker provides group work and counselling to women and children impacted by family violence. Programs are funded through the Victorian Government Department of Health and Human Services and the Department of Justice and Regulation.

South Asian Men's Behavioural Change Program

Since the MBCP's inception there have been increasing numbers of referrals of culturally and linguistically diverse (CALD) men, particularly from the region of South Asia. South Asian men were frequently identified as high risk perpetrators of family violence by the High Risk Response Conference (HRRC) model (i.e. RAMPS) implemented by Victoria Police in the North Eastern Region of Melbourne. Female partners of these men were at significant risk and were extremely isolated with little support. Staff recognised the existing Kildonan MBCP did not take into account the cultural norms, beliefs and identity of men from South Asia, the social and economic implications of the migration and resettlement experience, and the lived experience of their communities. Staff acknowledged that many men from the South Asian community experience racism in their daily lives, and that challenging these men in a mainstream MBCP might be interpreted as racist.

In 2013, Kildonan instituted a South Asian Men's Behavioural Change Program (SAMBCP), in response to increased numbers of men referred to the program from a South Asian background. The SAMBCP has worked with 36 men, offered support to at least 30 female partners/ex-partners, and these interventions have indirectly impacted at least 47 children. Whilst this represents a small proportion of those living in situations of family violence within the South Asian community, it is an important beginning.

NTV Minimum Standards and Quality Practice Guidelines for Men's Behaviour Change Group Work (2013) guide the delivery of the SAMBCP. An evaluation of the program was undertaken over 2014/15. The evaluation findings highlight the importance of culturally appropriate and responsive strategies to engage men from diverse cultures in violence cessation. Some men from South Asia viewed 'disciplining' their partner as appropriate and their responsibility. They did not understand the attitudes, values and behaviours that define family violence in an Australian context. They did not understand family violence is a crime. In addition, they used the threat of deportation or barriers to residency as an additional means to control their partner.

Partners were also unaware that family violence is a crime and that help was available. Lack of English and ability to negotiate the service system meant they were isolated and suffered alone. The role of shame and fear of social marginalisation also played a part in not engaging with the service system.

In this context, the SAMBCP has been invaluable. Whilst the content is similar to that of mainstream MBCPs, the South Asian program includes other elements that are important for men who lack understanding of Australian expectations and legal processes as they relate to family violence. These elements include the migration experience, gender equality expected in an Australian context, understanding of the attitudes, values and behaviours that underpin family violence and that family violence is a criminal act. Kildonan also found that men participating in the program have been unclear about the terms of an Intervention Order, what a breach is and consequences for breaches. The use of two South Asian facilitators (one male, one female) has helped men overcome feelings of shame and take steps to support family safety and their cessation of abuse and violence. Importantly, women partners and their children have been contacted through Partner Contact and provided with support.

Kildonan stresses the value of culturally diverse responses to family violence prevention and response – a one size fits all approach may not be successful in engaging CALD communities. Culturally appropriate and relevant information about family violence should be available to all newly arrived communities, and specifically for women. This should include agencies that can provide support (including federal contacts).

Kildonan also notes the importance of a family inclusive approach to better engage perpetrators from CALD communities. There may not be evidence that CALD partners are more likely to not separate as a consequence of family violence, however Kildonan's reflection is that this is the case. For this reason, and because most CALD families we work with have children, it is imperative to engage with fathers and work with them to take responsibility for the safety and wellbeing of their children.

All FVIP programs operate according to NTV Minimum Standards and Quality Practice Guidelines for Men's Behaviour Change Group Work (2013). However there is real difficulty attracting staff who have undertaken the Graduate Certificate in Social Sciences (Family Violence). The course is delivered by Swinburne University and takes a year to complete at one day a week. At present it costs \$5000 – this is set to increase. Kildonan wishes to raise the importance of responding to men, women and children from culturally and linguistically diverse backgrounds who use family violence, with particular attention to working with men attending men's behavioural change programs (MBCPs). Given the significant numbers of men from Culturally and Linguistically Diverse (CALD) backgrounds, Kildonan seeks to employ male and female facilitators from diverse cultural backgrounds in order to better engage with clients. Trying to attract staff who meet the standards and are from CALD backgrounds is a key challenge.

Kildonan is currently researching evidenced based international programs that demonstrate success in violence cessation and increased safety of women and children. Programs including the Caledonian model (Scotland) highlight the need to be delivered over a longer period of time, to provide more opportunities for one on one and family counselling and the need for post program support in order to maintain change. Kildonan's learning from the delivery of MBCPs is that violence cessation and change does not occur easily, particularly when the use of violence co-occurs with other issues, and significant resources and time is required to effect change. The Calendonia program therefore has merit in being piloted in Australia.

Fathering programs

Kildonan has trialled the delivery of four fathering sessions as a component of the men's behavioural change programs. These sessions were delivered over a three year period in recognition that the majority of men participating in the MBCPs were fathers or had contact with children in a familial setting.

Kildonan also delivers a Fathering Program in partnership with the City of Hume and Moreland. This program builds capacity in maternal and child health nurses to identify and respond to family violence and to engage with fathers in order to support gender equity and respect in relationships. Early findings show that it is rare for men to have any involvement with maternal and child health nurses (sometimes for good reasons such as work commitments). There is a window of opportunity to work with new fathers/fathers to be and provide education about the challenges of new parenting and the importance of safe and secure attachment for infants, as part of an early intervention approach.

These two interventions highlight the need to more actively engage with fathers in family violence prevention, not just when they are perpetrators. There is ample evidence (Cathy Humphreys 2014) that behavioural change is motivated by fathers learning about the impacts of violence on their children and through reflecting on their own experience of fathering and what they want to be different for their own children.

Men who are not yet fathers can benefit from programs that raise awareness of infant needs and of the important role fathers play in supporting infant wellbeing and development.

Family focused services such as Integrated Family Services do not attempt to engage with men at all, despite that men may contribute to children's lack of safety. Kildonan believes men can be engaged whilst still maintaining accountability to women and children and worker safety.

Recommendations:

10. Information pertaining to family violence (definition, legislation, supports) should be available to men and women arriving in Australia, including those on temporary work or study visas so newly arrived people understand the legislative framework relating to family violence.
11. Financial and employment support should be provided by government to support training male and female facilitators, from culturally diverse backgrounds, to facilitate men's behavioural change programs. This could include scholarships to assist payment of fees for the Family Violence Facilitator Course (via Swinburne University).
12. The Caledonian model (Scotland) an evidenced based approach to working with violent men, should be trailed and evaluated in an Australian context.
13. The model of delivering MBCPs should be examined with reference to the newly emerging field of trauma informed practice and the need for greater capacity to deliver individual counselling sessions, to complement group work.
14. Men's behavioural change programs should provide at least four sessions on fathering and/or a separate program which focus on fathering for men who have completed the men's behavioural change program.
15. Consideration should be given to funding men's behavioural change programs which work with specific demographic cohorts including culturally diverse cohorts, younger men (18 -25 years)

and fathers in order to address the specific circumstances of these cohorts and to prevent family violence.

Intervention and behaviour change with violent adolescents

Question 16: If you or your organisation have been involved in observing or assessing approaches to behaviour change, tell us about any Australian or international research which may assist the Royal Commission. In particular, what does research indicate about the relative effectiveness of early intervention in producing positive outcomes?

Adolescent violence in the Home (AVITH)

Kildonan wishes to raise the importance of intervention with adolescents who use violence against parents and other family members. Intervening with this cohort provides a means to prevent the intergenerational transmission of violence, through engaging with offenders and challenging their attitudes, values and behaviours around the use of violence.

Adolescent Violence in the Home (AVITH) is a newly emerging issue across the developed and developing world. There is a paucity of research and limited data about its incidence and prevalence. Anecdotal data and crime statistics suggest it is increasing in Australia:

- Victorian police were called to 4,769 family violence incidents in 2010 and 7,682 in 2014 where an adolescent 10-19 years was an offender.
- The rate of call outs for offenders under 10 years is also increasing with 193 offenders over past four years aged under 10 years.
- Approximately 8% of all police family violence call outs in Victoria relate to an adolescent offender using violence against a partner, parent and/or siblings and other relatives.
- 16% of all intervention orders in 2013/14 were made against adolescents.

Agencies across Australia are raising the need for inclusion of this form of violence into early intervention and prevention responses to adult family violence. The Centre for Innovative Justice (2015) notes that AVITH is an emerging area of study and practice that needs far greater emphasis, both as a standalone subject and as a consideration in family violence policy.

AVITH has a gendered manifestation – the majority of victims are women (frequently sole mothers) and two thirds of offenders are male (Howard 2011). Male offenders have frequently experienced growing up in the context of family violence with their attitudes to women and behaviours reflecting those of their violent father's. Whilst not all male adolescents who experience adult family violence will grow up to use violence against their mothers, there seems a likely correlation. There is a higher risk that, without intervention, many will 'graduate' to the use of violence against intimate partners.

Male adolescents who use violence against their mothers are also likely to use it against siblings, particularly younger and/or female siblings. The victims of this male adolescent violence are therefore frequently victims of violence from not just their father. The offending behaviour is taken up when the parental relationship ends, this time by another family member. Women and children are re-traumatised by male adolescent violence in the home. Children may have experienced their father's violence only to have their brother 'step into' this role when their father leaves. A common Child Protection response is to remove the child victim (Howard 2009) however this does not address the male adolescent's violence nor support the mother's safety.

AVITH can result in severe impacts for parents; some are hospitalised. A recent parent consultation undertaken by Kildonan and Youth Justice with impacted parents highlighted the serious impacts of AVITH. This included physical injury, poor mental health (acute stress, depression and anxiety), economic and financial hardship (eviction because of damage caused to the home, costs of fixing damaged property and adolescents stealing/coercing their parents for money and consumer goods), and ongoing verbal and psychological abuse which impacts on other children. The parents reported there was nowhere to turn to for help. Parents reported that family violence agencies would not help parents where the violence was committed by a child, youth services would not act against what they considered were the adolescents' interests, and parenting services lacked the skill to respond to AVITH.

Lack of knowledge about the issue and lack of services that can respond, particularly in a whole of family approach, means these families fall through the gaps and adolescents continue to be unaccountable for their use of violence. If adolescent family violence was understood as a form of family violence and police L17s were issued where adolescent family violence occurred, families could get the support they require and adolescents could be linked into programs to stop their violence. At the same time involvement with the criminal justice system in AVITH should be a last, and not first, resort. Where at all possible, AVITH should be responded to therapeutically, rather than through a justice response.

In LGAs where adult family violence rates are high, so too are adolescent family violence rates and police are often at a loss of how to respond. Kildonan's work with families where an adolescent uses violence against family members, and in particular parents, has highlighted the need for greater consideration of how the criminal justice system and community sector respond. Kildonan has worked with members of Victoria Police in relation to training them to better understand the issue and respond.

Victoria Police have identified the challenges faced when they are called to a family home because of an adolescent's use of violence. Currently Victoria Police Family Violence Standing Orders only allow the use of Safety Notices to be issued when an offender is aged over the age of 18 years. Unless both parents and offender give permission, police cannot remove the offender from the family home. This leaves victims unsafe. Even if the offender agrees to leave the family home, and the parent gives permission there are few options available, other than emergency residential care (unless a family friend or relative agrees to have the offender).

There is a need to consider how police respond and how the service system can increase family safety. A research study on families where the adolescent used violence in the home and criminal justice involvement occurred as a result, revealed the most successful intervention (in terms of violence cessation) was when police took out an Intervention Order and the magistrate put counselling as a condition of the Order (The Last Resort, Howard, 2013). Parents reported that Intervention Orders alone were not enough to leverage change; family counselling was also required.

The Victorian government currently funds three programs to address adolescent violence in the home. It is important these programs are replicated to give greater support to Victorian families. The programs are strongly informed by the evidenced based US program Step Up and delivered across nine states in the USA. The program has been evaluated several times and found to support violence cessation, reduce adolescent recidivism, restore fractured family relationships and contribute to other positive outcomes for adolescents. The program is linked to the Youth Court which then refers to the Step Up program.

Whilst the Victorian government has funded three programs based on the Step Up model (in Frankston, Ballarat and Geelong) there is a need for more programs to support families to access support, training and capacity building in working with this issue and public awareness raising. Programs should be available in every Department of Health and Human Services catchment as a starting point.

Whilst there is a rightful focus on children as victims of family violence, there needs to be acknowledgement that children may be both victims and perpetrators/offenders or perpetrators. The majority of adolescent family violence perpetrators have themselves experienced adult family violence.

Further information on Step Up:

<http://www.justice.gov.uk/downloads/youth-justice/effective-practice-library/step-up-evaluation-commissioned-by-king-county.pdf>

[http://www.adfvc.unsw.edu.au/PDF%20files/Stakeholder Paper 11.pdf](http://www.adfvc.unsw.edu.au/PDF%20files/Stakeholder%20Paper%2011.pdf)

Recommendations:

16. Adolescent family violence must be recognised as a form of family violence and included in all family violence policy and legislation.
17. Government funding should be provided to support delivery of adolescent family violence programs which are family inclusive and work with parents, adolescents and siblings.
18. The relationship between adolescent family violence and adult family violence must be more clearly articulated including the inclusion of policy and practice guidelines for L17s made by police when adolescents are offenders/perpetrators.
19. The first response to adolescent violence in the home should be diversionary. An adult family violence response is not suitable to adolescent offenders and should be precluded wherever possible.
20. A clear referral pathway for L17s where adolescent family violence occurs should be developed and operationalised (from police/courts to the community sector). This will require funding of new Adolescent Family Violence programs across each Victorian catchment where none exist.
21. The family, youth, child protection and family violence sector require capacity building in how to best respond to impacted individuals and offenders in relation to Adolescent Family Violence.
22. Policy and protocol including Risk Assessment Tools (AVITH version of the Common Risk Assessment Framework used in adult family violence) and development of Practice Standards are required.

Further Discussion

Kildonan has chosen to focus our response to the Royal Commission into Family Violence in Victoria 2015 on what we consider the most pressing elements of the family violence system that critically need attention and concrete pathways forward to improving response and prevention.

Kildonan would be happy to meet with Royal Commission officers to explore any aspect of this submission or expand on our other topics based on our 132 years of experience working with vulnerable families.

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