Royal Commission
into Family Violence

WITNESS STATEMENT OF JACQUELINE MERRIL TUCKER

I, Jacqueline Merril Tucker, social worker, of 317-319 Barkly St, Footscray in the State of Victoria, say as follows:

1. I am authorised by Women's Health West (**WHW**) to make this statement on its behalf.

2. I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

3. WHW made a Submission to the Royal Commission into Family Violence on 29 May 2015. **Attached** to this statement and marked '[**JT-1**]' is a copy of 'Women's Health West Submission to the Royal Commission into Family Violence (Victoria)' dated 29 May 2015. I refer to and adopt that Submission (**Submission**).

4. I have been asked to comment on several matters, some of which have also been canvassed in the Statement.

Current role

5. I am currently employed as the Manager of Family Violence Services at WHW in Footscray. I am responsible for achieving the strategic objectives of the organisation by overseeing multiple program area activities including human resources, operational and financial objectives. I am responsible for a budget of over $3million and 45 staff members.

Background and qualifications

6. Between 1993 and 2003, I was a crisis worker and then the team leader at the Women's Domestic Violence Crisis Service, which has subsequently been re-named Safe Steps.

7. Between 2004 and 2006, I worked at the Department of Human Services (**DHS**). I worked within the homelessness portfolio, as family violence advisor during the DHS development of reforms to recommission family violence services.

8. Since 2006, I have worked in my current role at WHW.

9. I have the following qualifications:

   9.1. Bachelor Behavioural Science from La Trobe University;

   9.2. Graduate Diploma Applied Psychology from Swinburne University insert; and

   9.3. Diploma of Project Management from the Gordon Institute.

Women's Health West

10. Established in 1988, WHW has actively contributed to the delivery of a wide range of effective family violence services to women and children within the local government areas (**LGA**s) of Brimbank, Hobsons Bay, Maribyrnong, Melbourne, Melton, Moonee Valley and Whyndham. WHW work on the development and implementation of strategies to prevent, intervene and respond to the homelessness, ill-health, dislocation and trauma facing women and children who are facing family violence.

11. Our services are focused on primary prevention, early intervention and response strategies that improve outcomes for women's health, safety and wellbeing. WHW provides a range of different services to implement these strategies, including the following:

    11.1. The service has a crisis accommodation team, which assists women and children seeking safe refuge after incidents of family violence. We also manage a program named 'A Place to Call Home' which provides transitional housing that subsequently becomes a public housing property. This reduces the instability and insecurity of housing for women and children who become homeless as result of family violence.

    11.2. Our organisation manages a Family Violence Outreach Service, through which we provide outreach case management and 24 hour crisis outreach support to women in the community who have made the decision to leave their partner or who have experienced family violence. Our staff are highly skilled at undertaking appropriate risk assessment and risk management processes, crisis response and case planning processes to assist

vulnerable women and children. Women are referred to this service through the WHW intake service which responds to over 5,000 phone calls from the public annually. We also receive referrals from services such as Safe Steps.

11.3. In terms of assisting women graduating from the crisis support system into transitional or long term housing, we offer housing establishment services, children's counselling and group work programs. Our organisation has a client-centred approach to service delivery and outcomes that support women to take control over decisions in their own lives.

11.4. We have a health promotion, research and development program that plans and implements activities designed to promote women's health, safety and wellbeing across three priority areas - sexual and reproductive health, mental health, and prevention of violence against women. Through this program WHW leads an award winning 18-partner regional action plan for the prevention of violence against women titled 'Preventing Violence Together.

12. WHW has a very strong record of engaging in a partnership approach in working with other organisations within the western metropolitan region.

Integration of services and the regional integration process

13. The family violence system in Victoria has undoubtedly improved over the past several decades, but there is still capacity for strengthening the system through a comprehensive integration of support and mainstream services. Across the sector, there should be an emphasis on bringing together responses between specialist services, community based services, the police and the justice system.

14. WHW have built a foundation for this integration through initiating and maintaining relationships with services to who we refer, and who refer to us. We have developed robust partnerships with organisations to assist with the consistent provision of services to women and children in our region.

15. WHW forms part of the Western Integrated Family Violence Committee (**WIFVC**), which seeks to integrate services in the west to strengthen response and referral systems within the region. Leadership from Victoria Police, community-based agencies (including community health), local government and men's family violence services are among those included within the WIFVC. WHW believes that the WIFVC structures established in our region have been one of the most

important factors in improving a more systemic family violence approach. Through coordination and partnerships, our focus is to provide all women and children with appropriate family violence assistance and ongoing support.

16. The WIFVC have a strong record in successfully developing and implementing large scale complex projects, such as the Extreme Risk Client Strategy, which is a coordinated response to the immediate safety and welfare needs of women identified as being at risk of death or serious injury through extreme family violence. The first two years of the strategy have been fully evaluated, and the findings show the strategy met otherwise unmet needs, and prevented the death or serious injury of all 16 women who engaged with the strategy.

17. WHW is the lead agency for the Western Integrated Family Violence Partnership (**WIFVP**). The partnership is designed to enhance integration and innovation at a regional level to ensure safety for women and children. We aim to improve service delivery for women and children experiencing family violence through specific collaboration among the five partner agencies involved: Women's Health West, cohealth Community Health Centre, McAuley Community Services for Women, MacKillop Family Services, Elizabeth Morgan House and inTouch Multicultural Centre Against Family Violence. This allows seamless service delivery for women and children among our services. We also work to identify other agencies to include in the partnership to further enhance service delivery.

18. WHW place-bases family violence outreach case managers and children's counsellors across the western metropolitan region to enhance accessibility to services. This assists us to develop links and referral pathways with the multiplicity of agencies involved in the family violence service delivery system. This is further enhanced by active participation in a range of networks including Western Think Child, Local Area Service Network, Women's Health Association of Victoria and others.

19. WHW is the lead agency for Preventing Violence Together (**PVT**), Victoria's first collaboratively-developed, inter-sectoral regional action plan and partnership dedicated specifically to the primary prevention of violence against women. The partnership provides a promising model for prevention work in Victoria, with a commitment to a long-term, inter-sectoral, and resourced approach to preventing violence against women. The agency works by redressing the factors that cause and maintain the conditions under which violence against women continues – namely, gender inequality. This approach maximises state government efforts to prevent violence against women in two ways. Firstly, by supporting the delivery of

effective and tailored prevention strategies at the local level in multiple settings, including schools, sporting clubs, workplaces and diverse community groups. Secondly, by collaborating with every women's health service across Victoria through a centrally-led community of practice that shares skills, knowledge and expertise in primary prevention of violence against women. This community of practice supports locally-tailored action plans in every region in Victoria, led by regional women's health service organisations who have specific expertise in developing, implementing and evaluating primary prevention strategies in tandem with their communities.

20. WHW's suite of programs and services form a unique model of collaboration from primary prevention, to early intervention, through to response to violence against women and children, with staff learning from and drawing on their client's, communities and each other's knowledge and expertise about what constitutes effective and integrated approaches.

Family Violence and Victoria Police Form L17

21. The Victoria Police form L17 (Family Violence Risk Assessment and Referral) is the form that is completed by Victoria Police for every family violence incident they attend. It functions as both the police report for family violence and the referral mechanism to specialist family violence services such as WHW.

22. The L17 form facilitates a valuable process, as it assists in connecting vulnerable women with support services. Many of those women would not approach services themselves and the police referral gives them a chance to know what is available to them. At WHW, we have identified that, subsequent to experiencing family violence, some women decline the support services they are offered. However, even when woman do not wish to engage with support services initially, the L17 can be the start of a process of engagement. This is particularly the case when the police attend one woman who is the subject of family violence multiple times and we can gently challenge her about the violence and repeat attendance of police and continue to explore her options, and offer services and support.

23. Getting a phone call from us tells the woman "we know what happened, and we care about you. We know, and we are here. If you need us, we are here." And that is really important. Even if she declines help at this stage, she knows we are there and that someone knows what is going on in her home. It doesn't matter how much she denies it at this moment or how much her fear or humiliation keeps her from acknowledging violence in her home - it is about the seed that grows.

Twelve months, six months, two months or a week later, she may be ready to accept our help.

24. As noted in the Submission, the number of family violence referrals, including L17 referrals, has increased significantly over the 2013 – 2014 period, which means demand for family violence services is currently substantially higher that it has been in the past. We have between 750 and 900 L17 referrals per month and have had a 36 percent increase in L17 referrals in 2015, on top of a 54 percent increase in 2014. I keep thinking we will reach peak numbers but it just keeps increasing.

25. From our experience, the reason for the significant increase in the number of L17 forms is that there is a net increase in call-outs to police. From the increased demand comes increased referrals as women become more aware of their rights to be free from violence and the supports that are available to them. Increased demand on police services is therefore a sign of progress. What we don't know, is whether violence against women is also increasing – there is no data that allows us to gauge that.

26. There are three dedicated WHW staff to process all L17 referrals we receive. The WHW family violence services are not formally funded to assist with dealing with L17s.

27. WHW does not receive targeted funding for its work responding to L17s. We use our family violence case management funding to support L17 response. At first our intake service managed the L17 response. However, in 2012, as numbers grew and public access to our service reduced, we implemented a 24 hour crisis service to respond to L17s and provide crisis face to face response during business hours. This complements our existing afterhours crisis response service. As someone who was part of the process for consultation leading to the 2004 police Code of Practice, I can say, that although we knew there might be an increase in reports following the implementation of the Code, we believed that specialist family violence services could manage the referrals without extra resources. It was not the fault of police, DHHS or family violence services; we simply did not understand how the police change of culture, of them becoming champions in this space, would affect demand. We thought police might end up responding to 25,000 incidents, but they now respond to 65,000.

WHW L17 triage response

28. When WHW receive an L17 referral, where possible, we make contact with the subject of the L17 within 24 hours. WHW keep records of the contacts that we make so that even if the contact is not successful, we retain a record of the attempt to contact. We also check whether we have made previous contact, attempts to contact or whether the woman has requested that they do not wish to be contacted.

29. The records provide information about whether the affected woman has attended our intake service, or phoned our telephone service, and if she has, what services we were able to provide her. This indicates to us the kinds of further services she may require. This system assists us in providing the most appropriate support, as a conversation with a woman who has contacted the service is very different to a conversation with someone whom we contact for the first time. It allows us to tailor our services to best assist woman and children who are affected by family violence.

30. Additionally, it enables us to track trends and monitor vulnerable women and children to assist with further strategic planning within the region.

31. When WHW sends an email to the relevant referral services to connect the subject of an L17 to appropriate support, we copy the officer who issued the L17. If the incident has been misidentified, for example, if the victim has been identified as the perpetrator, we send the L17 back to the police for amendment and re-issue.

Information sharing

32. Ideally, there would be an integrated system of information sharing between family violence services and the police. Provisions exist under various pieces of legislation for information sharing in instances where there may be a threat to life, health, safety or welfare, but there are circumstances when there is not an immediate threat where information sharing would be beneficial.

33. There are complexities to information sharing principles, in that clients have a right to privacy. However, information sharing in an integrated family violence system, if handled sensitively, could prove a positive benefit for victims of family violence.

34. We are, for example, quite restricted regarding information on the perpetrator, and the information we do obtain is purely based on the dialogue from the police about the family violence situation. This has the potential to place our client at risk, as the offender may not have been charged or may have been bailed.

Initial police response and treatment of L17s

35. The initial police response to an incident of family violence requires them to assess and code the level of risk to the aggrieved family member. There are L17 codes that indicate the seriousness of the risk to the victim, ranging from high risk, which may be a risk of imminent injury or death, to lower risk, where the behaviour may be a verbal argument. There is capacity for improvement in the way L17s are assessed in terms of risk.

36. WHW triage L17 responses determined upon how they have been coded by the issuing police officer. In some instances, the coding can be unhelpful for triaging as the officer will have assessed the victim to be at a very low level of risk. The most serious cases of family violence are given priority over cases that the police consider carry less risk. This excludes the escalating nature of family violence, where it is a rare occurrence that an extreme act of family violence is the first incident. Violent behaviour is likely to progress over time, so the cases that are not prioritised may progress to high risk situations if support and follow up services are not provided.

37. Ideally we would provide early intervention in cases that are coded as low risk on the L17 by the police officer, but we no longer have the resources to assist all victims of family violence with the same level of urgency given the increase in demand without comparable levels of funding. Regardless of the level of risk identified by the police, if there has been a family violence incident, it is desirable that a rapid referral be made to support services, whether it is at crisis point or whether it is much earlier in the escalation process.

38. I believe that there is an unevenness across the workforce in how police have understandings of, and respond to, family violence. My experience is that when a woman is referred to us through the L17 process as a respondent, they are most likely to have used violence as self-defence, and are in fact the primary victim of a perpetrator. Development of skills training programs are required for police in identifying primary victims and primary perpetrators of family violence incidents. Sometimes the woman has become so distressed that she can’t express herself well to the police when they attend and if the perpetrator plays the ‘mate card’ in dealing with police, it will be easy for him to portray himself as the reasonable one and her as the acting out. This is especially relevant when police attend and the woman does not speak English and perhaps her expression of anguish is culturally different. Police need to improve their capacity to read the situation and distinguish the different parties to the incident.

39. We do recognise that there are instances when a victim of family violence contacts 000 and the police simply do not have capacity to attend in a timely manner. This is not through any lack of interest on the part of the officers, but is simply a matter of a lack of resourcing. It is critical that instances of family violence are dealt with immediately, as there is an enormous bravery on the part of a woman to dial an emergency line, and the response should be rapid and appropriate to the situation. Ideally, there would be more police officers and resources in areas reporting high instances of family violence who are properly trained in dealing with family violence, including an accurate referral method.

40. We've particularly noticed an increase in the willingness of police to seek to remand perpetrators of family violence. However, remand is dependent upon the bail justice system, and ultimately, on the presiding magistrate. While this system is frustrating, in this instance, the frustration is about the broader justice system, rather than the police response.

41. I also think that the police need to focus more on responding to incidents as potential crime scenes. They need to turn up ready to collect evidence. Every police van should have an evidence kit that includes a digital camera. This would allow them to collect evidence at the scene and take pictures of the victim, as well as any property damage. This evidence should be retained even if the criminal charges do not progress, much like evidence is collected for sexual assault. The police need to think about *how* they interview her when they interview her; they need to focus on their core duty of the prosecution of offenders who commit criminal acts. The whole point of the referral process is that they are passing responsibility for that woman's support and risk assessment to us. Instead of ringing her up to offer support they should be getting on with investigating her reports of criminal acts and breaches of any potential orders that may be in place. They have passed responsibility for managing the woman's risk to the family violence response service, so WHW undertake the full risk assessment and safety planning. The police keep responsibility for the investigation and the criminal law processes.

42. There can also be a variety of police practices across Melbourne depending on who is in charge at a particular police station. The culture of a police station is absolutely dependent on the senior sergeant/s, and much of the police cultural change can be attributed to them. We still sometimes experience a dramatic reversal of police attitudes following a change in the senior sergeant. More training is required to capture middle management ranks and senior command

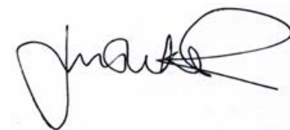
and support them in their role as key drivers of organisational cultural change – much like Ken Lay began.

Recent Police Family Violence Initiative in the Western Metropolitan Region

43. A number of police initiatives have been developed and implemented without adequate consultation with specialist family violence service partners. This approach, coupled with limited resources, is in danger of duplicating existing work without evidence that the approach is effective. One example is the placement of a forensic psychologist within Footscray police family violence unit whose role is to visit families with the police after an incident to undertake risk assessment and safety management.

44. The purpose of the assessments are unclear and the initiative does not link with existing service system. This could place women and their children at greater risk given services are not wrapped around the family.

45. A major challenge in the western metropolitan area is limited police resources to cover ever expanding population and geographical service area growth. WHW has received multiple accounts from women that when they phone for emergency assistance, the police have either not turned up or arrived a considerable amount of time after calling 000. Limited resources often lead to multiple points of prioritisation before the women receive an emergency response – firstly, via 000, and secondly via the police station whose role it is to allocate resources (police van). The western metropolitan region has had an extreme risk response in place since 2008, and expect the RAMP to be operational by the end of 2015. WHW has a proven track record in responding to extreme and high risk clients in collaboration with Victoria Police and other partners. However, the system's capacity to respond to women at medium to low risk is overstretched or non-existent. It is imperative to determine how to respond to that group of women as an early intervention strategy, rather than waiting until the violence escalates and they are at extreme risk.



Jacqueline Merril Tucker

Dated: 27 July 2015