



Royal Commission
into Family Violence

WITNESS STATEMENT OF LINDA SOPHIE GYORKI

I, Linda Sophie Gyorki, Senior Project Manager and Lawyer, Inner Melbourne Community Legal of 2/508 Queensberry Street, North Melbourne, in the State of Victoria, say as follows:

1. I am authorised by Inner Melbourne Community Legal (**IMCL**) to make this statement on its behalf.
2. I refer to and rely on IMCL's submission to the Royal Commission into Family Violence (**Royal Commission**) which includes seven recommendations in response to the Royal Commission's Issues Paper. A copy of the submission is attached to this statement and marked "**LG-1**".
3. 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.

Inner Melbourne Community Legal

4. Established in 1978, IMCL is a not-for-profit community organisation that provides free legal assistance, education and advocacy to marginalised people in the City of Melbourne area, which includes North Melbourne, West Melbourne, the Central Business District, Carlton, Parkville and the Docklands.
5. IMCL has provided significant legal assistance and casework services to victims/survivors and others impacted by family violence. In recent years, approximately 20 per cent of clients assisted by IMCL have been affected by family violence. Legal issues surrounding family violence make up a rapidly increasing portion of the casework and legal advice that IMCL provides to its clients, growing by over 200 per cent from 2011/2012 to 2013/2014. Victims/survivors of family violence often have multiple and complex legal issues and accordingly, legal cases involving family violence are often the most intensive matters worked on by lawyers at IMCL.
6. IMCL partners with hospitals and community organisations to provide a holistic, multi-disciplinary response to assist victims/survivors of family violence by providing

legal intervention alongside health, social and welfare intervention. IMCL recognises that health-care providers are the major professional group women trust with disclosures of violence and by providing a direct referral pathway from health-care providers to the legal service, it is hoped that patients will be provided with wraparound care based on a holistic model of service delivery.

7. One of IMCL's partnerships is known as the Acting on the Warning Signs project which is a Health-Justice Partnership between IMCL and The Royal Women's hospital (**The Women's**). The project involves building the capacity and willingness of health professionals to identify and respond to family violence and to provide basic information to patients on family violence complemented by a range of health, legal and social welfare assistance at the hospital site.

Current role

8. I am a Senior Project Manager and Lawyer at IMCL. I commenced working at IMCL in August 2012, initially in the position of Project Manager and Lawyer and then as a Senior Project Manager and Lawyer.
9. As part of my role, I am responsible for managing IMCL's Health-Justice Partnerships, including partnerships with the Royal Children's Hospital, Inner West Area Mental Health Service and the Royal Women's Hospital. My specific responsibilities include coordinating, developing and driving IMCL's Health-Justice Partnerships including policy work, training and education, law reform, relationships with funders and law firms and the strategic direction of IMCL's Health-Justice Partnership work; providing legal advice and casework assistance to patients at the hospital-sites; developing and delivering training packages for health professionals at the Women's in relation to family violence; overseeing the evaluation of IMCL's Health-Justice Partnerships and supervising some IMCL lawyers, secondees and volunteers in relation to IMCL's Health-Justice Partnership work.

Background and qualifications

10. Prior to commencing at IMCL, my professional experience included working as an Australian Youth Ambassador for Development with the Judiciary in the Pacific-Island nation of Kiribati and working as a solicitor at Ryan Carlisle Thomas Lawyers.
11. In 2013, I was awarded a Churchill Fellowship to research the provision of legal services in health-care settings. During my fellowship, I travelled to the United

States, United Kingdom and Canada and visited several legal services engaged in multi-disciplinary work in a health-care setting. My report considered a range of practical and ethical barriers which may arise during the implementation of this model of service delivery, and made several recommendations addressed at implementing a more integrated model of service delivery in a health-care setting. Attached to this statement and marked "LG-2" is a copy of my Churchill Fellowship report entitled "Breaking down the silos: Overcoming the Practical and Ethical Barriers of Integrating Legal Assistance in a Healthcare Setting."

12. I hold a Bachelor of Laws (Hons) and a Bachelor of Arts (Hons) both from Monash University and was admitted to practice in 2009.

Acting on the Warning Signs project

13. According to IMCL's database, between 1 January 2003 and 1 October 2011, IMCL provided 63 instances of advice on-site at the Women's. In 2011, IMCL and the Women's engaged in discussions to extend this service and a joint submission was subsequently made to the Legal Services Board major grants program seeking funding for the Acting on the Warning Signs project. The funding was granted, and an initial two year pilot of the program commenced in October 2011. The project received further funding from the Legal Services Board in 2013 and funding will expire in July 2016. Between 2 October 2011 and 1 August 2015, IMCL has provided over 260 instances of advice to patients on-site at the Women's. This does not include a significant number of secondary legal consultations provided to hospital staff, and in particular social workers in relation to legal issues that their patients are facing.
14. There are three key components of the Acting on the Warning Signs project:
- 14.1. providing training to frontline health professionals at the Women's about identifying and responding to family violence;
 - 14.2. providing an onsite legal service; and
 - 14.3. Evaluating the project.

I discuss each of these components further below.

Training health professionals

15. In order to provide a multi-disciplinary model of care for women experiencing violence, it is critical that the frontline health professionals to whom disclosures of violence are often made are provided with adequate and appropriate skills to identify violence, respond to disclosures and refer appropriately.
16. To address this, IMCL and the Women's have developed two different training modules; one for all staff at the Women's and one specifically aimed at doctors. Since August 2012, the Acting on the Warning Signs project has provided training to 219 health professionals including 27 doctors at the Women's.
17. A full-day study day is aimed at providing training for all hospital staff. Nurses, midwives, social workers, allied health workers and other staff members of the Women's are all welcome to attend. The training runs for a full day, from 8.30am until 5pm. Since October 2011, we have held ten such full-day study days at the Women's.
18. The full-day study day is modelled on a multi-disciplinary approach and includes presentations from a variety of perspectives. Social workers from The Women's present about the emotional and social warning signs of family violence, how to respond to disclosures of family violence, how to validate disclosures of family violence and how to make appropriate referrals. The manager of clinical education and a midwife present about the many clinical warning signs of family violence and how these warning signs should prompt clinical staff to ask patients if they are safe at home. Further, Victoria Police present about police responses to family violence; Corporate Counsel from The Women's explains when staff are mandated to report and what notes should be recorded in a patient's medical record; and Human Resources presents about self-care for staff. I present about the aims of the project, the multi-disciplinary model, the role of the law in protecting and supporting women including the legal responses to family violence and intervention as well as the on-site legal service available to patients at the Women's. In the past, the Aboriginal Family Violence Prevention and Legal Service has also presented about cultural sensitivity towards Aboriginal or Torres Strait Islander women who have experienced family violence. Each study day is either formally opened or closed by the Executive Director of Clinical Operations at the Women's.

19. The training session that has been specifically developed for doctors at the Women's is a 90-minute twilight session. It includes presentations from a social worker, a doctor, Corporate Counsel and myself. In addition, there is a 30 minute question and answer session with all the presenters as well as two senior medical staff from The Women's about how to respond to disclosures of violence. We recognise that it is important to provide a separate training session for doctors because firstly, often doctors do not have the time to attend a full day training session, and secondly, because it is important to have training for doctors which is facilitated by doctors. The training that is aimed at doctors receives continuing professional development points from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, and has recently also received accreditation from the Australian and New Zealand College of Anaesthetists and the Australasian College of Emergency Medicine. Participants of continuing professional development programs of the Royal Australian and New Zealand College of Psychiatrists and the Royal Australian College of Physicians may determine whether the information session has been relevant to their scope of practice and claim professional development points for their attendance.
20. A concern amongst health professionals participating in the training is that they may 'say the wrong thing' and possibly alienate the woman who is disclosing violence. Some health professionals have told us that they are not sure what to say to a woman who discloses violence, and are unsure what referrals to make for women experiencing violence. One aspect of the training that has been well-received is the role playing, where we encourage the clinicians to practice the language so they know how to respond to a disclosure of violence. In some cases, health professionals are unaware of the legal service onsite at The Women's until they attend the training. Providing the training means that health professionals know what the on-site and off-site referral options are for their patients who are experiencing violence.
21. The Acting on the Warning Signs project was subject to an external evaluation by a team at the University of Melbourne led by Professors Kelsey Hegarty and Cathy Humphreys. A copy of the final evaluation report dated August 2014 is attached to this statement as a confidential annexure and marked "LG-3". With respect to training, the evaluation report found that the training had "significantly improved health professional's self-reported knowledge of family violence and common presenting symptoms of family violence. There was also a significant improvement

in their self-reported confidence in having sufficient knowledge and skills to respond to women experiencing family violence and to refer.” Further, all of the 67 health professionals who responded to the survey felt that they were able to help or knew what to do if they had a patient with family violence and after training, 90 per cent (compared to 66 per cent prior to the training) understood the role of lawyers in a hospital setting. The evaluation also showed a notable increase in total referrals to the IMCL legal service following the training including both family violence and non-family violence related clients.

Legal advice

22. IMCL initially provided legal services onsite once a week as part of the Acting on the Warning Signs project. The project has since received renewed funding by the Legal Services Board and IMCL is now onsite at The Women’s five times a fortnight. IMCL has capacity to see four clients on Tuesday afternoons, two clients on Thursday mornings and every second week we attend the Women’s Alcohol and Drug Service clinic (**WADS**). WADS is the only state-wide drug and alcohol service providing specialist clinical services to pregnant women with complex substance use dependence. During the WADS Clinic, IMCL provide services from the WADS clinic. This means that in one corridor, there are a number of different professionals including an obstetrician, a psychologist, a midwife, a social worker, a dietician and a number of others enabling patients to access a range of different professionals in the one corridor at the one time. The legal service on Tuesdays and Thursday operates from an office in the social work department.
23. The legal service provided as part of the Acting on the Warning Signs project is a generalist service and provides advice to patients in a range of areas of law. It does not exclusively provide advice to victim/survivors of family violence. However, about 62 per cent of clients seen at the Women’s since 2009 have indicated that they are at risk of family violence. Many of the legal issues that arise relate to family law and family violence however IMCL also provides legal advice about debts, infringements, housing, employment law, victims of crime assistance, Centrelink, consumer disputes and child protection. The most common client scenario that we see at the Women’s comprises of a pregnant woman seeking advice about her options in relation to child support, childbirth maintenance, parenting, divorce, parentage testing, relocations and/or birth certificates. Often the client may also be experiencing family violence so we give the client advice regarding making an

application for a family violence intervention order and often also in relation to an application to the Victims of Crime Assistance Tribunal.

24. Research shows that women who are chronically abused might not be able to safely access legal services, as it might not be safe for them to search the internet for a lawyer's telephone number, call a lawyer or visit a legal centre if their internet usage or phones are being monitored. The benefit of the legal service we provide is that women are able to seek legal advice within the safety of the hospital. We do not provide legal advice to women with their partners, and will only provide legal advice with a family member, friend or support person present once we have had an initial discussion in private with the client thereby providing an opportunity for clients to disclose if they are experiencing violence and to seek help. This provides clients with an opportunity to disclose family violence even if their partner is nearby. I have had clients ask me to contact refuges with them so that they can consider their options. The legal service provides a pathway for women to connect with family violence services without directly contacting a domestic violence service or an external legal service.
25. The legal service assists a large number of women who do not speak English. We use telephone interpreters rather than The Women's onsite interpreting service. There are times when a client would prefer not to use an interpreter because in certain languages, there are a small pool of interpreters which causes some women to fear that their partner may discover the nature of the consultation. We do not ask friends or family to interpret for clients.
26. Since the Acting on the Warning Signs project began, IMCL has provided over 260 instances of legal advice on-site at the Women's. The evaluation of the project found that "the co-location of a regular and consistent legal practitioner within social work appears to be the mechanism that led to increased awareness and accessibility for social workers to refer women to this service." The evaluation further found that "seven of the eight women [who attended the legal service and completed a survey] believed that receiving legal advice had a positive impact upon their psychological and emotional health immediately during or after the consultation."
27. The on-site legal service is also complemented by a secondary consultation service provided by IMCL lawyers to all staff at the Women's. The secondary consultation service involves IMCL lawyers providing general information about the law and legal

options to Women's staff for the purposes of the staff member helping a patient identify legal problems, possible legal options to explore and options for legal assistance. Staff at The Women's can call IMCL during business hours and discuss legal issues that their patients may be facing with a view to determining whether the staff member can provide information to the patient immediately without the need for a referral to a lawyer. If legal advice is required, then the staff member can make an appointment for the patient to see a lawyer from IMCL. The majority of referrals to the on-site legal service come from social workers however we also receive referrals from doctors, midwives, nurses and physiotherapists. Inpatients and outpatients can also make an appointment themselves by calling IMCL or they can drop-in to the IMCL office at the Women's during clinic times.

28. As part of the Project, we have developed posters which have a pictorial depiction of family violence on display in waiting areas and other public areas of the hospital. The posters include the telephone number for the legal service and the social work department, as well as other off-site support services. The posters have been translated into a range of different languages. We have also produced note pads for clinicians which also include the pictorial definition of family violence, statistics around family violence and the phone numbers for the legal service and the social work department. The notepad serves two functions; it is an educational tool for hospital staff and a leaf of the notepad can also be torn off and provided to a patient who discloses family violence. Sticky notes for clinicians have also been developed with the phone numbers of the legal service and the social work department. The slogan on these resources is "Did you know that your relationship can affect your health? Everyone has the right to feel safe at home". A copy of the poster is attached to this statement and marked "LG-4".

Integration of the legal service within The Women's

29. IMCL and the Women's have worked hard to ensure that the legal service is well integrated within The Women's. IMCL works very closely with the social work department. When we see a client at The Women's, we open a file which becomes a file of IMCL. We take the file back to IMCL and it is up to the client whether she prefers to see us again at The Women's, or at IMCL's offices.
30. We maintain the link with the social work department, if the client provides consent for us to do so. If the client presents with a legal problem that we can't assist with, then we try and link her in to other services. We have a number of relationships

with large law firms who assist us on a pro bono basis so that we can provide as holistic a model of care as possible and we endeavour to provide warm referrals to these firms so that patients can access advice in a range of areas of law whenever possible. We aim to do this in order to minimise clients being put on a referral roundabout.

31. One of the challenges we have encountered are information sharing barriers. As lawyers, it can be difficult to become fully integrated in to the care team because we must prioritise client confidentiality. We now routinely seek consent from clients to provide information to the referring clinician as to whether or not they attended the appointment and whether or not the legal service could provide assistance. If we need to discuss a particular client's situation with a staff member at the Women's we seek further written consent from the client and disclose information if it is in the client's best interests to do so.

Opportunities for improvement

32. Based on my experience managing the Acting on the Warning Signs project, I believe the project could be improved by:

32.1. Employing a full-time lawyer onsite at The Women's. This would allow the lawyer to be more fully integrated into the hospital team. It would also mean that patients and clinicians would not be required to remember the lawyer's clinic times and that patients could drop in to the legal service at any time during business hours. This would also allow for increased recognition of the importance of legal services as a necessary intervention in a holistic model of care. The lawyer should still be affiliated with a community legal centre so they have support from colleagues, retain their independence from the hospital and are able to access the risk management and other legal practice management policies and procedures in place at the relevant community legal centre. A fantastic example of a Health-Justice Partnership that I saw overseas during my Churchill Fellowship was at the Hospital for Sick Kids in Toronto, Canada. They had a lawyer onsite for four days a week who was located within the social work department. The lawyer was integrated as part of the care team, and had a significant number of referrals as a result of her on-site presence;

- 32.2. Funding for a longitudinal study to show the impact of Health-Justice Partnerships and in particular the impact of legal, health and social interventions being provided in one setting for victim/survivors of family violence. The research should measure the health, social and financial impacts of legal intervention in a health-care setting. By conducting longitudinal research, the impact on the lives of victim/survivors could be measured;
- 32.3. Mandatory, multi-disciplinary training addressing family violence for:
- 32.3.1. all health professionals to build their capacity to identify and respond to disclosures of family violence; and
- 32.3.2. All students undertaking tertiary degrees in law, medicine, social work, nursing, midwifery and other tertiary degrees where students may later work with victims/survivors of family violence; and
- 32.4 The development of policy guidelines to provide increased clarity and guidance around overcoming the practical and ethical barriers for integrating legal assistance into health-care settings for those seeking to develop such partnerships.



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Linda Sophie Gyorki

Dated: 10 August 2015