

ATTACHMENT "RS-1"

This is the attachment marked "**RS-1**" referred to in the witness statement of Robyn Springall dated 20 July 2015.



VincentCare
Victoria

Submission to the Victorian Royal Commission into Family Violence

May 2015



INTRODUCTION

An overview of VincentCare Victoria

VincentCare Victoria is a charitable entity whose sole shareholder is the St. Vincent de Paul Society in Victoria (also known as 'Vinnies'). VincentCare was established in 2003 to manage a diverse portfolio of services that dates back to 1953. Today, VincentCare Victoria's (VCV) core strategic mission is focused on homelessness and homelessness risk. Built around this are specialist services in homelessness and rehousing, community and residential aged care, alcohol and drug treatment, trauma and mental health, family violence, disability and youth support. Our responses include direct services with individuals and groups of people as well as building capability into local communities.

VincentCare Community Housing is a registered housing provider, and a wholly controlled entity of VincentCare Victoria. VincentCare Victoria uses VincentCare Community Housing as its registered housing provider vehicle for residential property ownership, stewardship and tenancy and property management. VincentCare Victoria manages over 215 crisis, transitional and long term accommodation units on behalf of the Victorian Department of Health and Human Services. It owns a further 63 Independent Living units targeted to adults aged 55 years and older. The occupants of our various owned and managed housing stock include a variety of groups across all age cohorts and through which VincentCare is able to address a range of housing needs in response to the different drivers for disadvantage and vulnerability including homelessness.

VincentCare Victoria operates two family violence services. Marian Community, which is based in Shepparton, provides regional family violence support, crisis accommodation and a 24 hour crisis response for north-central and north-eastern Victoria. VincentCare also operates Olive's Place, a purpose built refuge located in and serving the needs of female family violence victims and their children in Melbourne's Southern Metropolitan region.

VincentCare works with the deep complexity of human experience of people who live on the margins of our community. At our Inner Melbourne Community Hub a well-known homelessness drop in centre, Ozanam Community Centre, sees approximately 200 people each weekday in response to homelessness and homelessness risk. Ozanam House is a 59 bed homelessness crisis accommodation unit for men that also provides extensive support and early intervention in response to the complex issues that see men using our crisis accommodation.

One fifth of the drop-in centre users who attend for meals, primary health services, welfare, homelessness and housing support are rough sleepers and one third are women. These women are often middle aged and older and have also experienced and endured family and relationship violence as the means to avoid sexual violence on the streets or in marginal housing such as rooming and boarding houses

Many of the men and women who come through these services and programs have extensive experiences of trauma, mental health and alcohol and drug disorders as well as institutional histories in orphanages, psychiatric hospitals, youth training centres and other justice and corrections facilities.

An extensive research project in which we partnered from 2012 to 2014, the Trauma and Homelessness Initiative¹ examined the relationship between long term homelessness and trauma. It confirmed the high prevalence rate of trauma that has been experienced by people who experience chronic or repeated homelessness. The study found that most participants (91%) first experienced trauma in childhood and either have been the victim, experiencing physical abuse (34%) and /or sexual abuse (30%), or have witnessed other people experiencing abuse including family violence (57%)².

VincentCare's experience in frontline family services informs VincentCare Victoria's submission to the Royal Commission into Family Violence with a deep concern for the immediate plight of victims of family violence, mainly women and their children. At the same time, our enormous depth of experience working with those people who carry enduring psychological scars of the impacts of family violence that they experienced early in life underpins our view that substantial responses need to be made to prevent this longer term damage.

¹ O'Donnell, M., Varker, T., Cash, R., Armstrong, R., Di Censo, L., Zanatta, P., Murnane, A., Brophy, L., & Phelps, A. (2014). The Trauma and Homelessness Initiative. Report prepared by the Australian Centre for Posttraumatic Mental Health in collaboration with Sacred Heart Mission, Mind Australia, Inner SouthCommunity Health and VincentCare Victoria.

² 57% had Witnessed someone being badly injured or killed on average 4.15 times and at a mean age of 17.7 years.

SUMMARY OF RECOMMENDATIONS

Recommendation 1: *VincentCare Victoria recommends that the Victorian Government pilot and develop an adjunct program as part of Family Violence Services that provides funding packages to deliver Trauma Informed supportive, restorative and therapeutic service delivery for child victims of family violence.*

Recommendation 2: *VincentCare Victoria recommends that Transitional Housing is maintained and strengthened to protect women and their children who are escaping family violence from the damaging experience of homelessness.*

Recommendation 3: *VincentCare recommends that a specific housing response is created that ensures there is a supply of suitable single adult accommodation accessible in all regions which perpetrators can be advised to use upon being ordered to leave the family home.*

Recommendation 4: *VincentCare recommends stronger implementation of the new Code of Practice for the Investigation of Family Violence to increase support and protection for women and children to remain in their own homes and communities by issuing increasing numbers of Family Violence Safety Notices to have the perpetrator removed from the home.*

Recommendation 5: *VincentCare Victoria recommends that the Victorian Government implements a mainstream rollout and ongoing program of personal alarms, such as B-Safe, for any family violence victim who requires one.*

Recommendation 6: *VincentCare recommends that this Royal Commission carefully reviews the laws, regulations, police and court practices that form the current framework of response to breaches of Family Violence Intervention Orders to ensure the desired deterrent effect.*

Recommendation 7: *VincentCare Victoria recommends that the Victorian State Government pursue greater alignment and cooperation of family violence and family law responses across legal jurisdictions, through the Council of Australian Governments.*

Recommendation 8: *VincentCare Victoria recommends that there is a specific response strategy developed for family violence and culturally and linguistically diverse communities which includes community education and building greater capacity for family violence services to provide more culturally safe services and environments.*

Recommendation 9: *VincentCare recommends that a Rural Family Violence Strategy be developed to address the specific issues faced by women and children who live in rural communities and experience family violence.*

Recommendation 10: *VincentCare Victoria recommends that a Family Violence Therapeutic Management Program that legally mandates the treatment of perpetrators be established in Victoria.*

THE KEY AREAS FOR SUBMISSION TO THE ROYAL COMMISSION

The scope of the Royal Commission into Family Violence is to seek information and expertise from anyone directly affected by family violence from individuals and organisations that come into contact with people affected by family violence. There are many aspects to family violence that could be addressed in a submission. VincentCare has mainly chosen to focus this submission on areas of its expertise in housing and homelessness, as well as specific experiences that relate our own family violence services, but not necessarily to all family violence services.

It also needs to be said that men are sometimes victims of family violence and women can be the perpetrators. For the most part in this submission, reference is made to a woman and her children as the victims and a man as the perpetrator. It can be taken as implied that the gender roles sometimes occur in reverse.

1. Family Violence and Homelessness – a double disadvantage for all victims.

From the perspective of an organisation whose core strategic mission is focussed on homelessness, VincentCare continues to be disturbed by the intransigent statistic that sees family violence as the leading primary reason, across Australia, for people seeking assistance from homelessness services. Nationally, this comprised 25%, 23% and 24% of all people seeking assistance in 2011-12, 2012-13 and 2013-14, respectively, according to published AIHW data³.

VincentCare cannot overemphasise the additional trauma and harm experienced by women and children, who not only have been directly abused and/or witnessed abuse, but who also become homeless in many circumstances when they seek to escape the violence. The losses and harms are enormous. When women and their children cannot obtain refuge in an appropriate dwelling, or with close family or friends, they risk further harms sleeping in cars or in public accommodation such as rooming houses, budget hotels and caravan parks. In these settings they cannot re-establish normal family routines. In motels, a parent is often unable to prepare basic meals and the family resorts to eating expensive and unhealthy takeaway foods.

In a consultation with its service users, VincentCare was told that children experiencing family violence experience major disruptions to their lives, commencing with the witnessing of violence, the breakdown of parental relations, the loss of a family home, displacement from usual surroundings and disruption to and relocation of schooling with subsequent loss of friends. Family violence, in short, has multiple harmful impacts on children. School refusal, separation anxiety and psychosomatic symptoms then require major parental support from the remaining parent who themselves are struggling to cope with the violence and abuse that they have experienced.

³ Australian Institute of Health and Welfare 2014. Specialist homelessness services: 2013–2014. Cat. no. HOU 276. Canberra: AIHW.

Recommendation 1: *VincentCare recommends that the Victorian Government pilot and develop an adjunct program as part of Family Violence Services that provides funding packages to deliver Trauma informed supportive, restorative and therapeutic service delivery for child victims of family violence.*

In this scenario women (more generally) are trying to establish themselves economically. However, the need to provide support for their children prevents them from actively seeking work. To add to this, women are generally trying to rebuild the foundations of material survival commencing with immediate shelter, but extending to social security benefits and the complexity of separating financial matters in relation to banking, taxation and family business affairs. The perpetrator remains, often, in an advantageous position without the responsibility for the immediate needs of the children and continuing to enjoy the accumulated wealth and commodity of the family home and its contents, financial resources and the ongoing means to an income.

From a housing and homelessness perspective there are two underlying enablers that can reduce these outfall impacts of the homelessness problem that family violence creates for victims.

Adequate housing responses to prevent victims from becoming homeless.

The first enabler is the stock of suitable accommodation for women and their children taking into account both crisis and resettling needs. In Victoria purpose suited crisis accommodation may take place in a purpose built or adapted property that comprises a refuge. More than one family escaping violence might live in the refuge and support staff might also be based at the refuge. The other form of crisis accommodation is public housing stock, particularly a quarantined component called Transitional Housing Management (also referred to as “Transitional Housing” or “THMs”) which are managed by Registered Housing Providers and utilised by a variety of Specialist Homelessness Services (including family violence services).

In some situations, victims may be able to resettle quickly, and a long term lease of private rental property or public housing may well suit the needs of the victim and her children. However, for many other women, a Transitional Housing property for a period from months to 2-3 years may be an important requisite step towards longer term resettling. This is because longer term resettling may involve many important decisions and intermediary outcomes. Decisions may include choosing the right area to relocate to – for proximity to schooling and employment, family or friends for support, or to maintain distance from the offending partner. There may be other important circumstantial matters that are intermediary outcomes. These include the opportunity, on some occasions, to return to the family home if the perpetrator vacates the property, or the release of assets from the relationship through a court settlement that enables the subsequent purchase of an alternative property. These sorts of matters clearly take time to resolve, and victims need somewhere to stay during that period that provides the victim and her children with an opportunity to recover from the trauma and rebuild their lives.

There have been questions raised by previous Victorian governments about the future of the Transitional Housing program. While the argument to dispense with Transitional Housing is

put forward as being to increase the supply of and provide more timely access to permanent public housing stock, it would have the adverse impact of removing access to family violence crisis housing for victims. This crisis housing is already in short supply. Those women and their children who initially gain access to crisis accommodation in refuges are staying far longer than is helpful for resettling. This has the adverse impact that other victims cannot even gain access to refuge crisis accommodation. In many areas, the Transitional Housing properties are the crisis accommodation.

Recommendation 2: VincentCare Victoria recommends that Transitional Housing is maintained and strengthened to protect women and their children who are escaping family violence from the damaging experience of homelessness.

Removal of the perpetrator, not victims.

At present it is most often the victim with her children who leaves the “family home”. In order to prevent victims of family violence from becoming homeless, the alternative is to remove the perpetrator and allow a woman and her children to remain in the family home. This is not an easy task to achieve and requires changing the fundamental justice and family violence response settings over the long term.

One important step towards achieving this is responding to the likelihood that if the perpetrator does not have access to alternative housing they are more likely to return to the family home and this puts the family at further risk.

It has already been pointed out in recent inquiries into public housing that the proportion of single bedroom housing stock across all public housing is low⁴. Access to single bedroom dwelling stock or other accommodation suited to single adults (generally male) such as community rooming houses, or bedsitters would help to keep perpetrators accommodated elsewhere.

Recommendation 3: VincentCare recommends that a specific housing response is created that ensures there is a supply of suitable single adult accommodation accessible in all regions which perpetrators can be advised to use upon being ordered to leave the family home.

Other important enabling mechanisms are also required. Fundamental to this are orders for perpetrators to leave the property that issued as the normative practice, not the exception. This can be implemented using current mechanisms.

Recommendation 4: VincentCare recommends stronger implementation of the new Code of Practice for the Investigation of Family Violence⁵ to increase support and protection for women and children to remain in their own homes and communities by issuing increasing numbers of Family Violence Safety Notices to have the perpetrator removed from the home.

⁴ Pathways to a fair and sustainable social housing system Public consultation discussion paper. April 2012 State of Victoria.

⁵ Code of Practice for the Investigation of Family Violence. 3rd edition V2. 2014 . Victoria Police

A further enabling mechanism is the application of tested technology to provide active monitoring and protection for victims so that perpetrators are actively deterred from returning. VincentCare's B-Safe program provides an electronic personal safety device with Global Positioning Systems (GPS) based monitoring to aid women and children to remain in their own home. The program was initially established and very successfully piloted in Shepparton and Wangaratta under State government funding more than five years ago by Women's Health Goulburn North East. However the program did not continue to be funded by government beyond the pilot phase as government had formed a view that the program should not replace the 000 emergency response.

The paradox is that the device is not designed to replace 000, and it is a measure that provides an additional layer of safety in situations of extreme risk when a perpetrator might cut telephone wires or prevent a woman from accessing a mobile phone. It is an enhancement on the 000 infrastructure as it is also able to locate the wearer. A single button press operation also ensures the greatest safety when a victim may be hiding in their house and is unable to deliver a spoken phone call.

VincentCare Victoria and its parent organisation, St. Vincent de Paul Society, regard this risk of violence as being so critical that our two organisations have continued to fund alarms beyond the pilot for family violence victims who remain in situations of extreme risk.

The proven success is evident through feedback and hard evaluation data that these alarms increase the sense of safety and wellbeing, build empowerment and increase the likelihood of police being able to arrest and charge recidivist perpetrators who breach Family Violence Intervention Orders.

Recommendation 5: VincentCare Victoria recommends that the Victorian Government implements a mainstream rollout and ongoing program of personal alarms, such as B-Safe, for any family violence victim who requires one.

A further enabler to removing the perpetrator, and not the victims, is a stronger legal and policing system for perpetrator accountability and to protect victims. The granting of a Family Violence Intervention Order is a civil matter but once it is breached it is then considered a crime and therefore becomes a criminal matter.

The legal consequences and material consequences such as incarceration require greater timeliness and stringency. If nothing else can change underlying personality traits and violent proclivities in an individual in the short term, then more basic behavioural regimes need to be established. It is well known in behavioural psychology that any regime of behavioural rewards and "punishments" need to be proportionate to the behavior that is sought to be encourage/ avoided and direct so that the perpetrator of the behavior learns to behave in the desired way.

The system should also "reward" the reporting of breaches by victims being treated more respectfully, being kept better informed during the process and, above all, delivering the required deterrence of the perpetrator.

Recommendation 6: *VincentCare recommends that this Royal Commission carefully reviews the laws, regulations, police and court practices that form the current framework of response to breaches of Family Violence Intervention Orders to ensure the desired deterrent effect.*

In some situations families may live close to state borders and work or regularly move across state borders to access shopping, banking, community amenities, social activities or family and friends. At the level of the states, aligned laws and police practices in relation to family violence can help ensure that perpetrators cannot avoid detection or consequences, while victims can also seek refuge interstate and receive adequate protection.

There especially needs to be strong alignment between family violence and family law decisions and consequences including such matters as the access to children by a parent who has demonstrated repeated offending against the custodial parent. Family law processes need to have the capacity to respond in lock step fashion when family violence prevention orders have been put in place. Family law processes should not require victims' costly use of lawyers by way of addressing the response as a civil matter. Instead the Federal Circuit Courts where family law cases are now heard should be able to summarily receive certain types of restraint orders from the state courts. A Family Violence Intervention Order should trigger a corresponding alteration or suspension of access on the basis of the respondent having to show just cause as to why such an order should be revoked.

Recommendation 7: *VincentCare Victoria recommends that the Victorian State Government pursue greater alignment and cooperation of family violence and family law responses across legal jurisdictions, through the Council of Australian Governments.*

2. Responding to the needs of different communities.

Culturally and Linguistically Diverse Communities.

There are specific initiatives required to educate new arrival communities about Australian law and culture regarding family and relationships. There is a need to overcome political correctness and acknowledge that not only does family violence exist in all cultures, but there can be different and complex justifications and values that maintain its expression tied in with expected family dynamics and gender roles. There is a need to identify culturally sensitive and appropriate means to engage with the issue, disseminate information and create culturally supported solutions and responses. This needs to embrace two key messages. The first message is that family violence is not acceptable and many of its manifestations are crimes. The second message is that there are places where one can obtain help.

At one of VincentCare's family violence refuges in Melbourne's south-east, 31.5% of women presenting in 2014 were born overseas, while 39.4% of women had as their preferred language a language other than English. Overall, 48% of women identified themselves as belonging to a culturally and Linguistically Diverse group. Our experience is that many women from culturally and linguistically diverse backgrounds are generally much less likely

than other groups of women to report cases of family violence and many experience barriers to accessing domestic violence support services including crisis accommodation services.

A number of women have recently arrived in Australia as part of a 457 visa (or with a spouse visa 100). These visas are used by employers to employ overseas workers for a period of between three months and four years. Visa holders are allowed to bring secondary applicants (partners). Women who arrive with a male partner and are experiencing family violence fear they will be deported or lose their children if they seek help.

Some refugees may not be able to provide for the particular needs of CALD women. An example is a Muslim woman who may seek culturally or religiously appropriate environments, i.e. with appropriate food preparation, prayer facilities or gender segregation of women and male children of certain ages.

Recommendation 8: VincentCare Victoria recommends that there is a specific response strategy developed for family violence and culturally and linguistically diverse communities which includes community education and building greater capacity for family violence services to provide more culturally safe services and environments.

Rural Communities.

VincentCare Victoria operates a regional Family Violence Service in Northern Victoria. The specific issues for women and children in rural communities often arise out of the close relationships and ties in those communities which can work against a victim.

Geographic isolation makes it easier for perpetrators to prevent a woman from leaving the property and this means that technologies such as the previously mentioned B-Safe alarm provide a critical layer of protection where this isolation exists. There is a need to ensure that family violence workers can establish a greater outreach presence into small communities to maintain contact with these more isolated women.

It can also be more difficult for women to remain in some districts given far less anonymity than afforded in metropolitan and city areas. Our rural service also observes a correlation (which would benefit testing through a well-designed study) between family violence and the methamphetamine/ice usage by perpetrators.

Recommendation 9: VincentCare recommends that a rural family violence strategy be developed to address the specific issues faced by women and children who live in rural communities and experience family violence.

3. Therapeutic Justice Response for Perpetrators.

Notwithstanding that perpetrators of family violence need to take responsibility for their actions, the recidivist tendency of some perpetrators requires a range of means to deter and prevent the perpetration of violence against women and children in trusted relationships (or against anyone else). Earlier in this submission it was put forward that justice responses for

breaches of intervention orders need to be more timely as one means of establishing a deterrent. In our consumer consultation a client reported how her former partner quickly changed his behaviour pattern after two occasions where she had activated her B-Safe alarm and the Police had arrived.

However, underlying tendencies require deeper therapeutic management of that tendency. In some instances there will be drug and alcohol disorders or untreated mental illness. In the case of mental illness the violence may be symptomatic of very significant psychiatric disorder. There is a need for the new mental health laws to be properly applied and mental illness treatment services to respond adequately with appropriate timing to such situations.

There is also a need to address the disturbed psychology of people who may not be 'mentally ill', but feel the need to control other people. Family violence can be a range of behaviours involving offending such as physical and sexual assault as well as threats of violence or other behaviours which don't necessarily involve an outreach breach of criminal law.

Therapeutic justice needs to be applied in the same way as it is applied for sex offences, drug offences and drink drive offences by mandating perpetrators to address underlying psychological issues that contribute to abusive behavior.

Recommendation 10: VincentCare Victoria recommends that a Family Violence Therapeutic Management program that legally mandates the treatment of perpetrators be established in Victoria.