



Royal Commission
into Family Violence

WITNESS STATEMENT OF TRISH O'DONOHUE AND ANGELA O'BRIEN

I, Trish O'Donohue, Chief Executive Officer and I, Angela (Ange) O'Brien, Operations Manager of WISHIN, Glenroy, in the State of Victoria say as follows:

1. We are authorised by WISHIN to make this statement on its behalf.
2. We make this statement on the basis of our own knowledge, save where otherwise stated. Where we make statements based on information provided by others, we believe such information to be true.

Current roles

3. Trish is the Chief Executive Officer of WISHIN, a role she has been in for the past five years. Trish along with the Board is responsible for setting the strategic direction of the organisation. Trish has been responsible for implementing a more integrated model of responding to a woman's journey at WISHIN; managing homelessness, family violence and, until a recent reallocation of funding, mental health. Women present to WISHIN in a number of ways, and this model enables WISHIN to offer stronger engagement than did the previous, siloed approach.
4. Ange is the Operations Manager of WISHIN, a part of the Leadership Team. She has been at WISHIN for three months. Her responsibilities include staff supervision and support; DHS liaison, reporting and compliance; oversight of continuous quality improvement; systems monitoring for accreditation requirements; human resources functions; service development; and the pursuit of funding opportunities to enhance organisational capacity.

Background and qualifications

5. Trish has a considerable background in the provision of family violence and homelessness services, including to indigenous Australians, and in drug and alcohol rehabilitation. Prior to working at WISHIN, Trish was the senior manager at St Vincent de Paul Society (**Society**) State-wide Homeless Services in New South Wales, for a period of three years. The Society operated 32 homelessness services,

including 12 family violence services. Trish was responsible for 12 services and provided guidance and support to the management and staff of the remaining 20 services. Trish was previously the chair of the NSW Women's Refuge Movement, the peak body for domestic violence. Trish managed Amelie House, a domestic violence refuge in Sydney, for three and a half years.

6. Ange is a social worker by trade. She has 12 years of experience working with people with a disability and seven years of experience working in housing, five of which combined disability and housing. Ange previously managed an emergency relief program for 5 years. Before starting at WISHIN, Ange worked at Eastern Domestic Violence Service, a specialist family violence service in the eastern region of Melbourne.

WISHIN

7. WISHIN is a gender specific social change organisation based in the North Melbourne metropolitan region; we are run by women for women.
8. We support single women and women with children who are homeless or at risk of homelessness. Our clients are often those who have found it challenging to access appropriate support through other, more generalist services. This is because they are dealing with multiple and complex risk factors and traumas, in particular family violence. We employ the equivalent of eight full time staff.
9. WISHIN provides a holistic trauma informed response including risk assessment, safety planning, case management, information, advocacy and referral.
10. WISHIN also operates a fortnightly Wellbeing Program to assist women within a long term service continuum. The women transition to the Wellbeing Program after successful completion of their case management support period. Many women will rebound back and forward to the program. This demonstrates the need for, and the significance of, an ongoing safety net for these client group/s, thus preventing them from re-entering the service system. We discuss this further in our statement below.
11. The Wellbeing Program functions as both a prevention and recovery program by:
 - allowing women and their children to exit WISHIN at their own pace;

- providing an ongoing safety net of support for women when they are ready to transition from WISHIN's case management to the Wellbeing Program;
- enabling women and their children to maintain their sense of identity and belonging; and
- developing women's resilience and confidence.

Clients

12. WISHIN's clients are primarily referred from Homelessness Access Points.
13. We run an outreach program in Whittlesea on Mondays in partnership with Whittlesea Council's Youth Services and Haven; Home, Safe (one of the local Homelessness Access Points). Whittlesea has very high levels of family violence and homelessness, with inadequate infrastructure for services. We work with Whittlesea Council's Youth Services, 'The Edge', and with 'The Pavilion', a community school based in the same Westfield building as 'The Edge'. In partnership with those services, we can undertake the initial Intake and Assessment Plan for our cohort. We accept a lot of referrals from the Whittlesea area, through that outpost. The outpost provides greater access for these women, as transport is a barrier for women and their children, to travel to Haven; Home, Safe in Preston.
14. Most of the women we see at WISHIN have had previous contact with the family violence system. They have either disengaged with specialist family violence services or they have been referred back to a Homelessness Access Point, as housing is central to their long term needs. Sometimes these women and their children are at high risk of injury or death. Unfortunately, however, when the women disengage from the specialist family violence service they present at the Homelessness Access Point without any accompanying risk assessment documentation or history. We journey with the women through our case management support program. WISHIN does not exclude women or their children because of their risk status or their age. We are a unique specialist service as we provide the required specialist response whether it is a specialist family violence and/or specialist homelessness response.
15. WISHIN works with women, undertakes the CRAF risk assessments, and safety planning with them and identifies the level of risk. This process highlights a gap in service provision, as the specialist homelessness services, including Access Points,

do not have the capacity to undertake such detailed, specialist risk assessments for women and their children. This translates into the women and children being at a higher risk, as well as, on occasion, the workers and services providing their support. This is a gap in risk assessment and safety planning that needs to be addressed. To manage these risks at WISHIN we have bought SafeTcards (personal duress alarms) for high risk clients and the staff supporting them, and undertaken risk and safety audits of our premises and the homes of the women we are working with, involving the assistance of the police and private security firms from time to time.

16. We are funded to provide a 13 week support period with each client, and most of the women we see will take an average of two support periods to stabilise. Sometimes women will transition in and out of our services, or “boomerang”, as violence against them and their children recommences or escalates. They may think that their partner is OK, for the time being, and then the violence starts over again. Our service can offer them the support they need and some safe respite from their violent partner.
17. We are committed to ongoing risk assessments and safety planning in our continuing work with these women and children. We understand the complexities of family violence and tactics used by perpetrators, especially the tactic of social isolation. This has informed the model for our Wellbeing Program, which addresses the impact of social isolation. Further isolation renders women and their children as easy prey to known and/ or unknown predators, thereby placing them at higher risk of re-entering abusive violent relationships. It is important for services such as ours to keep the door open for women and their children, so they can make contact when things start to go wrong, again. It is much better for women and children to retain relationships and connection rather than cyclically re-entering the service system which is far more costly to the system and harmful to them and their children over time.
18. We work with as many as 60 women and families at any one time. We receive approximately 140 referrals per year.
19. Given the especially vulnerable and disadvantaged cohort of women referred to WISHIN, our practice model assumes that most of our clients have suffered child sexual assault; a trauma which renders them more vulnerable to other predators. They may never have known what a trusting relationship is and how to select “safe”

people. The lasting effect of their childhood trauma compounds their vulnerability. We believe it is important for our staff to be trained in this area as it informs their understanding and practice with this cohort. By introducing these concepts in our early conversations with women who come to our service, our clients do not have to feel stigmatised about their experiences and are more likely to disclose this part of their history. We work with our clients around that understanding, and they respond with a stronger engagement and rapport. They are less likely to hold any secrets, fear or shame that could be a barrier towards us working with them in their recovery. We have received positive feedback from our clients and we know our model works. The rates of child sexual abuse are so high that we incorporated a trauma informed response into our casework practice. We recently conducted a snapshot of our clients and found that just over 80% of the women we were working with had a recent or present situation of family violence and the remaining 20% had all experienced past abuse. That is the journey of the cohort of women we are working with. Our approach says to them "we understand this has happened to you, and we're here to support you on your journey".

20. Consideration also needs to be given to the support needs of women and men who have suffered childhood abuse at the hands of a trusted person in their faith. They may have shared their experiences with the Federal Royal Commission into Institutional Sexual Abuse, as some of our clients have done. Childhood sexual abuse sets people up for other abusive relationships as it is very difficult to fully regain trust when it has been shattered by a trusted person in an elevated position of power at an early age. Such survivors need to be provided with a choice of service providers that are independent and non-faith based in order to distance them from institutions which they identify as abusive or oppressive.

Case management support

21. Case management involves a worker identifying with a woman her goals, which may include affordable housing, financial stability, education, physical health, mental health or legal health, and other goals, then working with the woman to achieve those goals. We work with the issues that the woman identifies as important, including support needs for her children. We conduct ongoing risk assessments and safety planning throughout her and her children's case management journey. It is rare for us to see a client who has not experienced family violence. If a woman presents as being at high risk of current and or future violence, we will liaise with the police and courts as required. We have worked with

women who were receiving support from a specialist family violence service and have disengaged. While they are supported by the specialist family violence service they may be listed on the Risk Assessment Management Panel (**RAMP**) and receive additional, coordinated action planning as part of a risk management response. When they disengage from the specialist family violence service they are removed from the RAMP. We have negotiated to have high risk women and their children reinstated on the RAMP. This highlights a gap between the two service systems as the women and her children remain at high risk and should be entitled to this level of support regardless of who is supporting them.

22. WISHIN completes housing applications and works with women until they find secure housing; whether that is in motels, transitional housing, long-term public housing or private rental. Often the women we see will be referred to us while sleeping in their car or couch surfing, because there is a wait for crisis accommodation or they have utilised their allocation. Single women are particularly disadvantaged as women with dependent children can be prioritised within the homelessness service system. We have a good working relationship with Safe Steps and they will often have funds available to support our clients with emergency accommodation in motels, or in private rental. Women referred to us are only rarely in crisis accommodation refuges. If they were the refuge staff would be supporting them. The women and children we work with have mainly been referred to the specialist homelessness service system, as the specialist family violence service system is full, or they are not assessed as directly escaping family violence as they are coming from motels, couch surfing in overcrowded homes of family and friends, sleeping in their cars or are in housing stress.
23. WISHIN does not have its own transitional accommodation however there are approximately three transitional housing properties in our region to which we have client nomination rights. This means that a homelessness service provider provides the bricks and mortar at a subsidised rental rate, and we support the woman to move in, regain her health and wellbeing, to manage her transitional tenancy and to find and apply for suitable long-term housing options. Over time these nomination rights have increasingly been given to the Homelessness Access Points, in preference to support agencies such as WISHIN. The Access Points hold all the vacancy rates for transitional housing, so if a vacancy comes up, they will ring us and say "We've got a vacancy in a couple of weeks, and we thought that it might suit the client you told us about", or they might have to move someone on because

it has become unsafe for them there. We are told of the vacancy and we advocate on behalf of our client to fill that spot. We enjoy good working relationships with Haven Home Safe and Vincentcare, our nominated Access Points.

24. WISHIN, in partnership with Haven; Home, Safe, runs a small rooming house for women over the age of 50 in Fairfield. Older women often suffer family violence including financial abuse from their adult children and their partners, and are stranded without any support services available to them. The Fairfield property takes four women at any one time and they're able to stay there as long as it takes for their next housing application to come through. The issue of older women's homelessness requires the continuum of a gendered response as most older women do not believe there are services for them and usually believe that someone else is worse off than they are. Their homelessness is relatively invisible to the community (consistent with women's experience of homelessness across all ages). The key difference is that personal safety for them and their children and grandchildren is always their priority. There are very few services for older women, unlike for men and particularly older men, who enjoy dedicated services for their needs (e.g. Ozanam House and Flagstaff in Inner Melbourne).
25. We always inform our clients that a permanent Office of Housing offer of housing is going to take a long time. For a large family it can take up to ten years on the waiting list to get a four bedroom property in Melbourne's North. The problem this creates is that families are often in transitional housing for four or five years, during which time they establish their community, the kids attend school make friends and join sporting teams. Then when an offer of permanent housing is finally made, it may be in a place they nominated some years ago when they had family or friends in that location. Over time their circumstances and needs change, including where and from whom they draw their support, and they often re-establish their lives in their new community. WISHIN is now advocating with the Office of Housing, Transitional Housing providers and Homelessness Access Points to allow women and their children to remain in their homes and new communities and for the long-term property offered to them to become the next transitional house for a new family.

Post-crisis support

26. Once a woman and her children are housed, we are supposed to exit them from our service because that is how our funding is structured. However, most women's

fear and anxiety escalates at that time, because they do not wish to lose WISHIN's support. Often the few months we have been working with these women and their children represents the first time in their life they have achieved safety and stability. WISHIN is often the main form of support for these women; our period of engagement with them is inadequate time for women to build up alternative independence and coping strategies after years of violence and trauma. Our clients have few supports and to expect them to leave before they are ready impacts on their ability to fully recover. This renders them more vulnerable to predators and future abusive partners, leading to costly and protracted service system interventions. As mentioned previously, this is one of the strengths and origins of our Wellbeing Program.

27. We have obtained philanthropic funding for a Wellbeing Program designed to empower and support women transitioning in and out of the service. This Wellbeing Program includes fortnightly lunches with guest speakers, therapeutic art and craft, mindfulness and meditation seminars. It allows women to remain connected to WISHIN and forge connections with other similarly isolated women. There are few safe social spaces where women recovering from trauma can develop friendships. The lunch is important particularly for single women who live alone. Their diet and nutrition is usually an issue and they really enjoy the connection of sharing a meal with those they know. The women are able to touch base with workers, and other women they know in the program, after they have been housed. Some women, once they are well enough and confident enough, will go and seek their own community; however, others will identify the group and WISHIN staff as their own community. The Wellbeing Program assists in building a community of trust for women and children. It provides a safe social space for women and children to build confidence, resilience and form friendships safely; rebuilding their shattered trust and redressing the social isolation that has plagued them often since childhood.
28. By helping current clients transition into the Wellbeing Program, WISHIN can take on more clients in terms of outreach case-management support, without anyone's circumstances escalating. We have learned in talking with these women that so many have had a range of traumas in their lives, and they feel a sense of social isolation: they feel unworthy of friendships or being liked and loved and accepted. The Wellbeing Program represents the first time they have felt really accepted, and the first time they've had positive feedback. The women notice changes in themselves. We view it as prevention work but at the post crisis stage. These

benefits are not commonly understood and this is a good space to do prevention work in. We formed a partnership with a local hair and beauty salon and they dedicated a day to our women for free. They designed a 'pampering menu' including hair cut and colour, facials, massages and manicures. It made a significant difference in our clients' lives. For most women it was their first salon experience. WISHIN nominated the salon for the Moonee Valley Spirit of the Valley Awards. There are other local businesses willing to support us and the program. We are endeavouring to secure funding to facilitate these partnerships.

29. If women and children are exited too quickly from support they will crash and re-present at the service at a later date; always that revolving door. We have identified this and structured our model at WISHIN to support them through their journey so that they have a sense of belonging and identity. This reduces the need to re-present. If a woman knows she has that support there, she will come to you before there is an eviction notice or something major has happened in her life. Earlier interventions yield less perpetual cycles of crisis as abundant research shows. Having that fortnightly or monthly opportunity to touch base with us can give them the safety net that is required to build confidence and resilience and stay safe.

Homelessness Access Points

30. Anyone at risk of homelessness or experiencing homelessness in the Northern region can go to either VincentCare Housing, Haven; Home, Safe or Launch Housing to get assistance.
31. These organisations allocate appointments to meet with a worker from 9.00am for the remainder of the day; so to gain access to services you need to be fit and well and able to get there by 9.00am to line up.
32. We have long held concerns for women with responsibilities for children, and whether they would be able to get those children to school or to child care, in time to be at the Access Point by 9.00am. We similarly have concerns for women with disabilities and/or mobility issues and women on mental health medication. Often that medication can impact on women in a way that makes them slow to move and get going in the morning, and they can miss out on those early morning appointments.
33. WISHIN has suggested to the Homelessness Access Points that they trial morning and afternoon based appointments to cater for those women that are missing out.

However due to the large number of people those organisations are seeing every day, far in excess of their capacity, this has not happened yet.

34. WISHIN is only allowed to accept client referrals through Homelessness Access Points. We have a lot of women coming to us directly, wanting us to work with them, and we then have to refer them back to the Homelessness Access Point. In some cases we let that woman know when we have a vacancy coming up, and we tell the workers at those Access Points that we have met with the woman and that we know a bit of her story, so when we lodge a vacancy, we can say we would be happy to work with her. This is also dependent on the Access Points prioritisation lists as there may be women assessed as being a higher priority. We will assess each woman's level of risk and if we can accept her at that time, we will.
35. All support agencies, including WISHIN, lodge our case management, Interim Response 2 or transitional housing vacancies with the Access Points, as they arise.

Homelessness service system gaps

36. For the purposes of this statement, we had prepared two case studies exploring the experiences of women that came to WISHIN via the Homelessness Access Points, and that demonstrated some of the gaps within the homelessness service system currently. Attached to this statement and marked "**CONFIDENTIAL W-1**" is a copy of the case-studies prepared by WISHIN for the Royal Commission. Unfortunately while we have been preparing this statement, the women and their children's risk status has escalated and we are now unable to make those case studies publicly available. We will continue to work with women and children at high risk of homicide in some cases these women have tracking devices installed by perpetrators. We will continue to provide ongoing risk assessments and safety planning for these families.
37. Women experiencing family violence come from the Homelessness Access Points, sometimes with just a few sentences pertaining to their current or recent experience of family violence; sometimes not. Their risk status is not assessed until they come to us. It makes us question whether are we asking too much of the Homelessness Access Points, given there is such a huge demand for their services. In providing a specialist homelessness response to large numbers of people with varying needs and issues, who are all feeling frustrated angry and worried about where they and their families may be sleeping that night, they are not able to undertake the

- necessary risk assessment required by at least 53% of the women and children presenting to homelessness services. This takes time by a worker with an informed gendered lens supported by an organisation with a demonstrated commitment to gender equity.
38. WISHIN can provide specialist responses, particularly specialist family violence responses, and often when women's risk and vulnerability has been overlooked by, or not disclosed to, other service providers. For example, WISHIN provides court support services, as it did in both of the case studies prepared for the Royal Commission. Not all specialist family violence services provide this support. Our funding isn't adequate to provide this support though it is often crucial to these women and their children. Research shows that women supported emotionally and legally through the process of applying for and renewing Family Violence Intervention Orders (**FVIOs**), with workers accompanying them to court, are far more likely to go through with the application. Court is a scary and exposing place for traumatised women, especially if the perpetrator attends the hearing. WISHIN has also organised remote video conferencing for high risk clients.
39. WISHIN provides the specialist response that their client requires, whether that be a homelessness or family violence response. We believe that our support model should reflect a woman's life journey. This includes attending court with the women and her children, liaising with police to ensure children are included on FVIOs, and breaches are reported, undertaking safety audits of the woman's home, car and technology (including identifying tracking devices which are used by violent men to stalk, harass and control women), completing housing applications and undertaking ongoing risk assessments and safety planning.
40. WISHIN has also identified women with a disability as a group that are particularly poorly catered for in the homelessness service system. We expand upon this issue in our statement below.

Family violence

41. When a woman presents at a Homelessness Access Point, seeking housing assistance, there are often time and privacy constraints that prevent her from disclosing incidents of family violence. This therefore prevents a referral to a specialist family violence service. Interviews are regularly conducted in spaces where you can be overheard by people in the next interview space. Often couples

present together with housing stress and are usually interviewed together. Their children are likely to be present during interviews. These three barriers contribute to women not disclosing their family violence experiences. This also highlights the need for either a gendered Access Point across both services systems, wrapping the required specialist support around the women and her children or, alternatively, a comprehensive gender lens to be applied to all homelessness services. Homelessness Access Points are funded to provide a specialist homelessness approach and in practice this disadvantages women and children whose experience of homelessness is due to family violence. The high demand at the Access Points precludes them from providing a more specialist response which women and their children need. WISHIN has made a submission to the Royal Commission that expands upon the factors that may deter women from disclosing family violence during a homelessness interview. Attached to this statement and marked “**W-2**” is a copy of WISHIN's submission to the Royal Commission, undated.

42. Where family violence is disclosed at a Homelessness Access Point, a referral is made to a specialist homelessness support service. WISHIN is entrusted by the Homelessness Access Points to do some of the family violence response component of the work. We have a good working relationship with Berry Street in the North and also with Safe Steps. We liaise closely with both wherever appropriate to help keep women safe. However, if women are not referred to WISHIN, but to a specialist non-gendered homelessness support service that does not undertake a diligent family violence risk assessment and safety planning, such as the Preliminary CRAF, the woman's risk will not be effectively managed. Failure to address a woman's risk, and that of her children, can also place the support workers from these services at risk.
43. The pathway for a woman to access a specialist family violence service, if not through a Homelessness Access Point, requires police attendance at an incident and the generation of an L17 report, or self-referral by phone to Safe Steps. There is nowhere for a woman to get help if they don't wish to use the police or if they do not self-identify as being a victim of family violence. Some women may not wish to involve the police because they perceive it as putting them at a higher risk. Women may also prefer to come to a homelessness service because if anyone sees them doing so, it doesn't send out a red flag to the perpetrator or to his family and friends, or she simply may not realise she is experiencing family violence.

Solutions

44. There are options that need to be explored to address these system gaps and improve our response to women in a client centred way. If there were a single, holistic service entry/access point where women could go for housing, homelessness, family violence, and legal services, supported by child care, women could have all of their immediate and urgent needs met and it would greatly reduce the number of women and children falling through the cracks.
45. WISHIN is unique in that we provide that holistic approach: we are members of the peak bodies for both homelessness and family violence, a signatory to the Domestic Violence Victoria Code of Practice, and all of our staff are trained across both areas. This is why we can pick up the nuances and the gaps in the current system. Specialist family violence services seek to address risk and safety considerations for women and children experiencing family violence; homelessness is sometimes viewed as a separate issue, and vice versa. These service systems have never been resourced to share wisdom and develop collaborative practice from a client centred approach. Ideally it shouldn't matter where the woman and her children seek assistance. They are entitled to a specialist response that provides initial and ongoing risk assessment and safety planning from a gender-specific service.
46. The creation of a gender specific access point would integrate a family violence response with homelessness services. The response needs to be gender specific because specialist homelessness services do not and cannot detect family violence issues without that gendered lens. Women experience both family violence and homelessness together and it is critical that the two systems talk to each other. We need to remove the barriers around who gets the family violence response and who does not. An integrated family violence and homelessness specialist response would deter women from returning to abusive relationships. It would allow a centralisation of access to services and a clear delineation of responsibility for undertaking initial and ongoing risk assessment and safety planning; for keeping women safe, for providing and maintaining housing; and for facilitating connections with the community.
47. Alternatively, another option is to integrate a specialist family violence response within the Homelessness Access Points and resource both service systems to share practice and develop the required policies, procedures, tools and professional

development required to meet standards required for accreditation. It would need to ensure that a gendered lens is applied and demonstrated throughout the organisations. Too often we have seen non-gendered organisations receive the funding and employ dedicated skilled women at the coal face and middle management. They are often frustrated by senior management and board members' lack of understanding and lack of commitment to gender equity throughout the organisation. This is imperative if we are to move into a shared space of specialisation where family violence risk assessment and safety planning become the consistent response. To do otherwise will jeopardise the safety and lives of valuable women and children.

Disability

48. Women with a disability are more prone to be subjected to family violence especially through their carers. These women's disabilities often render them silent about their abuse, and their need to be safely supported to disclose to a trusted person who can help them. As stated above, if they're homeless or at risk of homelessness, it can be extremely difficult for them to queue for an early appointment at an Access Point. Women with disabilities are very marginalised.

Funding for services

49. The specialist family violence supports that WISHIN provide is currently not recognised by our funding body, though we are in discussion with them about it. Our funding agreement with the Department of Health and Human Services (DHHS) captures our homelessness support work, but not the intensive case management and other required services that we routinely provide.
50. The funding of our service under the homelessness banner is problematic, because the work we do with high risk family violence victims is more labour intensive and more resource intensive, and this is not recognised. We would like to see flexibility in the funding; for example, the ability to access a further 5% of your funding to trial or pilot a program that you can identify would make a difference. By enabling services to access those amounts it would facilitate innovation and promote collaboration instead of devoting so much time to securing funds to meet an identified need. This flexibility would provide an accountability in our targets that recognises the more intensive case-management support we provide as part of a specialist family violence response. The funding would then reflect the work we

actually do with vulnerable women and children; rather than expecting specialist homelessness services to adequately cope with the family violence issues in their target client population, or for specialist homelessness services to provide comprehensive risk assessments for every woman who walks in their doors. Homelessness is a gendered issue requiring a gendered response and funding should be allocated along those lines.

51. The work we do with children is also not recognised in our funding. We receive no government funding for specialist casework with children. If a child is showing challenging behaviour, or is struggling at school, we will work to integrate them into the school system and to provide support. We provide activities in the school holidays for the children, so they feel a part of the WISHIN community. But it is only through philanthropic funding and donations that we are able to resource these kinds of things.
52. Children in Victoria really miss out on services in comparison to other States. It is our understanding that it is only relatively recently that children were counted in homelessness statistics and therefore, children specific support is still not properly funded. In New South Wales, prior to the recent reforms, the funding model saw every family violence and homelessness refuge providing children's support workers. In Victoria, it doesn't matter if a woman has one child or ten; there is no provision for the worker to be able to work comprehensively and independently with the children as well. To assess the impact of family violence, you need to work with the entire family and develop with them tailored case plans to meet their particular needs.
53. Children's needs are distinct from women's needs, and supporting the mother does not automatically protect and support the children. This requires workers to be able to communicate with the children and build a relationship with them; it takes a lot of skill and trust. In turn, this helps the organisation to strengthen the relationship with the mother, who will be more at ease once she knows her children are being looked after and she is being supported with her parenting. Many women find the sole responsibility of raising their child/ren an enormous responsibility and often struggle with it on top of trying to keep them all safe and find a new home. If we could afford to do more work with children, there are excellent evidence-based service models that we could draw upon. Work with children is where early intervention really starts.

54. We have talked to our DHHS area manager about receiving further funding for the services we provide. We have been told it is up to Head Office. We recently put in a funding request for about \$10,000 for SafeTcards, and we are yet to receive a response.

Reforming the housing system in Victoria

55. There is a shortfall of housing in Victoria. There is a sound framework that has been developed by several peak organisations called the Social Housing Framework that outlines the necessary steps for reform.
56. The Office of Housing could make it easier for people who want to transfer from one area to another area for safety reasons. Currently there is a system called a "Mutual Swap", enabling people in DHHS long term properties to go on a list indicating their needs and preferences to swap properties. The tenants' name, address and phone numbers become publicly accessible in this process, making this an unsafe mechanism for women at risk. There are better and safer ways for DHHS to facilitate a property transfer which also protect women's privacy and safety.
57. The Office of Housing also needs a stronger maintenance budget, because there are a lot of empty houses due to maintenance issues.
58. A further issue is the number of properties owned by foreign investors. *The Age* did a research piece about two years ago and there were 40,000 properties in Victoria vacant, because for tax purposes it suited the investors not to have it tenanted. If legislation could be amended to encourage investors to have their properties tenanted, then that would ease pressure on housing considerably.
59. WISHIN recently partnered with Womens Property Initiatives for an affordable housing development in Coburg. WISHIN invested funds to secure life-long nomination rights for three units for the women and children we work with. It would be helpful if clause 16.02-2 of the Victorian Provisions Planning Scheme¹ could be extended to include the development and building of long term housing for women and children escaping family violence. This will reduce the delay and cost

¹ Clause 16.02-2: *Crisis accommodation and community care units Objective To encourage the establishment of crisis accommodation and community care units in residential areas and to ensure that their location is kept confidential*

associated with public exhibition and deals associated with objections as well as ensure that the housing is not identifiable as housing for women and children who may be escaping family violence.

Keeping women safe in their homes

60. WISHIN would like to see more emphasis on keeping women and children in their homes following criminal incidents of family violence. In our experience, it is often the women and children who get tripped up in tenancy regulations for a range of reasons. For example, if their name is on the lease they will be held responsible for any damage that has been caused by their violent partner/ex-partner. Most women who flee a rental property following an incident of family violence rarely get a cent of their bond money back, even if they paid the full amount. Services could provide more support that enable women to remain in the home. Unfortunately this will not be possible for everyone: some women will never be safe as long as the perpetrator knows where they are. However for some women the use of intervention orders, SafeTcards and CCTV have been very successful in ensuring that some woman can safely remain.
61. Where a woman is able to remain in the home, difficulties can arise around meeting rent payments. There is little room to negotiate, without a really supportive landlord or real estate agent, or to support her to pay the rent until she is able to get connected to financial aid and services. We would like to see more flexibility around support payments that would assist woman to maintain a tenancy, particularly given the present lack of public housing and affordable housing options in Victoria.
62. Enabling a woman to remain at home ensures she is connected to her community and to services, allows her to continue her employment and keeps her children at the same school. Conversely, moving might require her to travel to another part of the State, usually to multiple properties and hotels, and give up her job all of which comes at a great expense. It is disruptive, reduces her income and leaves her more vulnerable, with less support.

Varied family violence accommodation

63. There is a need to provide a range of models for specialist family violence services including refuges for women and children. The model that Victoria has developed is problematic in that it often places high risk women and children with a communal

sharing arrangement. These two factors work against each other in a number of ways; it requires women and children who have just left violent relationships (often suffering PTSD, depression and/or anxiety) to negotiate complex and personal issues such as sharing bathrooms, a kitchen and other living areas. All this is complex and challenging as it goes to the core of their mothering. There is so much they can't control and they don't want to challenge or rock the boat for fear of jeopardising their safety and housing. Entering a refuge may also require a woman to give up her employment. The issue of women retaining employment should be subject to a risk assessment. Employers that are assessed as being supportive should be provided the opportunity to support their employee in retaining their job while addressing family violence. FVIOs and a justice response are an important component in safety planning here. We need a range of models including some lower risk models so women and children can feel supported by the community around them.

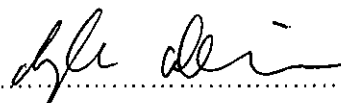
64. Trish's experience of managing Amelie House women and children's refuge in Sydney was that the neighbours, local and broader community provided much support to the service. This included notifying us if a car driven by a man arrived in our vicinity, providing us with the licence plate so we could inform police in case he posed a threat to us. A resource-intensive fortress is not always required to keep women and children safe after leaving a violent partner.
65. Lower risk refuges and reducing the communal sharing to two families allows women experiencing family violence to collaborate with each other, and support each other through a difficult time. This facilitates trust building, which is part of a woman's recovery and healing. This reduces the shame she and her children can experience when she is hidden away in a refuge. This is always subject to risk assessment and safety planning.
66. WISHIN would like to see further investment in developing a range of models for crisis responses to family violence.
67. We would also like to see a proportion of the transitional housing stock being reserved for women and children who have experienced family violence and are exiting from refuges or being supported by specialist family violence and specialist homelessness services. These properties would need to be assessed for the women and children's safety as often these properties become known in their local communities.

68. There is much goodwill and support in local and broader communities that needs to be drawn on where possible to support keeping women and children safe. The public profile of this Royal Commission and the campaigns associated with it give us hope that we can make a difference and keep women and children safe. When women and children are safe in their homes, their neighbourhoods and local communities are safer. Everyone who is on the side of safety and respect for women and children want to live in safe neighbourhoods and communities.
69. If mothers and motherhood commanded the respect they deserve we would see a significant shift in family violence and other forms of violence against women. When children grow up seeing their mothers respected, including during pregnancy, they learn and absorb what is expected of them. Children who grow up witnessing abuse and violence towards their mothers and often themselves will either grow up to become perpetrators or peacemakers. Family violence often starts or escalates during pregnancy and there are many children today carrying the injuries and harm from violent attacks while they were in the womb. This violence needs to stop if we are to prevent intergenerational cycles of abuse. This combined with a genuine commitment to gender equity across all levels of government and public and corporate sectors; including the provision of specialist family violence services will ensure we move significantly towards making the difference that is needed.



Trish O'Donohue

Dated: 20 July 2015



Angela O'Brien

Dated: 20 July 2015