



Royal Commission
into Family Violence

Volume II

Report and recommendations

March 2016

Royal Commission into Family Violence

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8 Specialist family violence services

Introduction

Specialist family violence services are designed to support victims of family violence. There are also specialist family violence services which work with male perpetrators. This chapter looks exclusively at services for women and children, since these services account for the bulk of the family violence response. Responses for male victims are discussed in Chapter 32; responses for perpetrators are discussed in Chapter 18.

Along with the police and the courts, specialist family violence services form what is known as the ‘family violence system’ in Victoria. Under its terms of reference, the Royal Commission must examine services that support victims of family violence and how these services form part of the state’s systemic response to family violence.

Specialist family violence services focus on keeping women and their children safe and helping them to recover from the violence they have experienced. Historically, this focus has been through primarily working with the woman. The experiences and needs of children affected by family violence are discussed in detail in Chapter 10.

Much of the discussion in this chapter concerns intimate partner violence, since this is the most common form of family violence and has traditionally been the focus of specialist family violence services for women and children. As is evident throughout this report, family violence encompasses other forms of violence, such as elder abuse, and violence against parents and siblings.

The first section of this chapter describes the role of specialist family violence services—what they do, how they are funded, and the principles that govern their work. It also considers the evidence the Commission received about women’s experiences of finding help, including the difficulties many women have had when trying to find their way through different service systems.

The chapter then looks at specialist family violence services and associated challenges that were commonly raised in evidence. The Commission heard that there has been a significant and rapid rise in demand for such services—particularly as a result of referrals from the police—and that this has outstripped the capacity of the services to meet their clients’ needs. There is also evidence of service gaps, including a lack of after-hours support and a lack of responses aimed at the individual needs of victims and the longer term effects of family violence.

In the final section of the chapter the Commission proposes a way forward. We recommend increasing the resourcing of specialist family violence services in order to ease demand pressures and ensure that services have the capacity to respond better to victims’ needs.

Not all victims of family violence seek assistance from specialist family violence services. People experiencing family violence can seek support from friends and family or from other ‘service systems’, such as the health system. It is important that the community is able to readily access information and resources about how to recognise and respond to family violence and, in particular, how to help friends and family members who may be affected by violence, or intervene safely. The Commission heard that information is not readily accessible or sufficiently detailed to equip people to support those taking steps to safely address violence. For this reason, the Commission proposes that additional information for friends and family be made available through a new or existing website. The Commission recognises that community responses cannot, and should not, replace specialist family violence or core support services.

This chapter does not consider in detail accommodation options for women and children; that is discussed in Chapter 9. Nor does it discuss how specialist family violence and other services provide pathways and referrals into other supports for women: this is the subject of Chapter 13.

Context and current practice

Victoria's specialist family violence service sector began as a network of community-based women's refuges established in the 1970s and has expanded to provide a range of support services for women and children affected by family violence. Historically, apart from statutory services such as Child Protection and community-based homelessness services, few other services were directly involved in family violence work. A more detailed overview of the history of family violence policy and the service response is in Chapter 4.

In 2005 the Statewide Steering Committee to Reduce Family Violence released a report entitled *Reforming the Family Violence System*, in which it announced an intention to build an integrated family violence system to bring together all the major services dealing with family violence in Victoria. Specialist family violence services are an important part of this response.

The term 'specialist family violence services' is used in the Commission's report to mean services funded to specifically respond to family violence, although the organisations that deliver these services may do work in other areas as well. There are three main types of specialist family violence services for women and children: support services, accommodation services (refuges), and family violence counselling services. This chapter deals only with support services. Accommodation services are discussed in Chapter 9, and counselling services are discussed in Chapter 20. In this chapter the term 'specialist family violence services' refers specifically to support services.

The Commission notes that support services are called 'case-management services' in some contexts and that in funding arrangements the Department of Health and Human Services refers to them as 'outreach services'.

Not all specialist family violence services are funded to provide the same services but, broadly, they have the same aim, which is to keep women and their children safe by offering the following:

- ▷ risk assessments and safety planning
- ▷ case management—including coordination and support
- ▷ the receipt of referrals (known as L17 forms) after police attend a family violence incident
- ▷ information and referral—including to refuge accommodation
- ▷ advocacy for complex matters—including legal, financial, and health and wellbeing needs.

How specialist family violence services are delivered

Specialist family violence services are delivered through community service organisations. Some organisations provide either support or accommodation services; others do both. Others also provide counselling.

Some service providers are small, stand-alone organisations, but most are medium to large organisations that work in multiple policy areas—such as child and youth services, homelessness, community health and sexual assault. Further, some service providers operate in a number of different parts of the state. For example, in addition to providing specialist family violence services (both support and accommodation), Berry Street Northern Family and Domestic Violence Service provides education, training and employment programs, family services, youth services, and foster, kinship and residential care services. Similarly, in addition to specialist family violence services Gippsland Lakes Community Health provides allied health, medical and nursing, disability support, men's behaviour change and family services.

These arrangements are indicative of the pathways available for linking women and children to a range of services and programs according to their needs. This can occur either through other programs delivered by the particular service or by working with local partner organisations. The Commission heard, however, that the extent to which this happens in practice varies and is largely dependent on the strength of regional integration committees and local-level initiative, goodwill and resourcing.

Statewide telephone services

The Safe Steps Family Violence Response Service provides a 24-hour statewide telephone information and referral service for women seeking information about their options, including leaving a relationship to escape abuse. The staff complete risk assessments, help women develop safety plans, and refer them to support options in the community—both specialist family violence support services and generalist services such as community health centres. The organisation also receives after-hours referrals when police attend family violence incidents.

Additionally, Safe Steps is the statewide contact point for referral to refuge accommodation; it also operates a crisis accommodation unit and places women in other emergency accommodation such as motels pending placement in a refuge.

1800 RESPECT, funded by the Commonwealth Government, provides 24-hour telephone and online crisis and trauma counselling services to help people experiencing the effects of sexual assault or domestic or family violence.¹ This service can also provide information about local services to callers.

Support services

There are 28 specialist family violence support services. These services aim to keep women and children safe, and their work includes risk assessment and management and safety planning with women who are in a violent relationship, are thinking of leaving their relationship, or have left it.

Different specialist family violence services deliver support services in different ways. Women experiencing family violence often have a diverse range of needs—legal, housing, financial, health and wellbeing, and so on. The specialist services provide support and advocate on behalf of women as they make their way through the various service systems.

As part of a case-management response, specialist family violence services can work with women to do the following:

- ▷ apply for a family violence intervention order
- ▷ accompany a woman to appointments with her lawyer and to any court hearings
- ▷ arrange for locks to be changed at her house
- ▷ talk to her children's school to explain the terms of a family violence intervention order
- ▷ help her set up a new bank account and obtain a new mobile phone
- ▷ help her negotiate with government departments and agencies such as Centrelink, the Office of Housing, and the Department of Immigration and Border Protection if there are visa concerns
- ▷ help her secure suitable alternative housing—whether this be crisis accommodation (a refuge), transitional or social housing, or private rental
- ▷ help her identify and act on employment, education and training opportunities.²

Not all specialist family violence services are funded to provide this full suite of services.

Funding arrangements

Specialist family violence support services are funded to deliver services against a target for episodes of support based on an average of 12 weeks per family.³ This gives services flexibility as to the duration and intensity of support while still providing the number of episodes of support for which they are funded. For example, one service's policy allows for women and children to be supported for up to 12 months, depending on identified and assessed needs.⁴ The Department of Health and Human Services was unable to provide to the Commission data showing the actual length of periods of support provided.⁵

Victorian Government funding information shows that some specialist family violence services are funded to provide intensive case-management support for high-risk and complex cases; this is based on an average of 26 weeks per family.⁶ Funding information suggests that this is a relatively small component of expenditure, with 206 'episodes of support' funded in 2014–15 compared with 5953 episodes of support for outreach and case management.⁷

The Code of Practice

Specialist family violence services are governed by the Code of Practice for Specialist Family Violence Services for Women and Children.⁸

The Code of Practice explains the values underpinning the work of specialist family violence services, describes the different types of services provided, and sets out eligibility criteria and referral pathways. It has not been updated since it was first published in 2006. A number of submissions to the Commission called for it to be updated to reflect the changed policy and practice landscape.⁹

Services provided

Not all specialist family violence services are funded to provide the same suite of services. Of the 28 specialist family violence support service providers:

- ▷ Nineteen are contact points for L17 referrals.¹⁰
- ▷ Twenty-four receive funding for the Safe at Home program, which provides specialist workers to help women stay at home with supports such as installing deadlocks, screen doors, security lighting and home alarms or by providing short-term rental subsidies or mortgage top-ups.¹¹
- ▷ Sixteen provide intensive case management based on an average of 26 weeks of support.¹² This work is funded through the Department of Health and Human Services Transition Support activity. Twenty providers are funded to provide this service through the National Partnership Agreement on Homelessness which expires on 30 June 2017.¹³
- ▷ Fourteen provide high-risk family violence services and respond to referrals from the multi-agency risk assessment and management panels.¹⁴
- ▷ Thirteen provide access to private rental programs—including help to find a rental property and brokerage funds (to pay for rental arrears, for example).¹⁵
- ▷ Twelve receive funding for after-hours support funded through the Transition Support activity. Fourteen are funded for extended after-hours support through the National Partnership Agreement on Homelessness.
- ▷ Four receive funding for court support.¹⁶
- ▷ Fifteen provide women's refuges and emergency accommodation.¹⁷

This is on top of the organisations' core work of providing support services (for example, case management, coordination and advocacy) for women and children.

In addition, family violence counselling services are provided by 35 community service organisations, some of which are also specialist family violence support services.¹⁸

Women's experience of services

Women are referred to specialist family violence services in a number of ways, including informally or formally through the L17 form when police attend a family violence incident.¹⁹ They can be referred by a general practitioner, a maternal and child health nurse, or a teacher or counsellor at their child's school or by another specialist service such as housing, Integrated Family Services, or drug and alcohol or mental health services. They might find out about a service from the internet, by calling a helpline, or by talking with a family member or friend.

Friends, family and other community members are often the first to become aware of family violence, and many victims may not seek specialist help. The following interaction took place at one of the community consultations the Commission held:

Where did you go when you first sought help?

I went to a friend and then probably watching their reaction and you realise 'hmm'.

Were they helpful?

They said that's not normal. That was the first step in understanding that what's happening to you isn't normal. One friend then contacted her lawyer for me. Then once you tell one friend you get confidence to tell another friend. You start off with people further away from you rather than those close to you. So eventually you tell your best friend and then you tell your family.²⁰

Some victims of family violence rely mainly or entirely on the help of family and friends, rather than on the police, the courts or any services. The range of help family and friends provide includes being an initial sounding board, putting the person in touch with other forms of assistance and providing a safe place to stay. Longer term, family and friends can play a monitoring role by keeping the victim informed about the movements or behaviour of the perpetrator.

Analysis by ANROWS (the Australian National Research Organisation for Women's Safety) found that more than 50 per cent of women who had told someone about their most recent physical assault by a male perpetrator first disclosed the incident to friends, family members, work colleagues or a minister of religion.²¹

Ms Sheryl Leigh Hann, Lead Advisor Quality Programs and Practice for Community Investment in the Ministry of Social Development in New Zealand noted in relation to the New Zealand experience:

The [New Zealand] research also showed that people want help from their friends and family. They would much rather that happened than go to police or to Child Protection. They wanted their community to help them.²²

Although it is important not to transfer responsibility for keeping people safe to their family and friends, how these people respond can be crucial to a victim's experience and to their recovery. The findings from the 2013 National Community Attitudes towards Violence against Women Survey show that, compared with 2009, there has been a decrease in the number of people 'who would know where to go to get help with a domestic violence problem'.²³

The Commission heard that 'there is no central website for Victoria' that informs people experiencing family violence where to go or who to contact, and some friends and family members reported finding it hard to access information about what to do to help.²⁴ Some websites provide information for family and friends looking for guidance on how to respond to family violence. Among these are the following:

- ▶ The Domestic Violence Resource Centre Victoria and the 1800RESPECT websites both have information on how to ask about family violence and what to do to help.²⁵
- ▶ Our Watch's website offers general bystander guidance on preventing family violence and White Ribbon's website has information on 'What men can do', which describes concrete steps men can take if they witness violence, are aware of violence or need to stand up to violence.²⁶
- ▶ The Say Something website, an initiative of Crime Stoppers, provides information to young people about sexual assault and how to report it.²⁷
- ▶ The Lookout website has a page for friends and family, although the information on the page is the same as that provided for victims.²⁸
- ▶ The Tell Someone website provides family violence information 'for people with a mild intellectual disability and for the support agency community'.²⁹

Among those women who do connect with a specialist family violence service, most speak highly of such services—particularly if they have access to services that provide continuity of contact and flexibility to adapt to multiple needs over time. One woman was supported by a worker for three years and said the continuity of care was a central aspect of her recovery from family violence.³⁰ Women who made submissions also praised the services:

Support workers, they listen, validate, support and advise. For someone who has never been down the path before this is so helpful in making sure you follow through with required actions.³¹

Today as I write, these frightening days are receding – but at the time I had some real concerns about my state of mind. Mine is so far, a story of relatively successful recovery over a period of three years, made possible by some good support, alongside my own energetic efforts. I recall well, the hazards of the journey though and recognize that it might easily have been a very different outcome and that at various points the success of my efforts to find external assistance seemed more a matter of fortunate circumstance than of clear pathway ... I cannot stress enough the pivotal role that this support worker played. The continuity and dependability of care I received from her and the calming effect of having a qualified and skilled worker with real knowledge of this area made an immense difference to my recovery.³²

Other women described negative experiences because they could not get the help they needed, were not listened to or felt their experience was not understood.³³ Some reported being refused service:

Domestic Violence couldn't help, refused her help because of no physical signs of abuse. They only help people who don't work. But she had no place to go. They instructed her to go to a police station or to go back home. She said her husband would definitely kill her. She went to her sister's place. Her friend from [workplace] took her in.³⁴

A timely response is seen as essential. The Women's Mental Health Network noted:

Organisations don't seem to be able to streamline the provision of timely information, waiting lists for support are too long and often women are told to ring back – this creates a critical safety issue for women who may need to remove themselves from a situation where if they stay they may be killed. Searching for information and help seeking can be stressful. Organisations must show more understanding about how stressful it is when women call them.³⁵

In their submissions women also outlined concerns related to the process of seeking help, as well as some of the reasons they did not seek assistance—for example, because they did not identify themselves as a victim of family violence, they felt undeserving, or they did not know about the range of services available:

It took me eighteen months after I left my abusive ex-partner to fully comprehend that I had been in a FV relationship. I, too, held the misconception of the stereotypical FV victim and, whilst, I was aware I had been abused, as far as I was concerned, this was not FV. As a result of this, I did not feel as though I deserved to access FV support services because, I believed, I had not experienced it so I was taking the time my case worker spent with me away from a more deserving woman. It was not until I had to fill out an application for an intervention order myself that I finally realised that, yes, it was FV.³⁶

I didn't have a language to describe what was wrong in my relationship. I didn't know who to call or who to see or which hotline to ring. I felt so stupid. It was all in my head.

I wish there had been information campaigns on TV or on the radio, that told me what abuse is and what a healthy relationship isn't. I wish I had known that all of the services for women experiencing domestic violence looked after women experiencing all kinds of violence, not just physical violence.³⁷

Many submissions mentioned difficulties encountered when trying to negotiate one's way through the specialist family violence service system. This is discussed in the 'Challenges and opportunities' section of this chapter.

The experiences of specific populations

There is concern that some people—such as children and young people, older people, young people, women with disabilities, women who work in the sex industry and people from lesbian, gay, bisexual, transgender and intersex communities—are 'invisible' to the family violence system.³⁸ People from culturally and linguistically diverse and faith communities also expressed this frustration.³⁹ Many called for better recognition of people's life experiences, as determined by intersections of gender, disability, sexuality, race, and other aspects of identity such as poverty or socio-economic status.⁴⁰

Among Aboriginal and Torres Strait Islander stakeholders, in particular, there was emphasis on a cultural lens being applied to programs and services, including specialist family violence services.⁴¹ The Commission heard that recognition of the effects of trauma, dispossession and racism and of the need for holistic, community-controlled solutions is essential to providing effective specialist support to Aboriginal peoples.⁴² This is referred to as 'cultural safety' by some and as 'culturally appropriate practice' by others.⁴³ The Aboriginal Family Violence Prevention and Legal Service Victoria submitted:

[Any] approach must necessarily recognise the over-representation of Aboriginal women and children among victims/survivors of family violence, and prioritise culturally safe and targeted approaches which address Aboriginal women and children's unique needs, perspectives and barriers to getting assistance.⁴⁴

These matters are discussed in Volume V. Barriers to family violence accommodation services—in particular, refuge accommodation—are discussed in Chapter 9.

Principles of specialist family violence services

Despite the diversity and range of support services provided, several themes emerged in evidence before the Commission about the principles underlying specialist family violence service provision.

The importance of specialist expertise

Domestic Violence Victoria stated that the sector's approach to family violence reflects an understanding of the following:

- ▷ the characteristics, dynamics and impacts of family violence
- ▷ the barriers to leaving a violent relationship
- ▷ the effects of violence on children and young people
- ▷ the nature of the first response—particularly what women need when they first disclose or seek support to leave a violent relationship.⁴⁵

Submissions used terms such as 'client-centred focus', 'women-centred practice', 'victim/survivor-led' practice, 'end-to-end wrap around' and a 'holistic approach' to describe how specialist family violence services operate and stressed that this manner of operation needs to be standard throughout the family violence system.⁴⁶

This is closely linked to the gendered approach that specialist family violence services for women and children have traditionally taken.⁴⁷ Good Shepherd Australia New Zealand described this as a best-practice model:

... that frames support and advocacy within a human rights approach and feminist analysis ... The approach is woman-focused, respectful, non-judgemental and strengths based. It facilitates women's self determination in meeting immediate and longer-term needs ...⁴⁸

Women's Health West Inc. talked about the ethos of women-only services:

The continuing role and leadership of specialist family violence services in a multi-agency system, especially those with strong feminist principles providing services for women by women, is integral to effective integration and systemic response. This ensures that women are always at the centre of our service models, providing consistency between service delivery and our work to meet the holistic needs of women in housing, flexible childcare, time out to attend court, primary or mental health services for themselves and their children in their employment, and so on.⁴⁹

Submissions emphasised the need to treat victims with dignity, to support them in making choices about how to respond to the violence, and to help them maintain control over what happens.⁵⁰ Some submissions conceptualised this as women's 'autonomy' or 'agency';⁵¹ others talked about working with people in place and on their terms and 'listening directly to the voices of those affected'.⁵² This was seen as a standard for services but also an aspiration for the entire system:

Understanding the lived experiences of women and children who experience family violence must be at the centre of any system responses and reforms.⁵³

Women must be regarded as best placed to determine how to be agents for themselves and their children as it relates to managing safety and survival in the context of separation. Their experiences of violence and interpretations of risk matter ... [w]omen's interactions with specialist and mainstream services across the system must be characterised by respect for their decision-making and support for measures adopted to manage safety. This is critical to empowering women to exercise a degree of agency when leaving a violent partner.⁵⁴

One woman remarked that this:

... could be an alternative story. It puts maximum effort into containing and holding accountable those who are violent whilst making sure victims of violence are safe, have options, are empowered and informed, and simplifies the service system to benefit victims.⁵⁵

Submissions also stressed the depth of expertise held by services that have a sole focus on keeping women and children safe.⁵⁶ Kara House submitted:

It is important to maintain this knowledge and understanding of the multiple unique experiences of women and children that can only be learnt by working closely with them and not have it diluted by reliance on mainstream services.⁵⁷

The Barwon Area Integrated Family Violence Committee noted that the reforms of the mid-2000s, aimed at better integrating the family violence system, 'articulated that responding to family violence is complex and requires that those who work with women and children experiencing family violence and sexual assault must possess a particular set of skills and expertise'.⁵⁸ Other submissions called for maintaining and strengthening a specialised response for women and their children who experience family violence.⁵⁹ Some argued for specialisation across the continuum, from prevention to early intervention, crisis response and post-crisis recovery.⁶⁰

Submissions noted that specialisation is occurring in other parts of the family violence system in recognition of the complexity of the issue.⁶¹ For example, Victoria Police introduced family violence teams from the mid-2000s to provide expertise and dedicated support for police responding to family violence.⁶² The Magistrates' Court of Victoria also highlighted the importance of specialisation:

Specialisation has been shown to have a range of positive outcomes for the Courts ... [It] facilitates a depth of understanding of family violence among practitioners and personnel involved in those matters, which results in more consistent and effective processing of cases.⁶³

While many submissions emphasised the specialised nature of family violence work, some also noted that specialist family violence services should not be the only response.⁶⁴ This is particularly the case in rural and regional areas, where a lack of specialist services means that women often depend on universal services.⁶⁵ Some rural communities that were reliant, for example, on a once-a-week outreach session from a specialist lamented the lack of a specialist service.⁶⁶

Chapter 40 discusses the specialist skills needed in family violence services.

Understanding trauma and keeping women safe

The Commission heard that a woman will disclose her experience of violence or end the relationship only if 'she is confident that the system will keep her safe'; it was also informed that many women do not realise the extent of the risk they face until they are helped to undergo a risk assessment conducted by a highly skilled specialist.⁶⁷ Similarly, submissions highlighted the importance of specialist skills in helping women experiencing violence to become safe.⁶⁸ Victoria Police stated:

In many situations, the fear and intimidation of the perpetrator makes it challenging for victims to disclose their experiences. We also recognise some victims feel unable to disclose their experience due to uncertainty about what will occur in the aftermath. In other instances, professionals may suspect something is wrong, but perhaps feel ill-equipped to know how to help. Any consideration would therefore need to take into account potential unintended consequences, such as discouraging victims from seeking assistance or disclosing, for fear of mandatory action being taken.⁶⁹

The importance of keeping women and their children safe—either at home or if they have to leave—was one of the strongest messages the Commission received. This reflects the role of specialist family violence services in responding to the immediate crisis—for example, after a police incident or when a woman seeks to leave—and on a continuing basis (including if the woman stays in the relationship). Victims valued this support highly:⁷⁰

The only service who truly understood and helped me actually begin a plan to leave my home safely with my children was a local Women's Service. I first accessed them via phone and was incredibly amazed and relieved to hear a support worker saying 'yes we're familiar with that behaviour' ... I cannot tell you the relief it was to finally, after ... years have my experiences validated by an understanding voice from that service.⁷¹

Another central message from the evidence was that women and children living with family violence experience trauma.⁷² Almost every victim of family violence who recounted their experience to the Commission spoke of the profound impact of the violence against them. Some people described the role of the specialist family violence practitioner in responding to this impact as 'trauma-informed practice'. Sunbury Community Health observed that trauma caused by family violence had specific impacts:

Addressing the trauma and other impacts of family violence in its early stages is critical, whenever possible, to re-form safe and affirming relationships and improve life choices for everyone involved, most importantly the victims. Parents' ability to attend to their children's needs is severely fractured when family violence is present, having traumatic consequences on their bonding and attachment.⁷³

Barwon Area Integrated Family Violence Committee described the dual focus of safety and trauma-informed practice. Others talked about the multi-faceted process of responding to trauma beyond the immediate crisis:

Workers need to have a sophisticated understanding of the nature, features and dynamics of family violence and sexual assault, and be highly skilled at risk assessment and safety planning and in managing ongoing risk. They also need to be able to provide therapeutic, trauma-informed, clinical practice to support and aid recovery.⁷⁴

In many cases submissions expressed the need for measures and strategies that take account of the impact of trauma as a vital part of the recovery process:

To achieve this, post-crisis support is essential in supporting women who have already experienced family violence to strengthen their capacity to consolidate and sustain the changes they have already made during the initial crisis period. Thus underpinned by a focus on breaking the cycle of violence and prevention of further harm and trauma, post-crisis support seeks to provide 'support safeguards' which target support where it is required and for as long as it is needed. This includes support to maintain stable housing, to overcome financial hardship, to find avenues of ongoing emotional support, to re-connect with family and community, to build resilience and self-determination, to address mental health and physical wellbeing issues, and to increase social and economic participation.⁷⁵

Chapters 19 and 20 discuss trauma in more detail.

Risk assessment and timely and continuing support

The Commission received evidence that victims of family violence who are not ready to leave their relationship need support and time in order to gain confidence that it is safe to act.⁷⁶ Victims who are ready to act need timely and practical support that provides accurate information about their options.⁷⁷

Victims' and their children's lives can be put at risk if this process is mishandled—for example, if a woman feels she is being rushed or is given inaccurate information or if a service inadvertently implies that she is not believed.⁷⁸ Inappropriate responses can also result in victims staying in a violent situation for longer than they would have if they had received the right support.⁷⁹

Submissions noted that the daily work of specialist family violence services is underpinned by continuous risk assessment and management.⁸⁰ Risk management is a dynamic process: risks change over time and are liable to sudden shifts that are often beyond a woman's control.⁸¹ Domestic Violence Victoria noted that specialist family violence services need to be able to respond to the woman's and her children's safety needs at any point in the process.⁸²

Chapter 6 discusses risk assessment and management.

Current demand on the specialist family violence system

The Commission heard that demand is one of the biggest challenges facing specialist family violence services in Victoria.

A number of submissions argued that, from the mid-2000s, well-conceived policies designed to secure an integrated response to family violence have been hampered by inadequate resources. It was argued that long-term under-investment in family violence perpetuates and entrenches a crisis-driven response, whereby 'support is prescribed by funding, not determined by need'.⁸³ Good Shepherd Australia New Zealand articulated the concerns of many:

Every component of the Victorian integrated family violence service system is over-worked, under-resourced, and despite its collective efforts, failing Victorian women and children.⁸⁴

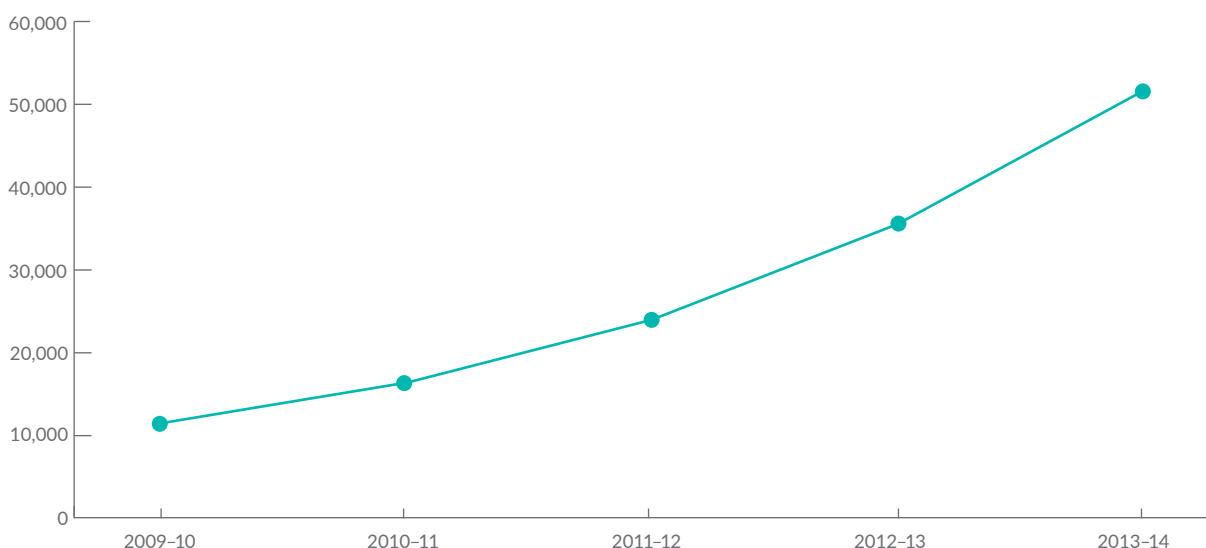
What worked decades ago is no longer relevant or effective. The system we are working within now is reactive. Rather than applying band-aid solutions to a system that is clearly fractured, an overhaul of policy reform and service delivery structures is necessary.⁸⁵

The numbers of people reporting family violence have grown substantially in recent years, and a consistent message in submissions, community consultations and hearings was that the consequent increase in demand has had a dramatic effect on police, courts and specialist family violence services.⁸⁶ The scale of growth in demand is described as unprecedented and, most probably, greater than anticipated at the time of the reforms of the mid-2000s.⁸⁷

Police L17 form referrals

In 2013–14 Victoria Police attended over 65,000 family violence incidents—an increase of 83 per cent over the preceding five years.⁸⁸ During the same time, the number of formal referrals of affected family members (female victims) to specialist family violence services grew by 317 per cent.⁸⁹ In 2013–14, of the 51,628 L17 referrals to specialist family violence services (see Figure 8.1), almost 40,000 (77 per cent) were made on behalf of female victims.⁹⁰ An L17 referral requires a specialist family violence service to attempt to contact the victim and offer support. The Commission was unable to obtain data on the proportion of victims who were able to be contacted or who wanted a service.

Figure 8.1 L17 referrals for all affected family members to specialist family violence services, 2009–10 to 2013–14



Source: Based on Crime Statistics Agency, 'An Overview of Family Violence In Victoria: Findings from the Victorian Family Violence Database 2009–10 to 2013–14', Victoria Police data source, Tab 31, Table 31: Referrals made by Victoria Police by police region and gender of the affected family member, July 2009 to June 2014, provided to the Commission by the Crime Statistics Agency, 30 September 2015.

In addition, a number of submissions identified localised and regional increases in L17 referrals. Areas of high population growth on Melbourne's metropolitan fringe—for example, the City of Casey, the City of Whittlesea and Hume City Council—experienced significant increases in demand.⁹¹ These areas have poor community and transport infrastructure, which makes it harder for victims to gain access to services. They are also characterised by historical inequities in terms of the physical location of specialist services.⁹² For example, the City of Whittlesea submitted:

The capacity of the services available in the City [of Whittlesea] is inadequate, despite having one of the highest rates of family violence in the State. Women and children can only access the regional family violence service through outreach and a small amount of very limited out-posting. Residents in the City experience differential access to specialist family violence services when compared to residents in the inner northern metropolitan areas of Melbourne. Specialist services such as Berry Street Northern Family and Domestic Violence Service (who receive the Victoria Police family violence incident reports or 'L-17's') are under significant pressure to respond to demand in the large geographical area of the Northern Metropolitan Region of Melbourne and an area that has vastly different cultural and contextual factors that vary from municipality to municipality.⁹³

The following are other examples provided to the Commission:

- ▶ Women's Health West Inc. reported a 286 per cent increase in the number of referrals from police between 2009–10 and 2013–14. It receives an average of 517 L17 referrals a month.⁹⁴
- ▶ During the same period, Berry Street observed a 259 per cent increase in police referrals. For the period July 2014 to April 2015 it received an average of 782 L17 referrals a month.⁹⁵
- ▶ Eastern Domestic Violence Service reported that police referrals increased by 275 per cent over five years, from an average of 130 referrals a month in 2010–11 to 485 a month in 2014–15.⁹⁶

Although the Victorian Government stated it does not provide dedicated funding for a response to L17 referrals (the response being part of overall case management or 'outreach'), Domestic Violence Victoria stated that some services have funded targets for responding to L17 referrals. The Commission understands this could be a consequence of local arrangements. Domestic Violence Victoria told the Commission these targets are unrealistic and cited the following data:

- ▶ Good Shepherd's Peninsula Family Violence Program is funded to respond to 72 L17 police referrals a year; it received 1413 referrals in the nine months to March 2015, an average of 157 a month.⁹⁷
- ▶ Quantum Support Services in Gippsland received 2208 L17s from 1 July 2014 to 31 March 2015, an average of 245 a month. It receives 0.8 equivalent full-time funding to respond to L17s. It has assigned two full-time staff to processing L17 referrals and says this is still inadequate.⁹⁸
- ▶ The Centre for Non-Violence in Bendigo receives L17s for men and women since it runs perpetrator programs as well as providing services for women and children. There is a funded target for men but not for women.⁹⁹ The centre received 1708 L17s for women in the year from May 2014 to May 2015.¹⁰⁰
- ▶ WAYSS Ltd is funded to respond to 12 L17s for women each year. It received 5134 L17s for women in 2013–14.¹⁰¹

Investment compared with demand

Domestic Violence Victoria reported that demand vastly outweighs agencies' ability to respond adequately, which has led to strained and ad hoc responses.¹⁰² This was a theme common to many submissions.¹⁰³ The Commission was told that the pressure is exacerbated by the fact that the level of funding has not kept pace with the rapid rise in demand and that the gap is growing.¹⁰⁴

To test this, the Commission examined funding data provided by government in order to see how funded capacity has changed in the past five years. We chose the period 2009–10 to 2013–14 because we had police data on L17 referrals as a source of demand-flow information. Demand is not just measured by the number of L17 referrals, however, since services also receive referrals from sources such as general practitioners, maternal and child health nurses and schools, as well as direct contact from women, but there is no comprehensive statewide system for ascertaining the number of these referrals.

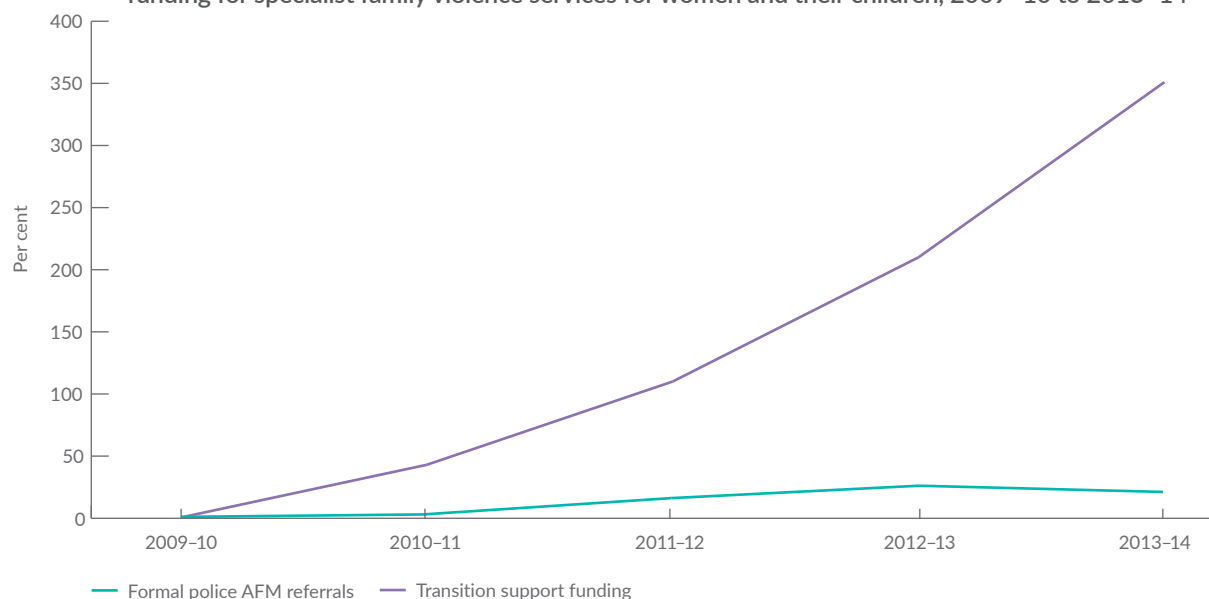
Information provided by the Department of Health and Human Services shows that funding for specialist family violence services under the Transition Support activity grew by about 9.2 per cent in the five years to June 2014.¹⁰⁵ In comparison:

- ▶ In 2009–10 there were 9530 L17s sent to specialist family violence services for female victims.¹⁰⁶ That year specialist family violence services were funded to provide 7304 'episodes of assistance'¹⁰⁷—a difference of 2226 episodes of support.
- ▶ In 2013–14 there were 39,772 L17s sent to specialist family violence services for female victims.¹⁰⁸ That year 8788 episodes of support were funded¹⁰⁹—a difference of 30,984 episodes of support.

In the following year (2014–15) the number of funded episodes of support decreased to 8508.¹¹⁰ The number of family violence incidents Victoria Police attended during that period was 70,906,¹¹¹ noting that not all incidents result in a formal referral to specialist family violence services. This number does not reflect the number of individual women affected by family violence: L17 referrals can relate to repeat violence against the same woman.

Figure 8.2 shows the growth in demand (measured by formal police referrals) compared with the level of Transition Support funding for the period 2009–10 to 2013–14.

Figure 8.2 Cumulative percentage increase in formal police referrals for female affected family members and funding for specialist family violence services for women and their children, 2009–10 to 2013–14



Note: 'Specialist family violence services' includes funding for refuges (crisis supported accommodation for family violence services), specialist family violence support services (transition support for family violence services) and family violence counselling.

Source: Based on Department of Health and Human Services, 'Query 70', Tab 1: Q70(20082_Transition Support), produced by the State of Victoria in response to the Commission's Notice to Produce dated 5 June 2015.

The Department of Health and Human Services produces regular forecasts of family violence incidents based on the number of such incidents recorded by Victoria Police; the forecasting is usually for the following three years.¹¹² The Commission understands, however, that there is no systematic demand modelling done to ascertain the level of specialist family violence services or funding required to accommodate the forecast demand.

Challenges and opportunities

This section looks at some of the challenges and opportunities associated with reforming the specialist family violence service sector and Victoria's response to family violence more broadly. Our discussion can be grouped into three main themes: difficulties with navigating the system; the impact of increased demand on the service response; and gaps in the services that specialist family violence services provide.

Navigating the system

Responding to family violence can bring a woman into contact with many different services as she deals with things such as legal matters, court appearances, securing immediate alternative accommodation, supporting children and helping them with school, medical treatment, telling family and friends about the violence, considering and applying for medium-term accommodation, and obtaining financial and material support.¹¹³ None of these are easy on their own, let alone managing all of them at the same time.

Many women told the Commission they found these systems complex and did not know where to start or how to find the right service. These systemic problems are discussed in Chapter 13, which also provides recommendations relating to system navigation. They are noted briefly in this current chapter because it is impossible to talk about women's experience of specialist family violence services without making mention of some of these factors.

I had no idea where to start or of what services were available – financial, legal, housing, personal support etc.¹¹⁴

I had no idea where to go to for help. I was not aware of any services available to women in my circumstances.¹¹⁵

Many women reported that, despite persistent efforts, they found it difficult to gain access to support services. In some cases this was a result of the multiplicity of referral pathways; in others women were frustrated by long queues for services when they needed immediate help.¹¹⁶

I tried on multiple occasions to access the domestic violence help line and I could never get through. It should be funded to run 24 hours a day. I could never find help outside of legal aid provided to me. I felt like I was entirely on my own despite many efforts to reach out for help.¹¹⁷

Others described how they went from service to service but were never told about specialist family violence services. One victim submitted:

I sought counsellors in [a large country town] ... Lifeline on the phone was a listening ear, but no help. A young male counsellor [employed] by the Council didn't know much and just kept saying (just before we split up) make really good sex with him and he'll be OK. I said it was way past that, but he just kept insisting. I spoke to a Minister of religion and while he was sympathetic he could offer no help. In Melbourne a young counsellor employed by the Council listened passively for an hour and said, well I'm sorry you'll have to explain this to the next person, I'm going on maternity leave now. No one at any time offered any referral to any agency, welfare, social work etc, ever. Maybe they didn't exist then. I'll never know ... All I wanted was someone to tell me how to handle his behaviour and what I could do to stop him abusing us.¹¹⁸

The Commission heard much criticism of the complexity and compartmentalisation of existing service system responses:¹¹⁹

There have been individuals within the system I have been lucky enough to meet and who have advocated on my behalf. I cannot help but wonder how those women who do not have an education or vital financial resources can navigate their way through the complex minefield of civil, criminal, and federal law once they leave their abuser. These three systems operate in isolation of each-other and are incongruent to each-other, making it near impossible to survive the post separation journey.¹²⁰

There was strong support for simplifying and unifying the system and making it easier and less traumatic to seek and receive support, so that the first response received by the victim is the best possible response.¹²¹

Although this subject is often discussed in the context of non-specialist responses—for example, by general practitioners or other health professionals to whom women might turn for help—the Commission was also told that simplifying responses should apply to all aspects of seeking help, including through information lines, websites and face-to-face contact. For example, websites and brochures often use language that is meaningful to service providers, government or funders but does not make sense to the person needing help:

I would love to see greater commitment from Government and non-government to plain English material, seen through victims' eyes. A recent example from [an] ABC online piece about 1800 RESPECT included this scenario – I said to her 'Are you experiencing domestic violence?' and she said 'No', '... And I thought, she has rung the DV line, I better ask this question another way.

So I said 'Can I ask you why you phoned?' and she said, 'He's going to kill me.'¹²²

Women told the Commission they wanted someone to help them obtain the things they needed in order to stay safe and recover from the violence, to help them deal with all the relevant systems (including courts, police, housing, finance and other matters) and to stand beside them rather than just referring them on to someone else.¹²³ Most specialist family violence services consider these tasks part of their case-management or advocacy role and expressed frustration that demand pressures mean they cannot always fulfil this role or cannot do it well.¹²⁴

Effects of increased demand

The increase in demand for services and the lack of growth in funded capacity have led to a heavily rationed service response, with very negative consequences for women and children and for the way the service system operates.

Rationing

The Commission consistently heard that for specialist family violence services the main task has become managing demand, particularly L17 referrals. Quantum Support Service reported that referrals are heavily triaged, with only the 'most serious' being dealt with.¹²⁵

There is evidence that, in the absence of discrete funding for intake, services have developed variations in how they respond to referrals, including in the level of resources allocated to triage, in order to manage demand.¹²⁶ For example, some services allocate full-time workers to intake and processing of L17 referrals,¹²⁷ while others add processing L17 referrals to workers' caseloads.¹²⁸ This is a source of considerable frustration for services, who see it as a diversion from their core work at a time when overall demand is rapidly escalating.¹²⁹

The Salvation Army submitted that in one service L17 demand had increased by 30 per cent from one year to the next—to over 3000 referrals a year. It reported that each L17 form is followed up with four phone calls in an attempt to make contact:

[This] takes a significant amount of case workers' time, yet services receive no funding for this work. Case workers have to reduce the amount of time they spend providing case management support to respond to L17s.¹³⁰

It further submitted:

Despite services' best efforts to stretch resources and respond to all women in need, services report that there is still a large number of women who are not receiving services. L17 data suggests that only 38 per cent of L17s received result in women receiving any kind of service which may include information and advice. The remaining women either are not able to be reached or refuse a service. Unfortunately, data shows that these women and their families are the most likely to be the most complex, be well known to police and involved in child protection.¹³¹

Submissions also noted that women who are not yet ready to leave home or want to remain at home are given lower priority. Berry Street submitted that it has limited capacity to assist women identified as at lower risk, which means opportunities to intervene early, before the violence escalates, are often missed:¹³²

Under-funding results in services rationalising limited resources. This creates a perverse incentive in which women are unable to access crisis services until their need is assessed as sufficiently pressing. This process is not only dangerous it is more cost intensive than earlier interventions.¹³³

A crisis focus

The Commission was advised that focusing on crisis is problematic because crisis does not necessarily equate to risk.¹³⁴ Ms Annette Gillespie, Chief Executive Officer of Safe Steps, said:

All of the resources in the sector are directed towards the back end, towards the highest risk individuals. What we know about family violence is that, if it is not attended to in the beginning, then it escalates. The system we have now is akin to a sausage factory, pushing women towards being at the highest risk. It is only then that they will get a genuine intervention ...¹³⁵

She went on to describe the system as resulting in ‘a kind of “either, or” situation, where either you have reached the requisite risk level and you can come through the system, or you aren’t at risk enough and therefore we don’t have anything for you’.¹³⁶

The current focus on crisis can lead to victims making repeated entries to and exits from the system, which increases the number of attempts a woman must make before she can safely leave a violent relationship. Barwon Area Integrated Family Violence Committee stated:

The redirection of resources [to crisis intake response] has been at the expense of longer term support and has jeopardised the capacity of services to provide the level of support required by women and children experiencing family violence and sexual assault, increasing the likelihood they will repeatedly seek assistance.¹³⁷

This can lead to services limiting the period of support offered to women. Barwon Area Integrated Family Violence Committee explained:

In Geelong, the specialist women’s service has had to limit its intervention to three months of service. This, in turn, has had a noticeable impact on demand to Barwon CASAs and Bethany’s family violence counselling service who have similarly had to impose more stringent ongoing case reviews.¹³⁸

Eastern Domestic Violence Service reported that ‘due to the significant demand and the concerns staff hold with turning women away, EDVOS made a decision to assist women based on higher risk, but usually for shorter support periods’.¹³⁹ This also impacts on the consistency and quality of the service response, with workers under pressure to assist more women with limited resources.¹⁴⁰

Delays in following up referrals

Intake and triage of referrals, including L17s, is not discretely funded, which means this work is done as part of the overall case-management function. Each provider determines the level of resourcing it directs to this activity compared with providing case-management services (within its available budget).

Most specialist family violence services triage referrals based on a risk assessment using the information available at the time of referral, such as the L17 form. This process differs between agencies. For example, Berry Street’s triage process involves an initial review by senior practitioners who determine whether the immediate response will be a priority intake call, an intake call, a text message or a letter to the victim.¹⁴¹ Eastern Domestic Violence Service has a designated intake team that assesses and allocates L17 referrals to extremely high risk, high-risk and low-risk categories, which then determines the time frame for response.¹⁴²

The Commission understands that services aim to follow up all referrals as quickly as possible—ideally within 24 to 48 hours of receipt—but that is not always possible because of demand:

Ideally we would provide early intervention in cases coded as low risk ... but we no longer have the resources to assist all victims of family violence with the same level of urgency given the increase in demand without comparable levels of funding.¹⁴³

The Commission is aware that, when a referral is assessed as relatively low risk, follow-up can occur days or weeks after the incident or there might be no follow-up at all. It was put to the Commission that instances of no follow-up at all were a direct result of increasing demand without adequate funding for staff to respond.¹⁴⁴

The Commission was told that, of those women who are contacted, some decline the support services offered. Ms Jacky Tucker, Family Violence Services Manager at Women’s Health West, gave evidence that:

... we will make an attempt at a phone call, not necessarily a successful one, for all respondents [victims of family violence] within three days, and most of them are done within 24 hours ... We are generally able to respond to—actually speak to somebody in 65 per cent of those within that timeframe.¹⁴⁵

When asked what proportion of women who are contacted accept some sort of help, she said, ‘most women will actually engage.’¹⁴⁶

Because data is not systematically collected on how many women are contacted and, of those, how many accept the offer of support, it is not possible to determine why some women accept support and others do not. As noted earlier in this chapter, some women might turn to family and friends for support.¹⁴⁷ Some women might decide not to proceed because contact by services has occurred beyond the initial crisis period and the offer of assistance is ‘too little, too late’.

More generally, concern was expressed to the Commission that the lapse in time between the violence occurring and a service system response might also give the perpetrator time to persuade a woman not to proceed with formal assistance, such as applying for a family violence intervention order.¹⁴⁸ Alternatively, some women might not be ready to proceed with formal assistance at the initial contact, although initial contacts are important in order to make a connection and provide information the woman can use at a later time.¹⁴⁹

Because of a lack of data, it is not possible to determine the extent to which L17 contact points refer women to other specialist family violence services in the area or to determine the circumstances of these referrals—such as whether the L17s are forwarded before the initial follow-up or after the initial assessment for ongoing support. Nor is it possible to ascertain the proportion of L17 referrals that represent multiple incidents involving the same victim and/or perpetrator.

Service gaps

Submissions and participants at community consultations referred to gaps that go beyond those associated with demand pressures, as discussed—for example, shortfalls in the provision of tailored support, after-hours support, advocacy services, working with families while the perpetrator remains at home, and dealing with the longer term effects of family violence. Other gaps—in particular, in relation to supporting women to stay at home safely, offering good-quality crisis accommodation, and provision of other supports such as counselling—are considered in Chapters 9 and 20.

Tailored support

A strong theme in the evidence was that each person’s experience of family violence can vary: there are different types of violence and different levels of severity, and people need different services and supports to recover. Additionally, people experience family violence differently at different times in their lifespan—as infants, children, young people, partnered adults and older people.¹⁵⁰ The experience of family violence is also different in different places, including rural and regional and outer urban communities, and submissions called for locational disadvantage and geographical equity to be taken into account.¹⁵¹ People also called for greater responsiveness to particular forms of family violence and the inter-related nature of different types of violence—including financial abuse, stalking, sibling abuse, sexual violence and elder abuse.¹⁵²

The Commission was informed that current responses are based on programs and throughputs (the number of people able to be helped in a year), rather than women’s and children’s needs, because this is how the government funds services.¹⁵³ There is particular concern that most specialist family violence services are funded through the homelessness funding stream: several organisations submitted that this affects what and how services are provided to women, noting that homelessness funding focuses on shelter and accommodation, while family violence responses need to secure safety.¹⁵⁴ The implications of this are discussed in Chapter 41.

The Commission was also informed that people who obviously need support sometimes fail to receive it because they do not meet the specifications of the program area from which they are seeking help:

A major deficiency in current responses to family violence is that responses are constructed around ‘programs’ and ‘systems’ not around people. The type of support, the frequency of support, the period of support, and the places in which that support is delivered is determined by which program or service a worker can best ‘fit’ a person’s needs to; and what the funding and service agreement for that program or service allows.¹⁵⁵

Additionally, the Commission heard that options are limited and do not necessarily align with what women need at different stages of crisis and recovery.¹⁵⁶ For example, a woman with a disability might need specific supports or face particular costs; an older single woman might need different things to a young woman experiencing intimate partner violence; and the needs of a person leaving their home for good might differ from those of a person who stays at home or leaves and returns when it is safer to do so.

Many submissions also noted that the service system often fails to accommodate the needs of specific children experiencing family violence. Domestic Violence Victoria stated that this is in part because of ‘the limited capacity of the family violence system to respond to children and young people, due to extreme demand and endemic underfunding’.¹⁵⁷

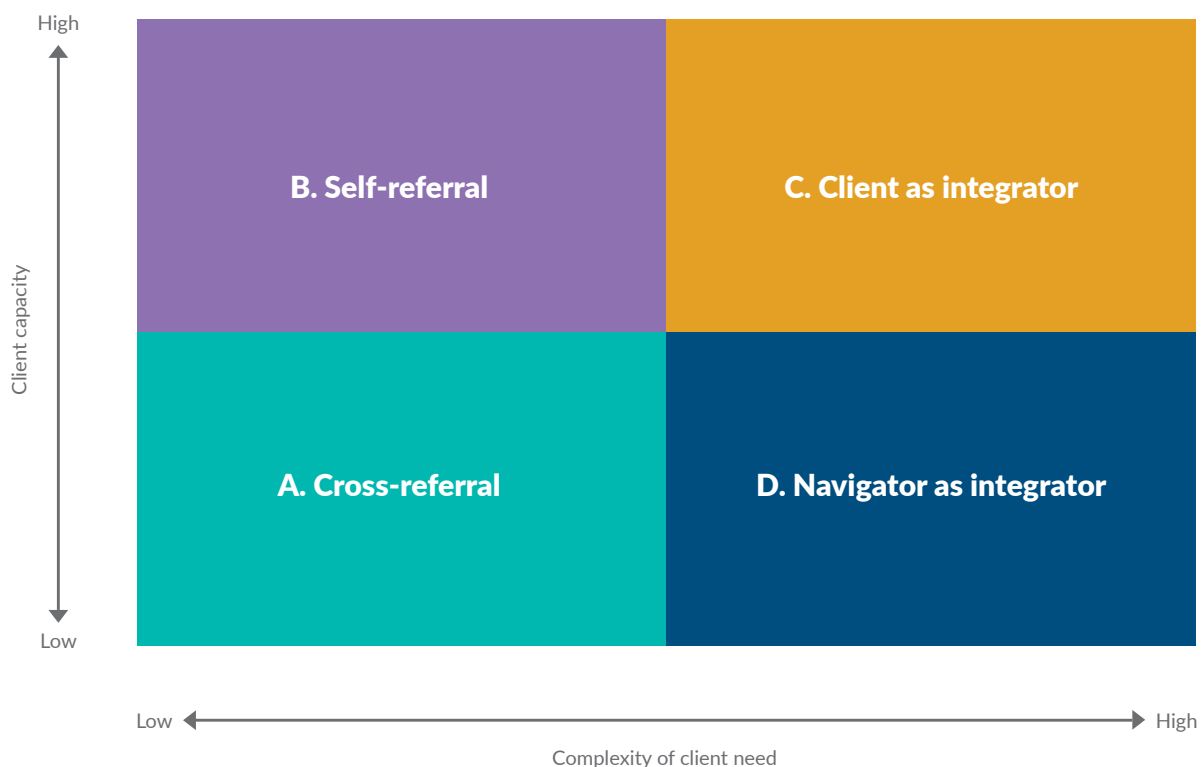
Children’s ‘invisibility’ in the service system and programs specifically for children and young people are discussed in Chapter 10; the experience of children living in crisis and emergency accommodation is discussed in Chapter 9; and referral pathways for family violence incidents involving children is discussed in Chapter 13.

The New Zealand Productivity Commission recently examined the effectiveness of social services and how the system caters for complex, multiple and interdependent needs. The commission divided users of social services into four groups:

- ▷ people whose needs are relatively straightforward but who need assistance in order to gain access to services
- ▷ people whose needs are relatively straightforward and who have the capacity to access services for themselves
- ▷ people whose needs are complex but who have the capacity to access services for themselves
- ▷ people whose needs are complex and who require assistance to access services.¹⁵⁸

Figure 8.3 depicts these four types of service users.

Figure 8.3 Characteristics of people interacting with the social services system



Source: Based on New Zealand Productivity Commission, ‘More Effective Social Services’ (August 2015).

As the New Zealand Productivity Commission noted, an ‘efficient and effective system must cater for all types of clients’.¹⁵⁹ This Royal Commission consistently heard, however, that people with complex and interdependent needs had difficulty obtaining the services they needed.¹⁶⁰

Submissions called for a broader range of options to help victims of family violence, rather than the current 'one size fits all' approach.¹⁶¹

A number of submissions discussed the importance of individualised approaches, so that support provided during the crisis and post-crisis periods better fits the specific requirements of individual victims and, where relevant, their children.¹⁶² In her evidence to this Commission, Ms Kym Peake, then Acting Secretary of the Department of Health and Human Services, acknowledged that responding to family violence 'requires an approach to service delivery that is flexible and holistic—designed around individual preferences and needs rather than programmatic boundaries'.¹⁶³

The Commission was advised of some existing sources of funding and individualised packages that can supplement casework and provide a flexible response.¹⁶⁴ Flexible funding programs allocate to providers a lump sum that can be used to achieve a broad goal. It is argued that this flexibility allows people to receive assistance according to their individual needs rather than receiving a predetermined type and level of assistance—for example:

- ▷ purchasing security measures under the Safe at Home program and the recently announced Personal Safety Initiative¹⁶⁵
- ▷ assistance to pay for goods such as household furnishings to set up a new home or rent in advance or arrears (through the Housing Establishment Fund) or a rental bond (through the Bond Loan Scheme)¹⁶⁶
- ▷ short-term funds for women with disabilities for up to 12 weeks to a maximum of \$9000 per person through the Disability and Family Violence Crisis Response Initiative¹⁶⁷
- ▷ children's resource coordinators, who have a small brokerage fund for children who are homeless. In 2013–14 a total of \$136,574 was available for Victoria, shared between eight areas.¹⁶⁸

The Commission was informed that, although these programs are welcome, they are relatively small and heavily subscribed.¹⁶⁹ A number of submissions also pointed to a more comprehensive model of individualised support beyond the crisis period—the Integrated Post Crisis Response Service developed by Good Shepherd Youth and Family Services and McAuley Community Services for Women in 2011.¹⁷⁰

During the term of this Commission, the Department of Health and Human Services announced funding packages of up to \$7000 for Family Violence Flexible Support Packages as part of a \$12 million four-year budget commitment.¹⁷¹ These discretionary packages will be administered by 15 family violence services and can be used for rent, relocation costs, material aid such as clothing and books for children, and security measures at home.¹⁷² The packages can also be used to pay outstanding bills or debts or to 'cover medical costs or enable enrolment in education or training courses to develop new skills to help find employment'.¹⁷³ It is estimated that about 1000 packages will be available each year, with an average cost of \$3000.¹⁷⁴ Ms Peake gave evidence in October 2015 that the packages were 'soon to be rolled out'.¹⁷⁵

These packages are targeted at women and children who: 'are escaping and/or have recently experienced family violence; and/or are planning to leave an abusive situation or have the perpetrator removed from the family home with appropriate legal sanctions in place'.¹⁷⁶ The period during which a woman can have access to the funds is not clear. In relation to services such as counselling, it is not clear whether there are any conditions attached to the type of counselling that will be funded (for example, that the counselling must relate to family violence) or from whom the counselling should be purchased (for example, a counsellor who is trained in family violence).

The packages cannot be used to replace or duplicate supports that are available through other funding mechanisms (including other local, state or Commonwealth programs), but the Commission understands that the packages can be used where '... available supports (e.g. Local, State or Commonwealth Government services) cannot be provided in a timely manner'.¹⁷⁷

The relationship between these packages and supports such as counselling, employment and education is discussed in Chapter 20; the relationship between the packages and housing options is discussed in Chapter 9.

After-hours support

Although many submissions emphasised the need to act at the time of crisis, the Commission heard that specialist family violence support services have limited capacity to provide after-hours support. Most assistance is offered during business hours, which is not necessarily when women need support.¹⁷⁸ This is seen as a problem throughout the family violence system. Court Network submitted:

There is little congruence between when family violence incidents occur and the subsequent response by the family violence system. Police and the 24 hour crisis telephone line for women are the only primary responses available to women outside standard business hours (Monday – Friday 9am – 5pm) despite the vast majority of family violence incidents occurring outside business hours. The family violence system is essentially ‘asleep’ when women could most do with support.¹⁷⁹

The Police Association Victoria described the challenges of offering a 24-hour service in a sector that largely operates during business hours, noting that ‘police are currently reliant on an under resourced and under staffed service sector’ and are faced with an ‘ever-expanding list of tasks performed by [police] members to assist external agencies’.¹⁸⁰

Opportunity Knocks, which is made up of a number of family violence and women’s organisations, made the same point. It stated that there are ‘insufficient immediate face to face support services for women and children in crisis, and a lack of services able to facilitate after-hours outreach support to a women where she is located (for instance, at a police station or hospital)’.¹⁸¹ It estimated that a person with an L17 referral ‘can wait 15 hours to be seen on weekdays or 63 hours on weekends, compromising women’s and children’s safety’.¹⁸²

The Commission was informed that ‘funding for after hours responses locally, regionally and across the state [is] clearly inadequate with an over reliance on a stretched statewide telephone response system’.¹⁸³ The statewide 24-hour crisis telephone service Safe Steps provides information and support by telephone, rather than face-to-face support.¹⁸⁴ The Commission understands that 24-hour outreach is not funded as a core activity throughout the state but that some specialist family violence services do provide after-hours support. For example, a weekend specialist family violence response service delivered by Women’s Health West Inc. in partnership with McAuley Community Services for Women operates for six hours on Saturdays and six hours on Sundays to deal with L17 referrals.¹⁸⁵ Another example is the Southern Women’s Integrated Support Service, operated by WAYSS Ltd, which operates extended hours seven days a week to provide a crisis response and support women and children escaping family violence.¹⁸⁶

Funding information from the Department of Health and Human Services shows that 12 services receive funding to provide after-hours support funded through the Transition Support activity.¹⁸⁷ Fourteen are funded for extended after-hours support through the National Partnership Agreement on Homelessness,¹⁸⁸ but the funding for this is not secure past 30 June 2017.

The Commission learnt that in places where an after-hours response is funded, these are primarily telephone-based services that operate on call.¹⁸⁹ The services act as the contact point for Safe Steps, which will call them to refer a woman requiring after-hours assistance in that area. The specialist family violence service can carry out a risk assessment by phone and arrange for accommodation (generally in a motel) unless Safe Steps is arranging accommodation.¹⁹⁰

Safe Steps submitted that, while ‘face-to-face crisis responses are sometimes available to some women and children in metropolitan Melbourne’, the availability of such responses is insufficient to deal with the number of crisis referrals received; nor are face-to-face responses available in most parts of Melbourne and Victoria.¹⁹¹ Go Goldfields also noted the lack of after-hours support in the regions:

After hours support is limited to women across the region. Again, telephone based support is the only response to women in locations outside of Bendigo. Whilst this may be appropriate in some cases, there are many women who require additional and face to face support after hours.¹⁹²

The Commission was informed that some service providers have pooled resources (including after-hours funding) so that they can deliver an after-hours response through the Crisis Advocacy Response Service model.¹⁹³ It learnt of two CARS services operating in northern and eastern metropolitan Melbourne—NCARS and ECARS.¹⁹⁴ The intention is to provide face-to-face assistance to women after hours at locations such as hospitals, motels and police stations (but not at women's homes), usually after an incident has occurred.¹⁹⁵ The services provide information about legal options and other rights, material aid (such as nappies and baby formula), referrals to relevant services, and planning for follow-up the next day if needed.¹⁹⁶

There is variation in how CARS providers deliver services: some providers no longer visit women in motel rooms because of concerns about safety.¹⁹⁷ One current CARS provider, Eastern Domestic Violence Service, noted that when it was launched it had a high level of recognition in the family violence sector and with police but that over time the number of referrals decreased. It submitted that models such as CARS 'need to be constantly brought to the attention of services to ensure that new staff entering the sector are aware of them' and that dedicated resources for community development and evaluation are needed.¹⁹⁸

Several organisations submitted that family violence after-hours outreach and contact for victims need to be improved. For example, the Police Association Victoria submitted that 'service provision by these agencies should be urgent and immediate post the family violence event and as such would require agencies to operate 24 hrs a day 7 days a week'.¹⁹⁹

For its part, Safe Steps expressed a strong preference for face-to-face assessment and response since this is seen as best practice. It argued that the Victorian Government should establish an outreach support service to provide a 24-hour face-to-face crisis response for women and children throughout the state under the Safe Steps Family Violence Response Centre model.²⁰⁰

A face-to-face contact, particularly as the initial contact a woman makes with the service system, is vital to ensure a woman receives the support she needs ... All women and children experiencing family violence should have access to an immediate face-to-face crisis response regardless of their location.²⁰¹

Central Goldfields Council submitted that, although after-hours and weekend access to a face-to-face response does need to be improved, to some extent this can be done with existing services working together. It might be done, for example, by collaboration between a specialist family violence response worker and a member of Victoria Police working together.²⁰²

A number of submissions noted that if sexual violence has occurred after-hours services are available at Centres Against Sexual Assault. This includes sexual assault crisis units in some hospitals.²⁰³ South Eastern CASA provides a 24-hour crisis service for sexual assault and family violence.²⁰⁴ Some submissions noted that there is potential to make use of the existing expertise of CASAs to improve after-hours service responses to family violence.²⁰⁵

The intersection between specialist family violence services and sexual assault services is discussed in Chapter 12.

Advocacy as part of case management

It was argued that specialist family violence services should be specifically funded to do advocacy work, which would include intensive assistance for the range of problems a client might be facing.²⁰⁶

The Commission notes that, while family violence support or outreach functions and roles are given different labels by different services, each is broadly consistent with casework functions. These roles are variously referred to as ‘advocates’, ‘caseworkers’ or ‘navigators’. For example, Eastern Domestic Violence Service assigns a ‘domestic violence advocate’ whose task is to work with the woman in question to identify her needs and obtain suitable services and support. This might include accompanying the woman to legal appointments and court hearings and negotiating with agencies such as Centrelink and the Office of Housing, as well as the Department of Immigration and Border Protection if there are visa concerns.²⁰⁷ Safe Futures calls its case-management response ‘Circles of Support’; it involves an advocate working with each woman and child to ‘identify their safety and support needs within a holistic framework, and then assist with referrals to appropriate support agencies’.²⁰⁸

Domestic Violence Victoria submitted that assertive advocacy is an intrinsic part of case management in managing risks for women and promoting integration of the family violence system.²⁰⁹ It argued that this advocacy role should be strengthened with adequate resourcing in order to improve individual women’s experiences of the family violence system and to contribute to better integration and effectiveness of the system overall.²¹⁰

Along with several other organisations, Domestic Violence Victoria cited the United Kingdom independent domestic violence advocates model as an example that could be emulated in Victoria.²¹¹ The UK program provides independent advocates who give ‘practical and emotional support to clients at the highest levels of risk’.²¹²

This matter was also considered in the inquest into the death of Luke Batty: former State Coroner, Judge Ian Gray recommended the establishment of a family violence advocate service based on the UK model.²¹³ Judge Gray also stated that there should be specialist family violence case management for all matters involving families at high risk of family violence.²¹⁴

Independent domestic violence advocates

In the United Kingdom independent domestic violence advocates help to keep clients safe while liaising with the numerous agencies involved in bringing charges against perpetrators. They advocate for the client—acting as their ‘eyes and ears’²¹⁵—and their role includes the following:

- ▷ creating safety plans and performing risk assessments
- ▷ accompanying clients to court or arranging pre-trial visits
- ▷ supporting clients in giving evidence and writing victim impact statements
- ▷ requesting special measures—for example, screens to conceal clients in court so that a client does not have to face their abuser
- ▷ helping clients obtain refuge accommodation
- ▷ helping clients improve the security of their property so that they can continue to live safely at home
- ▷ providing emotional support and referring victims to counselling or mental health services
- ▷ liaising with social workers in relation to child protection.²¹⁶

Working with families when the perpetrator is still in the home

A number of women told the Commission they wanted to keep living with their partner or that they lived with their partner for a long time before they felt it was safe enough to end the relationship.²¹⁷

I stayed married for many years longer that I wished to because of his threats to take the children so that I would never see them again. I stayed because I wanted to protect my children and because I knew that given his level of anger and aggression that I would be left homeless.²¹⁸

A specialist family violence worker reflected on her experience:

Why doesn't she leave? ... Two things! Firstly that they love their partners is a very simple message. They just want the violence to stop. We have a tendency to reduce what is a complex relationship to a risk assessment checklist in our crisis response rhetoric and approach ... The second most commonly expressed response from women is they stay for the children. It seems a dichotomous attitude to keep your children living with FV however most women I have supported go to great lengths to keep their children safe and away from the violence.²¹⁹

The Commission was also told that in Aboriginal and Torres Strait Islander communities it is particularly important to take a whole-of-family approach. This may include working with the perpetrator of the violence in the home:

We need community involved to keep the family together. We haven't got a family-centred approach. We need to pull the mum, dad, children together – we need to get the children involved. I'm talking about keeping the family together at home. Making sure the violence doesn't escalate.²²⁰

... in their [Victorian Aboriginal Child Care Agency family violence workers] experience working with Aboriginal women affected by violence, the majority of them want to stay in the relationship, they do not want the relationship to stop, just the violence.²²¹

As observed throughout this report, specialist family violence workers play an important role in providing information and support to enable women to make choices, particularly in the immediate crisis period. This involves assessing the needs of a woman and her children over time and helping them obtain the services and supports they need.

According to Safe Steps, women who remain living with the perpetrator of violence have few support options. The organisation noted that, although support is currently funded through outreach or case management, 'caseload caps, capacity and resource constraints mean that women and children wait for weeks or months for follow up contact'.²²²

The Commission was told that in practice specialist family violence services tend to work with women who have left or are on the point of leaving a violent relationship. Some people were critical of this focus:

The refuge made it clear that if we didn't come ... we would not receive counselling or housing support.²²³

It also frustrates me that some service providers decline to work with people who are subject to violence if they are ambivalent about the relationship or staying in the relationship. From my point of view some support is better than none and the risks to the person subject to violence and/or the service provider needs to be assessed on an individual basis not one size fits all, especially if the person using violence has committed also to working on their behaviour.²²⁴

Families@Home

Families@Home is an example of a program that works with families where the perpetrator may still be in the home. It is delivered by Kildonan Uniting Care in partnership with homelessness services Salvation Army Crossroads and Launch Housing and was one of several Homelessness Innovation Action Projects established in mid-2012 and funded by the then Department of Human Services.²²⁵ It has since been funded on an ongoing basis. Kildonan told the Commission that Families@Home has supported 393 families since November 2012.²²⁶

The program supports families who are experiencing family violence—although not high-risk cases—with a multi-disciplinary team who operate a ‘one-stop shop’ model providing services based on a whole-of-family assessment.²²⁷ The Commission understands that there are no formal referral pathways into the program; instead a community engagement worker promotes the service to referrers such as family and community services.²²⁸

The Families@Home program provides financial counselling, family support, specialist family violence support and housing support services. It also provides women seeking employment financial assistance to enter vocational studies, linking them with employment agencies and work-readiness training courses, as well as dealing with factors preventing women from working (such as affordable child care).²²⁹ The service offers advocacy with real estate agents and assistance with initial accommodation costs if the woman is not able to remain in her home.²³⁰

The program also supports perpetrators if the woman consents to this, although the program evaluation reported consistently low engagement from this group.²³¹ The program evaluation also noted that the model of intervention required clarification, with differences observed in the approach of family violence, housing and family services agencies, which are partly a result of differing views of what constitutes early intervention.²³²

Western Melbourne Child and Family Services Alliance noted that there are challenges in working with women who remain living with the perpetrator or in having a solely legal response:

By working solely to encourage women to seek protection orders we risk losing genuine engagement with a victim and the perpetrator may still remain in the home. Instead of increasing safety, an unintended consequence is that we may decrease safety as we no longer have the trust and information necessary to properly intervene and provide support.²³³

MacKillop Family Services argued:

While it is generally the practice of some specialist family violence services to focus support towards women and children who are no longer living with the perpetrator, MacKillop's family support teams work with families in which violence is on-going ... There are a number of reasons a woman might decide not to leave and ... support should not be predicated on her leaving ... Some services still require that women and children have left (or the perpetrator has left) before support can begin. Ongoing support of this service model leaves many women and their children without adequate assistance.²³⁴

The Commission was informed that it is often Integrated Family Services, rather than specialist family violence services, that work with families when the perpetrator is still living at home. For example, Kildonan Uniting Care estimates that about 60 per cent of all families referred to Child FIRST by means of police L17s are families where the parents remain in a relationship.²³⁵

Kildonan Uniting Care pointed out that, because many women do not choose to leave their partners, at least initially, this has ramifications for child protection and child safety work.²³⁶ The Commission received substantial evidence that when Child Protection is notified it can place further pressure on a woman to leave the relationship as part of her duties as a 'protective parent'.²³⁷ This is discussed in Chapter 11. In summary, many women and family violence professionals expressed the view that the 'protective parent' approach leads to re-victimisation and a failure to focus on the person responsible for the violence; they called for child protection practice to take a 'family violence' approach.²³⁸

Some submissions suggested that specialist family violence workers be placed within Integrated Family Services and Child FIRST teams to support the woman when the perpetrator is still in the home. Western Melbourne Child and Family Services Alliance submitted that 'these workers should be prepared to work alongside family support workers within family units where the perpetrator has not left the family, providing specialist expertise and strategies to manage this issue'.²³⁹

In relation to family services, in New South Wales the Parenting Research Centre has been commissioned by Burnside Uniting Care to develop a practice framework aimed at strengthening parent and family functioning and improving child outcomes in families who have been identified by the child welfare system and where family violence is a current or recent concern.²⁴⁰ The Commission was informed that the framework uses a 'harm reduction' approach to reduce the harmful consequences of the particular family situation and incorporates a range of goals as alternatives to separating whilst at all times maintaining the safety of family members, particularly children. The framework is being trialled at two locations in New South Wales, with a third to be rolled out, and further review and evaluation to be conducted by the end of 2015.²⁴¹ The Commission heard that this work is at a relatively early stage but could make an important contribution to how Integrated Family Services work with families where men are using violence.²⁴²

It was also submitted that delivering a better response to families when the perpetrator is in the home calls for consideration of how to use the expertise of perpetrator programs, noting that, with a few exceptions, the current intake and referral pathways to these programs are separate from those for services for women and children.²⁴³

In Chapter 22, the Commission discusses the potential of restorative justice processes to meet some of the needs of victims who remain living with or in contact with the perpetrator.

Dealing with the longer term effects of family violence

There was strong support for expanding the response to family violence beyond the crisis phase and frustration that this is currently hindered by inadequate resourcing.²⁴⁴ The Commission received evidence about the importance of longer term support for victims of family violence, to help them recover physically, emotionally and financially:

The true goal for family violence reform is for women to fully participate in society and live a free and independent life. The full aim for men is the same. Quality of life is diminished for perpetrators and victims. Safety is an essential part but not the end point we want for women. It is a stepping stone for her to reach her full potential.²⁴⁵

The lasting impacts of family violence and men's violence against women is life long, however women, children and families have the ability to survive this and even thrive after the violence has occurred. What is crippling for individuals and families is a lack of support which would otherwise enable them to return to work, continue to study, maintain relations and participate in everyday life again.²⁴⁶

Tackling financial and social disadvantage was another important principle:²⁴⁷ 'Supporting victims of violence to obtain their financial independence is vital if we are to prevent them and their children from experiencing ongoing poverty and disadvantage'.²⁴⁸

Submissions noted that employment and education are protective factors against violence.²⁴⁹ For women who have left a violent relationship, stable and secure housing was seen as a lynchpin in helping families rebuild their lives.²⁵⁰ This is discussed in depth in Chapter 9. Recovery, including financial security and health and wellbeing, is discussed in Chapters 20 and 21.

The way forward

The Commission recognises the unique and crucial role specialist family violence services have in the family violence system. As is apparent, though, the policy and service delivery landscape has changed since the mid-2000s, with complex referral pathways, growing demand, and gaps in services emerging. At the same time, many other service systems are confronting the reality of family violence. This has implications not only for services such as health and Integrated Family Services: it also has implications for the specialist family violence services that must connect with and understand those service systems.

Specialist family violence services, along with police and the courts, are under enormous pressure as a result of the unprecedented demand for assistance in the past decade. The situation has been exacerbated by the largely static levels of funding provided for specialist family violence services during this period.

Put simply, current funding is insufficient if we are to respond properly to demand. Demand pressure has resulted in services for women and their children focusing on crisis responses. The Commission considers it a priority that the capacity of the system be immediately expanded in order to enable it to better respond to demand.

Alleviating the immediate demand pressure should allow specialist family violence services to focus on what they do best—helping women and children stay safe and rebuild their lives. Alleviating demand pressures should also free up services to concentrate on new and better methods of service delivery, enhancing staff capabilities and improving access for victims of family violence who face specific barriers.

The Commission is aware that family, friends and community organisations are often the first to become aware of family violence. Individuals and communities, therefore, need to be equipped to recognise and respond to family violence, in relation to both victims and perpetrators.

Addressing demand is only part of what must be done. Chapter 13 discusses the integration between specialist family violence services and other parts of the service system, such as Child Protection, Integrated Family Services and men's services, and considers opportunities for more streamlined pathways to receipt of services.

Elsewhere in this report the Commission makes recommendations that are also relevant to specialist family violence services—in relation to housing and accommodation (Chapter 9), industry planning (Chapter 40), and the needs of specific population groups (Volume V). For this reason, most of the recommendations in this chapter are limited to dealing with the demand specialist family violence services face to allow them to move from managing demand to meeting demand.

Short-term action to support family and friends

As noted, the Commission is conscious that not all women who experience family violence will seek help through specialist family violence services. Family and friends should be better equipped to support victims, both at the point of crisis and during the recovery period, and men should be encouraged to play a more active role in discouraging family violence.

At present there are websites that provide family violence-related information for victims, family and friends. Although these websites are helpful, there is no distinction between information directed towards victims and that relevant to family members, friends and others who might be concerned about the victim. Additionally, the focus is more on the crisis period than on helping victims rebuild their lives.

Recognising that family, friends and community organisations already respond to family violence, the Commission considers that a website that provides all involved with the information they need to be safe, supportive and proactive, would be a valuable initiative. This could draw upon existing family violence information sites as well as looking to leading practice in other sites that deal with complex social problems that provide information to people seeking to support their family, friends and colleagues. It is important that any information about family violence is presented in ways that are accessible to everyone in the community, including young people and people from diverse communities.

Recommendation 10

The Victorian Government expand an existing website or create a new website [within two years], to provide information for:

- ▶ victims of all forms of family violence—including victims who face particular barriers to obtaining help—about where and how they can seek help
- ▶ families, friends and community networks, to help them recognise family violence, support victims and support perpetrators who are seeking help to change their behaviour.

This information should relate to both help during the crisis period and recovery in the longer term.

Responding to demand

Specialist family violence services are overwhelmed by high levels of demand, and women and children are being left vulnerable to violence. The system is under enormous pressure, trying to respond to the growing number of referrals with existing resources. This has a number of effects on the way specialist family services are delivered, among them the following:

- ▶ Responses are rationed and triaged with a focus on crisis. Services are trying to manage demand when their service ethos is to meet demand.
- ▶ Lower risk referrals might not be followed up or are followed up days or weeks after the violence occurs.
- ▶ Early intervention to assist the victim and prevent the violence from getting worse may not occur.
- ▶ The duration of support services provided is truncated.
- ▶ The quality of service and risk management is compromised.
- ▶ Some women face specific barriers that are likely to be intensified when the system faces demand pressures. This adversely affects service quality and accessibility.
- ▶ The relatively static level of investment in specialist family violence services in the past decade has resulted in inadequate options beyond the crisis period.
- ▶ Some women return to or remain in violent situations because adequate support is not available. This creates 'churn' in the system and can lead to multiple contacts with services before a woman and her children are able to find safety.

The focus on trying to manage demand has skewed the entire system and gets in the way of effective systems thinking and innovative responses. We make a recommendation to provide funding for processing and responding to L17s in Chapter 13. We make an additional recommendation about a funding boost below.

A funding boost as a circuit breaker

The rate of growth in demand has significantly affected the ability of specialist family violence services to provide services to all who need them. The situation is exacerbated by funding levels that have remained relatively unchanged. Services have always had to be resourceful but, if demand is not addressed, it will not be possible to embark on system reform or deliver on the promise of an integrated family violence system as first articulated in the mid-2000s. Without additional funding to meet immediate demand, the pressure will continue to define and restrict the focus of specialist family violence services.

Although the 2015–16 State Budget allocated a small funding increase to family violence, that funding is for one year only. The Commission recommends that, in addition to maintaining the funding on an ongoing basis, government should ensure that adequate funding is available immediately to stabilise the system and deal with current demand.

There are opportunities for greater efficiencies through more streamlined intake arrangements and a greater role for other services to recognise and respond to family violence. It is, however, unlikely that these efficiency gains will offset the full level of additional investment required. Further, there are important gaps that need to be filled—in particular, the following:

- ▷ after-hours face-to-face responses
- ▷ consistent therapeutic responses for children
- ▷ support for women who remain at home—including when the perpetrator is present
- ▷ support for victims who experience family violence other than intimate partner violence.

These improvements are necessary to ensure that victims can receive support no matter when, how and where family violence occurs.

The Commission notes that the expansion of Family Violence Flexible Support Packages, as recommended in Chapter 9, will help victims receive support that is tailored to their individual needs.

The most important thing is that women and children receive the help they need. Regardless of whether decision makers choose to call this ‘case management’, ‘advocacy’ or ‘navigation’, it is vital to ensure that this function—which already exists—is funded at an appropriate level.

The Commission recommends that the Victorian Government model the total investment required to ascertain the impact of the various measures and reforms it recommends. Any response to longer-term demand must be based on robust forecasting coupled with strategic planning that takes account of the requirements, contributions and interdependencies of the broader service system beyond specialist family violence services. This demand modelling should be completed within two years, be reviewed regularly, and form the basis for determining future investment levels. This is discussed further in Chapter 41.

Strengthening specialist family violence services

A specialist response at the point of crisis is crucial, and it is important to note that this period of crisis is not necessarily short or a one-off occurrence.

When a person seeks assistance it is vital that they have confidence in the system and are provided detailed information about their options including in circumstances where they choose to stay living with the perpetrator. The level of support and information provided at this stage can affect whether a woman decides to leave a violent relationship or whether she chooses to stay safely at home.

One of the most important functions of specialist family violence services is risk assessment and management. As noted elsewhere in this report, specialist family violence services are responsible for undertaking risk assessment and management, while other services focus on the indicators of risk and understanding when they should refer a victim to specialists.

For those victims who report family violence, whether through a planned disclosure or as a result of a crisis, it is crucial that the response is guided by specialised skills and knowledge of family violence, particularly in relation to assessing risk.

Specialist family violence services quite rightly focus on the crisis stage: this is when their expertise is most needed. Safety during a crisis is paramount and must be secured so that other measures can be put in place for longer-term recovery.

Some women will not wish to become involved with specialist family violence services, no matter what the level of risk is, and other services such as community health or Integrated Family Services will need to play a more prominent role. The Commission is also aware that specialist family violence services will not be the most appropriate response for every woman who experiences family violence. It is neither viable nor desirable to have a service system that channels all women into one type of service.

Beyond the crisis phase, other services might assume a larger role with the task of specialist family violence services involving co-managing cases, and providing ongoing advice about risk management. The way this will work will depend on an individual woman's needs, and any handover between services must be guided by continued risk assessment and responsiveness to the victim's preferences.

The Commission also considers that, in view of the extent of family violence, specialist family violence services should focus on supporting women who are at medium to high risk, including women who elect to remain at home. Once the risk subsides, case management can be transferred from specialist family violence services to other services—assuming that these services have the capacity and skill to respond and that they remain in contact with specialist family violence services so that risk assessment can continue to be carried out.

In the case of women with children who are at lower risk, Integrated Family Services or other generalist or specialist services should play a greater role in case management, with the advice of specialist family violence services. This is particularly important in relation to risk assessment and management because risk can escalate quickly. Further, the choices of the victim must be recognised: many women build trust with a specialist family violence service, and passing them on to another service is not always appropriate.

The Commission is aware that this is the way many specialist family violence practitioners aim to work at the moment, but that options for co-working with other services vary. The challenge lies in ensuring that the skills and expertise of specialist family violence services are captured and integrated into whichever service women are most comfortable using. Specialist family violence practitioners have a role in helping others develop their skills in responding to family violence.

This capacity building can, and already does, take many forms—secondary consultation, co-case management, shared training in areas of commonality, training in specific aspects of family violence, and so on. A specialist workforce has the knowledge and expertise necessary to ensure that family violence practice continues to be refined, is guided by practice-based research, and is shared with others. The Victorian Government must recognise and fund this work.

Addressing inconsistency

The Commission observed variations between service providers in practice, approaches and delivery arrangements. Some variation can be considered positive since it reflects a tailoring of services to local circumstances (for example, in rural areas) and allows for innovative practices and approaches. The current scale of variation means, however, that women experiencing family violence do not receive a consistent service response throughout the state.

One of the factors contributing to this situation is the lack of specificity by government in relation to what it requires specialist family violence services to provide, how, to whom and to what standard. There is no consistent definition of the services to be provided by specialist family violence services. The services have evolved over time in response to changing demand and delivery arrangements, and their development has been characterised by complex, multiple and sometimes insecure funding streams, investment in ad hoc or one-off pilot programs, and a lack of sustained governance structures.

As noted, the primary governance document for specialist family violence services—the Code of Practice for Specialist Family Violence Services for Women and Children—was released a decade ago and has not been updated.

The Commission proposes that the Victorian Government work in partnership with the family violence sector to refresh the code and in some cases develop new frameworks and guidance material that make clear the role, objectives and focus of specialist family violence services. This would assist with consistency between services. This matter is examined in Chapter 13.

Recommendation 11

The Victorian Government provide additional funding for specialist family violence support services to deal with the current crisis in demand and to ensure that victims of family violence receive appropriate support [within 12 months].

Recommendation 12

Pending the establishment of the recommended Support and Safety Hubs, the Victorian Government expand funding for after-hours responses—including the capacity to activate a face-to-face crisis response when required—in each of the 17 Department of Health and Human Services regions [within 12 months].

Endnotes

- 1 1800RESPECT, *About Us* <<https://www.1800respect.org.au/about/#link1>>.
- 2 See, eg, Eastern Domestic Violence Service Inc, Submission 619, 12; WRISC Family Violence Support, Submission 260, 6.
- 3 Based on a case load ratio of one worker to 12 families. 'Outreach workers undertake risk assessments and safety planning, and provide practical support in relation to housing, court processes, financial issues and link women to other appropriate services. Women may receive outreach services for an average of 12 weeks. Some women may require support over a longer period. Outreach services will also consider the needs of accompanying children when assisting women who have experienced violence.': Department of Health and Human Services, 'DHHS response in relation to Part A 2(a)(ii) and (iii)', 2, produced by the State of Victoria in response to the Commission's Notice to Produce dated 20 August 2015.
- 4 Department of Health and Human Services, 'Emerge Referral Management' (August 2013), 3, produced by the State of Victoria in response to the Commission's Notice to Produce dated 20 August 2015.
- 5 The Department of Health and Human Services advised that '[t]he Specialist Homelessness Service Collection (SHSC) data does not align with DHHS activity numbers. It is not possible to provide actual results from the SHSC based upon activity numbers. Subsequently actual performance data cannot be disaggregated for each of the elements under the activity'. See Department of Health and Human Services, 'DHHS response to request items 2–9' (29 October 2015), produced by the State of Victoria in response to the Commission's Notice to Produce dated 13 October 2015.
- 6 Based on a ratio of one worker to six families. Department of Health and Human Services, 'Department of Health and Human Services—Response to Notice to Produce' (20 August 2015), 2, produced by the State of Victoria in response to the Commission's Notice to Produce dated 20 August 2015.
- 7 Department of Health and Human Services, above n 3, 2.
- 8 Domestic Violence Victoria, 'Code of Practice for Specialist Family Violence Services for Women and Children: "Enhancing the Safety of Women and Children in Victoria"' (September 2006).
- 9 See, eg, Domestic Violence Victoria—02, Submission 943, 17; Gippsland Integrated Family Violence Service Reform Steering Committee, Submission 691, 6.
- 10 Department of Health and Human Services, 'DHHS Response to Part B (Items 2–10)' (18 September 2015) produced by the State of Victoria in response to the Commission's Notice to Produce dated 21 September 2015.
- 11 Department of Health and Human Services, 'Mapping of Family Violence Providers by Funded Activity DHHS comments' (6 October 2015), produced by the State of Victoria in response to the Commission's Notice to Produce dated 21 September 2015.
- 12 However, intensive case management is a relatively small component, with only 206 'episodes of support' funded in 2013–14. See Department of Health and Human Services, above n 6, 2.
- 13 Department of Health and Human Services, above n 11.
- 14 See Department of Health and Human Services, above n 6, 3.
- 15 Ibid 2.
- 16 Department of Health and Human Services, above n 11.
- 17 Ibid.
- 18 Ibid.
- 19 Domestic Violence Victoria—03, Submission 943, 7–8.
- 20 Community consultation, Melbourne, 21 May 2015.
- 21 Peta Cox, 'Violence Against Women: Additional Analysis of the Australian Bureau of Statistics' Personal Safety Survey, 2012' (Horizons Research Report Issue 01, October 2015) 111–12.
- 22 Transcript of Hann, 12 October 2015, 3318 [10]–[13].
- 23 VicHealth, 'Australians' Attitudes to Violence Against Women: Findings from the 2013 National Community Attitudes Towards Violence Against Women Survey' (September 2014) 6.
- 24 See, eg, Community consultation, Geelong 2, 28 April 2015; Community consultation, Whittlesea, 29 April 2015.
- 25 Domestic Violence Resource Centre Victoria, *For Families, Friends & Neighbours* (2013) <<http://www.dvrcv.org.au/help-advice/guide-for-families-friends-and-neighbours>>; 1800RESPECT, *How do I support someone experiencing domestic or family violence?* (2015) <<https://www.1800respect.org.au/family-friends/common-questions/dealing-with-domestic-family-violence/>>.
- 26 Our Watch, *Preventing Violence* <<http://www.ourwatch.org.au/Preventing-Violence>>; White Ribbon, *Be an Active Bystander* (2014) <<http://www.whiteribbon.org.au/whatmencando>>.
- 27 Crime Stoppers Victoria, *Say Something* <<http://www.saysomething.org.au>>. For a discussion of bystander interventions generally, see also Crime Stoppers Victoria, Submission 208, 15–16.
- 28 The Lookout, *Family and Friends FAQs* <<http://www.thelookout.org.au/resources/survivors-friends-family/friends-family-faqs>>.
- 29 Women with Disabilities Victoria, Submission 924, 15; Southern Integrated Family Violence Executive, *Tell Someone* (2010) <<http://www.tellsomeone.org.au/index.html>>.
- 30 Community consultation, Werribee 1, 11 May 2015.
- 31 Anonymous, Submission 143, 3.
- 32 Anonymous, Submission 479, 6, 8.
- 33 Community consultation, Geelong 1, 28 April 2015; Community consultation, Werribee 1, 11 May 2015.
- 34 Community consultation, Richmond, 1 May 2015.
- 35 Women's Mental Health Network Victoria Inc, Submission 417, 6.
- 36 Leonie Davey, Submission 365, 2–3.
- 37 Anonymous, Submission 672, 1.
- 38 See, eg, Gay and Lesbian Health Victoria; Australian Research Centre, Health and Society—La Trobe University, Submission 821, 18. See also Chapter 27 and Chapter 31.
- 39 See, eg, Australian Muslim Women's Centre for Human Rights, Submission 728, 1. See also Chapter 28.
- 40 See, eg, Women with Disabilities Victoria, Submission 924, 4.
- 41 See, eg, Community consultation, Melbourne 1, 14 May 2015.
- 42 See, eg, Victorian Aboriginal Legal Service, Submission 826, 3–4; Victorian Aboriginal Community Services Association Limited, Submission 837, 3–4; Aboriginal Family Violence Prevention and Legal Service Victoria, Submission 941, 15, 22; Victorian Aboriginal Child Care Agency, Submission 947, 16, 21. See also National Aboriginal and Torres Strait Islander Women's Alliance, Submission 912, 6.
- 43 See, eg, Victorian Aboriginal Community Services Association Limited, Submission 837; Statement of Reaper, 17 July 2015, Attachment 1, 2.
- 44 Aboriginal Family Violence Prevention and Legal Service Victoria, Submission 941, 5.
- 45 Domestic Violence Victoria—02, Submission 943, 9–12.

- 46 See, eg, Community West-Brimbank Melton Community Legal Centre, Submission 387, 1; Shakti Migrant and Refugee Women's Support Group Melbourne Inc, Submission 500, 9; Jennifer Farey, Submission 747, 41; Australian Women Against Violence Alliance, Submission 838, 29; Women's Health West Inc, Submission 239, 40.
- 47 See, eg, Jennifer Farey, Submission 747, 41–3. See also Shakti Migrant and Refugee Women's Support Group Melbourne Inc, Submission 500, 6, 9, 13.
- 48 Good Shepherd Australia New Zealand, 'Responses to Family Violence: Policy Position Paper' (December 2015) 2.
- 49 Women's Health West Inc, Submission 239, 32.
- 50 See, eg, Safe Futures Foundation, Submission 228, 49; Melbourne Research Alliance to end violence against women and their children—02 (Prof Cathy Humphreys et al), Submission 840, Briefing paper 6, 2.
- 51 See, eg, Gippsland Centre Against Sexual Assault, Submission 638, 3; Crystal Bruton, Submission 137, 2–3; Bethany Community Support, Submission 434, 5.
- 52 'Recognising that when other interest groups are permitted to speak on behalf of those affected by violence, this both silences those directly affected and takes up space in which their lived experience may be heard': Vixen Collective, Submission 671, 6.
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9 A safe home

Introduction

Access to safe, stable and affordable housing is vital for women and children who have experienced family violence.

Family violence can often displace women from secure housing, whether they remain in the home or leave for alternative accommodation. Women who stay at home may require additional steps to be taken to ensure their safety and may struggle financially to meet mortgage or rent payments as a result of disruption to their own earning capacity or the failure of the perpetrator to maintain contributions. Women who leave their homes can have trouble finding safe, suitable and affordable alternative accommodation and, in some instances this can lead to homelessness.

A lack of housing options can exacerbate the trauma and dislocation of the violence, disrupting social and economic participation and education and adversely affecting health and wellbeing. In some cases it forces women to choose to return to a violent partner. Once women and children who have experienced such violence are housed in a safe place, they can begin to rebuild their lives and plan for the future.

The conventional response to family violence has been for the victim and any children to leave the home and enter refuges or crisis accommodation to escape the risk posed by the perpetrator. This remains the model underpinning crisis accommodation to this day. There has however, been a growing move towards supporting victims to stay at home, where it is safe to do so and they wish to remain.

This chapter begins with a description of Safe at Home programs that, along with new technologies, seek to support women and children to stay in their own homes whenever this is possible. It outlines the necessary elements to ensure Safe at Home strategies are effective—for example, by ensuring that technological measures are coupled with broader practical and emotional support, effective risk management and justice system responses, case management and good information sharing between service providers.

The chapter then provides a snapshot of accommodation options in Victoria when a victim cannot stay at home because it is not safe to do so. It follows the victim's journey from immediate crisis accommodation towards a permanent home, highlighting existing gaps and identifying opportunities for improvement. The Commission was told that there is limited availability of crisis accommodation because of capacity and eligibility requirements, which leads to some victims being forced into inappropriate or ad hoc accommodation such as motels or rooming houses that are unsafe, unpleasant and alienating, particularly for children. The Commission was also told of the lack of affordable medium-term and long-term housing, causing the system to clog up, leaving victims trapped in transitional or crisis housing arrangements with limited options to move into more stable housing.

At the end of the chapter, the Commission sets out recommendations aimed at supporting victims to remain in or return to their own homes and communities, as well as improving refuge accommodation and promoting access to a greater range of crisis accommodation. The Commission also proposes expanding the existing Family Violence Flexible Support Packages and significantly extending their availability so that assistance for people affected by family violence better meets their specific needs.

Much of the discussion in the chapter focuses on the housing needs of women and children. The Commission also received evidence about the housing needs of specific groups of victims, such as young people, older people and lesbian, gay, bisexual, transgender and intersex people. The experiences of these groups are considered in Chapters 10, 27 and 30.

The impacts of family violence on housing

Family violence is the major reason for women seeking assistance from homelessness support services in Australia.¹ In 2014–15, 31 per cent ($n=31,421$) of all people seeking assistance from homelessness services in Victoria did so as a direct result of family violence.² Of this number, 86 per cent ($n=26,979$) were women.³

Family violence is also a growing cause of homelessness among young people. Recent research has found that nationally 56 per cent of young people experiencing homelessness had to leave their home at least once as a result of violence, while about 90 per cent had witnessed violence in the home.⁴ Melbourne City Mission informed the Commission that 'homelessness is correlated with early school leaving, precarious employment, welfare dependency and justice system engagement, as well as poor physical and mental health'. It submitted:

There is something fundamentally wrong with our community's response to family violence, when the default response to a young person disclosing family violence is to pathway them into the homelessness system.⁵

The Commission was also informed that meeting the short-term and longer term housing needs of victims of family violence is crucial so that their experience of the violence does not define their future.⁶ Witnesses told the Commission that responding to these housing needs is central to everything else. People cannot move out of crisis without first having a safe and secure place to live:

We know from our work that once you have someone housed, a huge amount of the stress of their situation is removed. While someone is homeless, the only thing that they can really address is their homelessness. Once clients are housed, they are more open to having a think about their mental health and physical health, getting a plan in place with workers if there are substance issues or tackling old debts. Those things can often only be looked at once the primary stressor, their lack of safe and secure housing, has been resolved, particularly if they have children.⁷

It was submitted that the longer women and children remain homeless or in temporary accommodation the more likely it is that the crisis will extend and repeat. This can trap a victim in a cycle of violence, homelessness and, for women who perceive they have no other choice, a return to a violent partner.

Being homeless with a kid and having to constantly move from refuges to motels was a real hassle, especially without a car. Honestly, it just made me want to go back to the violence because I knew there was at least a roof over our heads and I had somewhere to feed my son.⁸

Staying home safely

Many submissions to the Commission made the point that the best outcome for women experiencing family violence is that they are supported in staying in their own homes if it is safe to do so.⁹

The Public Health Association of Australia observed that 'the onus should not be on the victim to find a place of safety but [should be on] society to keep the victim safe from the perpetrator'.¹⁰ One victim articulated the frustration many women feel at being forced from their homes in order to keep themselves and their children safe:

The thing I hate the most is, why do we as women of domestic violence/survivors, why do we have to leave our families and our homes because of them bastards. Why do we have to leave and run? Why do we have to leave everything we love because someone just can't let go. That's what I hate the most.¹¹

In her evidence to the Commission, Dr Angela Spinney, research fellow and lecturer, Institute for Social Research, Swinburne University of Technology, who evaluated the first Australian Safe at Home scheme, in Tasmania, emphasised that it is '... the element of choice which is really important'.¹² For some women, their home has been '... a really unhappy place and they may not want to remain there, but many women do ...'¹³

The Commission was advised that in recent years there has been a move towards helping women and children stay in their homes when it safe to do so, with orders excluding perpetrators from the home and an expectation that they should be the ones to seek alternative accommodation.¹⁴ This has been supported by changes to law and practice—such as the introduction of family violence safety notices and the use of family violence intervention orders to exclude the perpetrator—as well as funding for and trials of programs aimed at supporting women in staying at home.¹⁵

Safe at Home initiatives: a time line

Early 2000s	A number of Safe at Home programs trialled throughout Australia show that the initiative is a viable option for some women. ¹⁶
2007	The BSafe trial begins and will run until 2010.
2008	Family violence safety notices and family violence intervention orders are introduced, strengthening the ability of police and the courts to order perpetrators to leave a home.
2008	<i>The Residential Tenancies Act 1997</i> (Vic) is amended to allow victims of family violence to transfer leases previously held in the perpetrator's name (or jointly with the perpetrator) into their own name following the making of final intervention orders. ¹⁷
2008	The Australian Government's White Paper on homelessness is released. It acknowledges that homelessness can be reduced by increasing support for women and children who wish to stay in their own homes when it is safe to do so. ¹⁸
2009	The first National Partnership Agreement on Homelessness between the Commonwealth and state and territory governments commences, which funds expanded models of support known as Safe at Home programs.

'Safe at Home' refers to a variety of different interventions aimed at helping women and children to remain safely at home. As noted by the SAFER research program, 'there is no single approach to "safe at home" interventions': services develop programs to 'meet the specific needs of their client group, their agency context and available resources'.¹⁹ Some of the programs are location specific; others form part of strategic policy approaches at the state and territory and national levels.²⁰ They are variously referred to as Staying Safely at Home, Home Safe and Staying Home, Leaving Violence.²¹

In Victoria, Safe at Home programs are delivered by some specialist family violence services and funded through the National Partnership Agreement on Homelessness.²² As part of the program, specialist workers assess the safety needs and the level of support required for women and children to stay in their own homes. Steps are also taken to increase home security by, for example, 'installing deadlocks, screen doors, security lighting and home alarms, or providing short-term rental subsidies or mortgage top-ups'.²³

Developments in technology have also been used to bolster security for women and children who stay in their homes—for example, personal alarms that, when activated, provide a GPS reading of the woman's location to a 24-hour call centre and trigger a police or security company response. Some of the more recent models of safety alarms also incorporate a live video and audio stream that can capture evidence.²⁴

In addition, family violence apps for smartphones have been developed. In May 2013 the New South Wales Government announced the release of Aurora, a free smartphone app for people experiencing domestic and family violence in the state.²⁵ The app provides information about what constitutes family violence and about services that can help. It also allows a user to quickly send in-built messages (such as 'Call the police' or 'Come and get me') or customised messages to up to five friends or family members if they need urgent help. The app's GPS system allows the message alert recipients to see where the sender is. In announcing the launch of the app, New South Wales Minister for Family and Community Services, the Hon. Pru Goward, noted that it could be particularly useful in 'regional and rural areas where women don't necessarily have access to a computer, but they often own a smart phone'.²⁶

Bsafe

Bsafe is a personal alarm system for women and children escaping family violence. It uses a GPS tracking unit to notify a response centre of the user's location and the need for urgent assistance.²⁷ The program was initiated by Benalla police following a visit to Sweden in 2003. Women's Health Goulburn North East trialled it in 2006 in the Hume region.²⁸

The program was formally evaluated following a pilot run through Women's Health Goulburn North East between 2007 and 2010, with funding from the Commonwealth Government. Women in the pilot were asked to complete an evaluation questionnaire after having their personal alarm kit for three months, six months and on leaving the program.²⁹ The questionnaire sought information about breaches of family violence intervention orders, kit activations and police responses, as well as victims' feelings of safety and their broader experiences.³⁰

Thirty-six women participated in the evaluation.³¹ The evaluation states that 27 women reported a decrease in perpetrator recidivist offending, and of this number, 16 women reported that breaches of intervention orders 'stopped entirely once Bsafe was installed'.³²

Some women reported that the perpetrator's violence reduced or ceased as a result of 'a combination of factors—including Bsafe, relocating to another community, securing an Intervention Order with more conditions, and effective perpetrator programs in conjunction with drug and alcohol counselling [where this was a presenting factor] ...'.³³ Other women said the violence they experienced changed from being physical to psychological in nature—including threats, intimidation and stalking, which usually ceased with time.³⁴

It was found that a majority of the women were able to remain safely in their own home and that most women felt safer because of Bsafe and access to other services associated with the program.³⁵ The evaluation noted that this '... sense of increased safety that Bsafe offered had allowed women to regain some personal strength and freedom in their lives post-violence'.³⁶

The program was found to be effective for a diverse group of women, including women with disabilities and women from culturally and linguistically diverse communities.³⁷

According to Women's Health Goulburn North East, over 500 women have now been assisted since the program began.³⁸ The program is currently operating through VincentCare Victoria's Marian Community in Shepparton and no longer receives government funding.³⁹ VincentCare Victoria noted that it and its parent organisation, the St Vincent de Paul Society, 'regard this risk of violence as being so critical that [the] two organisations have continued to fund alarms beyond the pilot for family violence victims who remain in situations of extreme risk'.⁴⁰

Improving Safety in The Home

Safe Futures, a specialist family violence service, assists 40 women whom police have assessed as being at extreme risk of family violence. Each woman has a family violence intervention order in place.⁴¹ The Improving Safety in The Home program provides a risk assessment and property assessment service, case-management support, personal safety training and security technology, including Safe-T-Cards, which are personal alarms that on activation provide a GPS location to a 24-hour call centre. Police inform the perpetrators that these women have been given the Safe-T-Card and CCTV cameras in order to deter them from breaching the intervention orders. During the pilot, with 21 clients, there were no incidents of a breach of an intervention order after the women received the Safe-T-Card,⁴² in circumstances where some of these women had previously been experiencing up to 40 or 50 breaches a day.⁴³

Current investment

The Victorian Government estimates that funding for programs and services aimed at dealing with family violence in 2014–15 was \$80.6 million.⁴⁴ Of this, \$1.8 million was spent on Safe at Home programs, the majority of this funding being available through the National Partnership Agreement on Homelessness.⁴⁵ In 2014–15 a target of 877 'episodes of support' was set for the program in Victoria.⁴⁶

The main funding source for Safe at Home programs, the National Partnership Agreement on Homelessness, ends on 30 June 2017. Mr Arthur Rogers, Director of Housing and a Deputy Secretary of the Department of Health and Human Services, told the Commission, 'There is not a plan to say we will extend Safe at Home to a broader degree.'⁴⁷

A further \$900,000 was allocated for a Personal Safety Initiative pilot in the 2015–16 Victorian State Budget. In December 2015 the government announced that a consortium led by the Safe Futures Foundation with partners Quantum Support Services and WISHIN had won the tender and that the pilot will be trialled in Eastern Melbourne (Darebin, Whittlesea, Moreland and Hume), the Latrobe Valley and Wellington. The pilot will provide safety devices—including safety cards, personal alarms, home safety and surveillance—to more than 70 women to test how technological interventions can be used to improve the safety of those experiencing family violence.⁴⁸ Associated case-management services will form part of the trial.

On 24 September 2015 the Commonwealth Government announced \$17 million over four years for a range of measures designed to help women stay safely in their homes; this included an expansion of the Safe at Home program.⁴⁹ At the time of writing the proportion of funding allocated to Victoria was not known, and nor is it known whether the funding is ongoing or for a fixed period.

The Commission was advised that the funding for Safe at Home programs is insufficient to achieve full implementation across Victoria.⁵⁰ It was argued that this leads to inconsistent arrangements and inequitable access, depending on where people live:

There are a handful of these programs dotted around Victoria: although it is increasingly recognised that they are a good idea, the availability of this support in Victoria is very piecemeal. This is partly because Safe at Home programs have only been started relatively recently in Victoria. More overall leadership by the Victorian government is needed to ensure that safe at home schemes become available to all women living in Victoria.⁵¹

Domestic Violence Victoria submitted that there is considerable variation in the design and implementation of programs and that implementation has not been underpinned by program standards.⁵² McAuley Community Services for Women reported that, 'while some Safe at Home funding has been allocated, its effectiveness is undermined by limited resources, piecemeal coverage and inadequate coordination with the broader service systems'.⁵³ It noted that many women want to stay at home but fear for their safety and was also concerned that some women who have left will return home when it is unsafe:

The current 'Safe at Home' response is piecemeal and inadequately resourced. Successful Safe at Home programs (unfunded) occur where the perpetrator is removed and safety measures and coordinated supports are put in place. Only around 10% of women who come to MCSW crisis service each year, leave to return home, and of them, only half with adequate protection.⁵⁴

The Council to Homeless Persons, along with 128 other organisations, submitted that Safe at Home programs should be expanded at an initial cost of \$7.6 million a year.⁵⁵ It estimated that this would provide assistance to 1521 households, based on a \$5000 package.⁵⁶

The importance of support as well as technology

During the Commission's consultations a number of women spoke about the feeling of safety and confidence new technology had given them. One woman said the Safe-T-Card—the personal alarm that provides an immediate GPS location to a 24-hour call-centre—had improved her feelings of quality of life:

It makes me feel so safe. I don't have to buy milk for the whole week. I can go out and buy milk during the week. I pay \$40 per month. The first three months were free. It's really given me a quality of life. It should be available [more broadly]. It makes me feel safe.⁵⁷

A lay witness, Ms 'Lyndal Ryan', told the Commission that the Safe-T-Card had 'changed [her] life dramatically'.⁵⁸ Once her violent ex-partner knew she had the card, Ms Ryan said she felt confident to go out, felt safe in her home and was able to sleep again.⁵⁹ Her view was as follows:

Using the alert button on the [Safe-T-Card] can be done subtly so as not to alert and inflame the perpetrator, as well as circumventing the lengthy questioning required of the 000 process ... While I do see benefits of a GPS ankle bracelet for the perpetrator, the [Safe-T-Card] provided me with an essential sense of safety and immediate (and discrete) access to help.⁶⁰

Others said technology alone did not make them feel safe, with one woman telling the Commission: 'The Be Safe card is useless – if he comes out and wants to kill me, he will'.⁶¹ Some felt it should be the perpetrator who has to wear a tracking device.⁶²

Domestic Violence Victoria cautioned against focusing solely on 'technological fixes' such as changing locks and installing security cameras.⁶³ It advised the Commission that practical and emotional support is also required if Safe at Home programs are to be successful.⁶⁴ In Chapter 6 the Commission notes that such initiatives can complement, but not replace, good risk management practices.

The Melbourne Research Alliance to end violence against women and their children submitted that evaluations of Safe at Home schemes in Australia and overseas show that providing 'wrap-around' support—that is, 'integrating a service system around the woman and the children'—and an advocate or case manager for the woman is the optimal model.⁶⁵ It also noted that these elements are 'difficult to implement in the current Victorian economic and political context when sufficient funding is not made available to sustain an integrated service system'.⁶⁶ Support for a whole-of-system approach was expressed in other submissions:

The success of these programs relies on effective support services, financial and legal assistance, and the financial capacity to maintain housing costs on a single income. Also crucial are [a] proactive police response to enforcing intervention orders and responding to [breaches], accommodation for perpetrators and access arrangements for children to be able to occur outside the home.⁶⁷

On the basis of evaluations conducted under an Australian Research Council Linkage Project Grant (referred to as the SAFER research), the Melbourne Research Alliance to end violence against women and their children argued:

The Safe at Home approach is an important and potentially effective strategy for many women and children leaving abusive relationships. However, we need bipartisan commitment to implement and resource a tighter, more coherent, integrated service system than has been possible to date in order to support Safe at Home initiatives. This is necessary in order to increase the choice of 'a safe home' available for women and their children in the post-separation context.⁶⁸

The SAFER research identified the following key elements for successful implementation of Safe at Home programs:

- ▷ effectively integrated family violence system—collaboration, cooperation, consistency, information sharing and formal agreements are required between a range of agencies and sectors
- ▷ community education prior to implementation in order to raise awareness about a woman's right to choose to remain at home, and to gain community support in making that choice
- ▷ financial support for women to maintain security of tenure
- ▷ appropriate, supportive and consistent police and court responses—this both fosters women's confidence in the system and delivers an effective message about perpetrator accountability.⁶⁹

In addition, the Melbourne Research Alliance to end violence against women and their children submitted that Safe at Home responses should:

- ▷ ensure that women have a safe space within which they can explore their options for living safely—including having information and support from a specialist advocate
- ▷ provide support for complex case management to assist women and children in the medium to long term and limit the risk of returning to unsafe living arrangements
- ▷ take account of diversity in the context of safety at home for women with disabilities, Aboriginal women, and women from immigrant and culturally diverse communities.⁷⁰

ANROWS (Australia's National Research Organisation for Women's Safety) reported that timely access to information about options and entitlements is a crucial feature of effective Stay at Home programs.⁷¹ Although some women seek assistance in determining their options during a 'non-crisis' period, for many women the trigger for action can be a crisis incident, sometimes involving the attendance of police. The Commission was informed that in these cases it is vital that women have access to out-of-hours services that can provide support and information about options.⁷²

Access to information about the risk the perpetrator poses

The literature shows that Safe at Home programs are most successful if there is adequate information sharing between services, particularly in relation to the risk the perpetrator poses.⁷³ In particular, the SAFER research found that a shared risk assessment and management tool that can track adult and child victim and perpetrator risks over time (for example, at the time services are provided), as well as share information about risk among agencies, was central to the success of Safe at Home programs.⁷⁴

The Commission was informed that men's services—men's behaviour change programs—are largely separate from women's services and take inconsistent approaches to partner contact.⁷⁵ The Family Violence Risk Assessment and Risk Management Framework (referred to as the Common Risk Assessment Framework or CRAF) was designed to use with victims, and while it does include risk factors affecting the perpetrator, the Commission heard that the CRAF should include greater guidance for agencies working with perpetrators.⁷⁶ It was submitted that both these factors limit the ability of women to fully exercise their choice to remain at home.⁷⁷ These issues are discussed further in Chapter 6.

The length of the perpetrator's exclusion

The length of the perpetrator's exclusion from the home was seen as a factor contributing to women's capacity to remain safely at home. Dr Spinney highlighted the difference between Tasmania, where in certain cases the police can issue an intervention order in the field to exclude the perpetrator from the property for 12 months, and Victoria, where police can issue a family violence safety notice ordering the perpetrator to leave the home for five days before the matter must be considered by the Magistrates' Court:

If you imagined yourself in the situation where you have been attacked by a man in your own home, and the police arrive and say 'he has to go for at least 12 months', as opposed to 'he has to go for at least 72 hours', you would be a lot more confident that you could make a long term future for yourself in Tasmania than in Victoria.⁷⁸

Police powers to make orders are discussed in Chapter 14.

Enforcement of intervention orders

The SAFER research reported that a central factor in the success of Stay at Home programs is victims' confidence in the police and justice responses—particularly in enforcing a perpetrator's exclusion from the home.⁷⁹ Dr Spinney gave evidence that, in order for Safe at Home programs to work:

We need to make sure the justice system really enforces to perpetrators that this is behaviour that will not be accepted. We know that when the justice system is strong enough, in most cases perpetrators will desist from their damaging behaviour, but they need to know the implications are strong enough ... that if they break injunctions, et cetera, there will be criminal enforcements and they will be imprisoned.⁸⁰

Women and family violence workers told the Commission they had a mixed experience with police responses, and particular concern was expressed about the enforcement of family violence intervention orders:

[Safe at Home interventions] become less effective at keeping women and children safe where breaches of Intervention Orders are not properly enforced. Where women and children are not able to be safe in their homes, they are forced into the service system creating far greater costs in accommodation, as well as the community costs of women having to leave their jobs and children being forced out of school.⁸¹

The Melbourne Research Alliance to end violence against women and their children drew attention to the high number of breaches of intervention orders, especially in the case of women who remain in a property that had previously been shared with the perpetrator.⁸² The researchers found that women living in places other than their own home were more likely than women remaining at home to find intervention orders helpful and that most felt safer with an order in place.⁸³

Using alarm and security technologies as sources of evidence of breaches of intervention orders was seen as an important component of effective Safe at Home approaches.⁸⁴ The Commission was told of a number of initiatives in this regard. For example, Telstra has designed and is considering the possible application of an app to support applicants for and respondents to family violence intervention orders so that they can meet the obligations of the orders. The app will do this by sending court appearance reminders, tracking the proximity and vicinity of the two parties, moderating communications, and capturing an evidence log of any detected breaches.⁸⁵

Economic and housing security

It was stressed that a woman's ability to afford to stay in her own home is a basic precondition for the success of Safe at Home programs.⁸⁶ The Commission heard from many women who were unable to leave a violent relationship because they were unable to afford their current home on their own and were afraid they would be left homeless:

There was one time I was pregnant with my [child] and he punched me in the stomach ... there have been times when we were on the verge of splitting up – that I have actually looked into moving out on my own and I haven't had the money to do it ... I had to stay in that situation because I didn't have the money to get up and leave ...⁸⁷

Others explained how household incomes are invariably reduced in the short term and long term as a result of the loss of the perpetrator's income contribution, the partial or total loss of the victim's income because of increased care responsibilities, and the disruption to paid employment when the victim is trying to manage her safety, her legal affairs and multiple other concerns.⁸⁸ Among other factors that can cause difficulties for women seeking to retain their home is the responsiveness of financial institutions in relation to mortgages.⁸⁹ These and other factors related to economic abuse and recovery are discussed in Chapter 21.

The Commission heard evidence about Justice Connect's Women's Homelessness Prevention Project, which aims to keep women and children in housing 'through a combination of legal representation and social work support'.⁹⁰ Justice Connect reported that 95 per cent of women assisted by the program have experienced family violence.⁹¹ The primary tenancy-related problem for women presenting at the service is eviction for rental arrears.⁹²

Of the matters finalised in its first 12 months of operation, Justice Connect reported that 25 out of 33 clients at risk of eviction for rental arrears were able to maintain their existing tenancy; a further two women were helped by the Victorian Civil and Administrative Tribunal to obtain additional time to enable them to move into new housing without an intervening period of homelessness.⁹³ Justice Connect stated that 'evictions are preventable for the most part, with the right intervention of legal representation and intensive social work'.⁹⁴

A number of submissions noted that under the *Residential Tenancies Act 1997* (Vic) leases can be transferred to victims of family violence if the violence has been perpetrated by the tenant named on the lease.⁹⁵ It was also noted that these provisions are not well known and as a result are under-used.⁹⁶ These and other legislative provisions relating to family violence and the private rental market are discussed in Chapter 21.

Crisis and emergency accommodation

For some women and children staying at home is not an option: they are forced to leave home and find alternative accommodation because of the violence they have experienced. This section examines the types of crisis and longer term accommodation available to women and children escaping family violence and considers the evidence the Commission received about the experiences of women living in these types of accommodation.

When a woman seeks to escape violence and needs alternative accommodation, there are two broad entry pathways:

- ▷ specialist family violence services (generally through Safe Steps Family Violence Response Centre)
- ▷ specialist homelessness services, which include Initial Assessment and Planning services.

These entry pathways are not mutually exclusive. Some specialist family violence services are also Initial Assessment and Planning services, or IAPs, and each pathway can refer to the other when trying to secure accommodation. The Commission heard from homelessness IAPs that it is not uncommon to receive a referral from Safe Steps.⁹⁷ In other examples, Launch Housing which runs several IAPs, has formal referral arrangements with Kildonan Uniting Care, Inner South Domestic Violence Services and Berry Street.⁹⁸ Launch Housing reported that it supports a number of women who have experienced family violence and a large number of children, mostly under the age of 12, who have been displaced by family violence; it estimates that 59 per cent of its clients have experienced family violence.⁹⁹

In addition, the Commission heard that IAPs and generalist homelessness services often see extremely vulnerable people who do not seek out police or family violence services—effectively making these agencies first responders.¹⁰⁰ Many come to IAPs saying simply that they are homeless and do not disclose family violence. ‘At times this may be because they are not asked, or the worker does not recognise the signs of family violence’ or it could be because the person does not wish to disclose.¹⁰¹ Dr Heather Holst, Deputy Chief Executive Officer and Director of Services and Housing, Launch Housing, told the Commission that housing and homelessness staff across the state need clear guidelines and training in how to identify family violence and whether referrals are required.¹⁰²

Accommodation types

Crisis accommodation

There are 31 refuges in Victoria, consisting of 54 individual properties or units able to accommodate about 105 households at any time.¹⁰³ Refuges are intended to provide short-term accommodation (up to six weeks) for women and children immediately after they leave a violent partner.¹⁰⁴ In reality, women often end up staying much longer.

Access to refuges generally occurs with the involvement of Safe Steps. Some refuges accept referrals only from Safe Steps; others accept referrals from a broader range of sources, such as homelessness Initial Assessment and Planning services.¹⁰⁵ A few refuges accept referrals from any source, including directly from women and police.¹⁰⁶

Each refuge advises Safe Steps of its vacancies. It is not possible, however, for Safe Steps to book a place at a refuge: instead, Safe Steps calls the relevant refuge and it decides whether to accept the woman and her family. Each refuge has its own intake process and makes its own decision based on operational considerations, such as whether the referred client can be accommodated within the current client mix.¹⁰⁷ This is influenced by the fact that many refuges in Victoria still offer communal accommodation, rather than free-standing units.

The Victorian Government has ‘not specifically funded refuges to operate 24 hour, seven days per week intake services’, and it is not common practice for refuges to admit clients after hours.¹⁰⁸

Emergency accommodation

Women’s refuges in Victoria also have access to 57 emergency accommodation properties (Crisis Accommodation Program properties), where refuge staff provide support to the women and children.¹⁰⁹ Women experiencing family violence can also gain access to emergency accommodation through the homelessness service system. In some instances, a refuge might transfer a family from a high-security refuge to a Crisis Accommodation Program property until alternative safe housing can be arranged.¹¹⁰

Ad hoc accommodation

When refuges are unable to take a woman she might be placed in ad hoc emergency accommodation (such as a motel) by Safe Steps, a homelessness service provider or a specialist family violence service. Rooming houses and caravans are other forms of ad hoc accommodation. Payment for ad hoc emergency accommodation is made from the Housing Establishment Fund, discussed shortly.

The demand for crisis and emergency accommodation

Data from the Australian Institute of Health and Welfare indicates that 5688 people came to homelessness services in Victoria in need of short-term or emergency accommodation in 2014–15 because of family violence.¹¹¹ Of this number, 1104 people (19.4 per cent) did not have this need met.¹¹²

Service providers consistently told the Commission that the demand for crisis accommodation exceeds the number of available places:

For many women and children, refuge accommodation is a supported and safe alternative to remaining at home or with family or friends; however, due to the scarcity of beds, the access criterion has become increasingly narrow. Sometimes women who are at extreme risk, are rendered ineligible, because the most recent incident of violence was more than a week ago. The criteria can prevent the use of preventative placement, for example, when a person who has used violence is about to be released from remand or jail.¹¹³

In 2014–15 Safe Steps placed about 450 women in refuge accommodation.¹¹⁴ Of this number, about 20 were placed directly in a refuge; the remaining 430 were placed in interim accommodation before gaining entry to a refuge.¹¹⁵ These figures do not include women experiencing family violence who might have found ad hoc emergency accommodation through a homelessness Initial Assessment and Planning service. Safe Steps also reported a 131 per cent increase in the number of women and children requiring high-security accommodation between March 2013 and March 2015.¹¹⁶

Submissions noted specific barriers faced by some groups of women. The Council to Homeless Persons submitted:

Women with children are often prioritized for access to crisis and transitional housing, in order to reduce the impact and harm of homelessness on the children. While these priorities are, in CHP's opinion, the right judgments, they nonetheless leave a gap in the service system for single women experiencing family violence. Indeed during CHP's consultations with consumers one participant noted 'I felt I became a person [to the service system] once I had children'.¹¹⁷

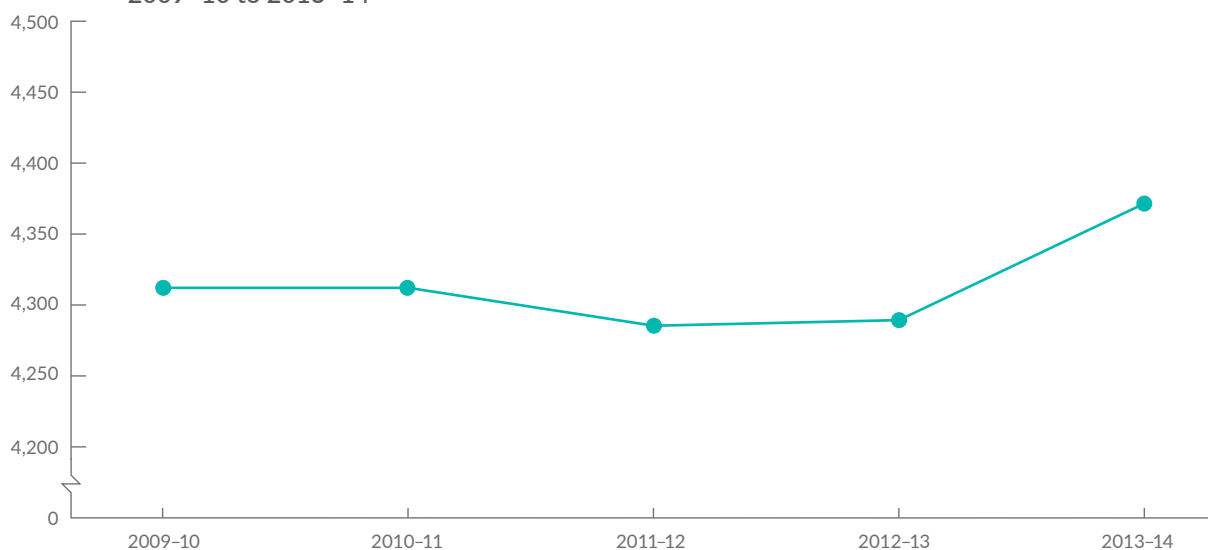
Investment and demand

There is no comprehensive statewide data on the level of demand for refuge places, so it is difficult to determine how well the system meets demand. It is, however, possible to examine how investment compares with increases in family violence reporting overall.

Information provided by the Department of Health and Human Services shows that funding for refuges and emergency accommodation remained substantially the same between 2009–10 and 2013–14 (see Figure 9.1). Refuges and emergency accommodation were funded to provide about 4372 'episodes of support' in 2013–2014 compared with 4312 in 2009–10, an increase of 60 episodes of support.¹¹⁸ The department advised the Commission that in 2014–15 it purchased 3695 episodes of support for crisis accommodation—a net loss of 677 episodes of support.¹¹⁹

In 2013–14 funding for crisis supported accommodation for family violence was \$12.6 million, representing 32 per cent of the total funding spent on all forms of crisis accommodation.¹²⁰ Overall, funding for crisis supported accommodation rose by an average of 3.8 per cent a year between 2009–10 and 2013–14, which is marginally above indexation.¹²¹

Figure 9.1 Family violence crisis supported accommodation (refuges): episodes of support, 2009–10 to 2013–14



Source: Based on Department of Health and Human Services, 'Royal Commission into Family Violence SAMS Data Request – 2009-2014' (1 January 2014) produced by the State of Victoria in response to the Commission's Notice to Produce dated 5 June 2015.

In the same period the number of formal police referrals for female victims to specialist family violence services rose by 317 per cent.¹²² Although many of these referrals would not require a refuge or emergency accommodation placement, the figure does provide an indication of demand growth overall. The number of L17 referrals (the Victoria Police family violence risk assessment and management report) to Safe Steps increased by 102 per cent in the same period.¹²³

The demand for and use of ad hoc accommodation

A strong theme that emerged in the evidence was that, because of the limited availability of refuge and other supported crisis accommodation, services increasingly rely on ad hoc emergency accommodation such as motels, boarding or rooming houses, and caravans.¹²⁴

The Commission received the following information:

- ▶ On average, 17 per cent of women referred to Safe Steps in need of crisis accommodation were told that there was no refuge vacancy that day.¹²⁵
- ▶ Safe Steps accommodates about 40 families in motels each night while waiting for a refuge placement.¹²⁶
- ▶ Between March and April 2015, 95 per cent of women referred to Safe Steps had spent at least part of their crisis accommodation stay in a motel.¹²⁷

This data does not include women placed in similar interim emergency arrangements by homelessness services or other specialist family violence services.

There is no statewide data on the average length of time women spend in interim accommodation, although the Commission was informed that many women are placed in motels for weeks rather than days.¹²⁸ In some cases women need to move between temporary options. Between March–April 2015, Safe Steps reported that, the average length of stay in a motel for women awaiting refuge accommodation was eight nights.¹²⁹

Domestic Violence Victoria noted that the number of refuges in Victoria 'has remained static for years'.¹³⁰ Further, the location of refuges 'reflects the historical need to relocate women and children out of their home location, rather than ... local need'.¹³¹

The Commission was told this situation is exacerbated in regional and rural areas as a result of the dearth, or sometimes total lack, of crisis accommodation. The Council to Homeless Persons gave evidence that there are no refuges or Crisis Accommodation Program properties in some areas, forcing rural women to move to the city to obtain crisis or refuge accommodation.¹³² During one of its community consultations the Commission heard that women and their children from rural areas were sent by train to refuge accommodation in Melbourne.¹³³

Ms Simone Doody, Senior Specialist Homelessness Services Worker at St Luke's, stated, 'All of the crisis accommodation in Echuca is provided by local motels and caravan parks: anywhere that we can find a bed. Finding crisis accommodation is probably one of our biggest problems'.¹³⁴

A number of providers noted that some motel operators are becoming less willing to accommodate referrals from specialist family violence or homelessness services, particularly in areas where other demand for accommodation is at a premium:

Most of the motels in Echuca are at 80+% capacity at any given time. They have plenty of money coming in and therefore don't really want or need to accept our clients. From time to time our clients may experience a break down in their supported accommodation arrangement, leading to refusal on the behalf of the provider to work with our service on future occasions.¹³⁵

Women and service providers consistently told the Commission that the use of interim accommodation compromised women's safety and left them feeling isolated and vulnerable,¹³⁶ especially if they are unable to obtain counselling and other support services provided by the refuge:¹³⁷

The motels! It's not the kind of environment where when you have just been bashed and tortured for a while to go and – it's depressing. I mean it's depressing. I got put on anti-depressants and I reckon it was probably the lowest point in my life, being there. It's a confined space. You don't have any cooking facilities. No washing up facilities. You are spilling water everywhere. No space ... you get frustrated! You wake up every day in that limbo that you know you have left him. You know you don't want to go back. You don't want to find an excuse to go back. But it's hard. The system is so hard to leave. I can understand why women go back.¹³⁸

These challenges were compounded for women who were living in motels and were accompanied by children. McAuley Community Services for Women submitted:

When accommodated in motel rooms, women report that they receive minimal support from services, usually only a phone call. They still feel unsafe and are isolated and unable to manage the emotional and material demands of children at that time. In addition the women have no space to think clearly while remaining in a state of trauma and chaos, and are unable to begin to plan next steps effectively. For accompanying children, the trauma continues as they watch their mothers under continued stress.¹³⁹

Evidence was put forward that the risks for women in smaller townships can be amplified because it might be easier for a perpetrator to find out where a woman is staying. In addition, the limited range of accommodation options means a woman could end up sharing a facility with a variety of people experiencing risk. The Commission was told of occasions when women were placed in a rooming house that also accommodated perpetrators (although not necessarily the perpetrator of that woman's violence).¹⁴⁰ In some cases women decide to return to violent relationships rather than stay in ad hoc accommodation:

Extortionate rental in a rooming house for a woman and her children, sharing with alcoholics and drug users or returning to the devil you know – it's not that big of a stretch to understand how women end up going back to their abuser when the options are so equally appalling.¹⁴¹

Costs of ad hoc accommodation

The main source of funding for ad hoc emergency accommodation is the Housing Establishment Fund. Homelessness agencies (some of which are also specialist family violence services) receive an annual funding allocation from the HEF. This funding was originally intended to assist people leaving homelessness and provide practical assistance such as transport and housing establishment costs.¹⁴²

The Commission was told, however, that '[a]s crisis services are often at capacity, Housing Establish[ment] Fund ... or similar brokerage funding is also used by homelessness and family violence agencies [to] fund temporary accommodation at motels'.¹⁴³

Demand for HEF funds was consistently reported as exceeding supply.¹⁴⁴ Providers said they had to ration funds to balance competing demands because this funding source is intended for a number of purposes. Ms Robyn Springall, Accommodation Services Manager, Northern Community Hub, VincentCare Victoria, gave the following evidence:

We maintain a daily budget for crisis accommodation, so that we do not run out of funds by the end of the month. If we overspend on the budget on one particular day, we will try to spend less, and only on crisis accommodation, not rent in advance or rental arrears, the following day. Nevertheless, if we need to, we will eat into the following month's budget to provide support to women and children, or anyone who is particularly vulnerable.¹⁴⁵

Barriers to obtaining crisis accommodation

Beyond the demand problems just described, the Commission was informed that some groups of women experience additional barriers to gaining access to refuges and crisis accommodation—because the current model does not meet their needs.¹⁴⁶ As a result, these women could be more likely to be placed in ad hoc emergency accommodation.

The groups most likely to be affected are women with disabilities; Aboriginal and Torres Strait Islander women; women without permanent residency; women with complex needs, such as drug and alcohol problems or mental illness; women with adolescent male children or with children of different ages; women with large families; and women without children.¹⁴⁷ The accommodation challenges these groups face are discussed here; the broader barriers they face are discussed in Chapters 26 to 31.

Safe Steps told the Commission that up to 35 per cent of all refuge providers had vacancies on any particular night.¹⁴⁸ It was said that one of the reasons for these vacancies is that refuge providers need to manage group living dynamics, particularly in the case of women with complex needs.¹⁴⁹ Safe Steps argued, however, that this is not the sole reason:

While there may be genuine reasons why a woman's circumstances do not exactly match the circumstances of the bed that is available the gap between women needing beds and women getting access to beds is too great to adequately be explained as a 'client matching' issue. Often beds are not available due to unwillingness by refuges to take clients at specific times or to take clients with particular high and complex service needs.¹⁵⁰

Women with adolescent male children

Although refuges are expected to provide support and accommodation for women and dependent children up to 18 years of age,¹⁵¹ the Victorian Government told the Commission it was aware that 'a small number of refuges services—particularly in communal settings—may restrict access to refuges for women with adolescent boys'.¹⁵²

Services reported that adolescent male children were commonly excluded from refuges, although this could be changed depending on the circumstances:

In theory the age limit on boys at the refuge is 12 years old. We have however taken boys older than that from time to time, depending on the individual circumstances and whether we are able to house them. For example, we had a child with an intellectual disability who we allowed to stay.¹⁵³

The Commission reviewed refuges' policies and found that approaches varied. Some refuges had 'a deliberate policy not to discriminate against women who have older accompanying male children',¹⁵⁴ whereas others said accommodation of children over 12 years of age would be assessed case by case, consideration being given to the safety of other residents and staff.¹⁵⁵ One refuge stated, '[M]ale children aged over 14 will not be accommodated in the communal refuge but may be housed in alternative crisis accommodation if available'.¹⁵⁶

The Victorian Equal Opportunity and Human Rights Commission advised the Commission that, although the exclusion of accompanying male children 'may prima facie constitute discrimination', exceptions under the *Equal Opportunity Act 2010* (Vic) that allow refuges to discriminate on the basis of sex might apply.¹⁵⁷ As VEOHRC noted, however, refuges are under no obligation to apply the exceptions in the Equal Opportunity Act.¹⁵⁸

Women with complex needs

The Commission heard that women with complex needs have difficulty gaining access to refuges and crisis accommodation. For example, the Commission was told that some refuges will not accommodate women with mental illness or drug and alcohol problems¹⁵⁹ and that others have insufficient resources to adequately support women with complex needs.¹⁶⁰

This was particularly the case with communal refuges: service providers said they have to 'actively manage' who is accepted into a refuge and that, because of the communal nature of many refuges, a refuge can decline a referral for a woman with a mental illness if it is already accommodating other residents who have similar issues.¹⁶¹ Some refuges will only accept women with drug and alcohol problems if they have already detoxed.¹⁶²

Evidence was provided, however, that interim accommodation such as a motel is especially unsuitable for this group of women since they need additional supports in order to manage the range of difficulties they face. One worker told the Commission, 'we have high-risk, complex-needs clients but we have nowhere to put them'.¹⁶³

Dr Sabin Fernbacher, Women's Mental Health Consultant, Aboriginal Mental Health Project Manager and Families where a Parent has a Mental Illness Coordinator, Northern Area Mental Health Service, told the Commission that women experiencing mental illness can face barriers to entry into refuges as a result of a lack of capacity among staff to understand and respond to mental illness:

One such example is a woman who has to take a train to go to a refuge; during the train ride she has a panic attack and has to get out of the train. Her distress escalates and she is attended by a mental health team. The refuge refuses to take her, as it is believed she is not capable of 'looking after herself' and [living] independently.

...

[Another] example is a woman who told family violence workers that she felt watched by her partner but could not substantiate her claims. Workers believed this was part of her delusion due to her mental illness. After prolonged abuse, it was found out ... her partner had indeed installed cameras in the ceiling and filmed her.¹⁶⁴

Women without permanent residency

The Victorian Government advised the Commission that women without permanent residency are eligible for refuges and emergency and transitional accommodation.¹⁶⁵ Mr Rogers stated:

Similarly, we don't specify that a non-permanent resident is not eligible for a refuge; the fact [is] non-permanent residents are eligible for refuges and crisis and transitional accommodation. A refuge may make that decision based on the real difficulty that they might think about a person moving on to long-term housing, because a non-permanent resident is not eligible for public housing. But they are eligible for the refuge. They will make that call within the confines of their operational policy and based on the particular configuration of people they have in the house. It wouldn't be on a financial issue because refuges generally don't charge for accommodation.¹⁶⁶

Ms Springall stated, 'They might charge a service fee. But they will make that decision based on their own access policies within the broad family violence guidelines that exist'.¹⁶⁷

Nevertheless, the Commission was consistently informed in consultations and submissions that women without permanent residency or who are otherwise ineligible for social security benefits face difficulties obtaining refuge and crisis accommodation:¹⁶⁸ 'The women we see often have no income. We have had to impose a limit that we can only have two people who are on no income at the refuge at any one time'.¹⁶⁹

Victorian government guidelines allow service providers the discretion to apply full or partial rental subsidies for clients without income or with significantly reduced income.¹⁷⁰ The Commission found that some refuges charge a nominal amount for refuge services: at least one refuge policy manual states that all clients are required to pay a service fee of 10 per cent of their total income;¹⁷¹ another's fees were \$30 per woman per week, plus \$10 per child per week.¹⁷² Other refuges' policies note that fees are required only if the woman is in receipt of income and that this may be waived if the woman is paying rent elsewhere.¹⁷³

Safe Steps reported that over 80 per cent of the women and children accommodated in its emergency accommodation units have not been able to enter a refuge because they lack permanent residency and that these people remain in crisis accommodation twice as long as other residents.¹⁷⁴

Aboriginal and Torres Strait Islander women

At present there are three refuges specifically for Aboriginal and Torres Strait Islander women in Victoria.¹⁷⁵ As discussed in Chapter 26, community members and Aboriginal organisations stressed to the Commission that this is inadequate for responding to need, especially in view of the over-representation of Aboriginal and Torres Strait Islander women and children as victims of family violence.¹⁷⁶ There was also a very clear message that Aboriginal and Torres Strait Islander women were reluctant to use mainstream services because those services do not always provide a response that is sensitive to their culture.¹⁷⁷

Women with disabilities

The Commission heard that there is limited capacity to respond to women with disabilities who are seeking to leave a violent relationship. Evidence was also presented that women whose children have a disability face impediments, regardless of whether the disability is physical or non-physical.¹⁷⁸ One mother said, 'I can't go to a shelter with a daughter who is bipolar'.¹⁷⁹

Beyond physical access, some of the barriers to access crisis accommodation for people with disabilities are as follows:

- ▶ There are fewer 'exit options' for women with disabilities, which can mean refuges are less likely to accept these women.
- ▶ Some refuges do not accommodate women with a mental illness because of the nature of communal settings.
- ▶ Many refuges do not allow disability support workers on site because of security concerns.¹⁸⁰
- ▶ Services may not be able to meet the support or communication needs of the woman.¹⁸¹

Few refuges have full disability access. Women with Disabilities Victoria reported that, of the 31 refuges in Victoria, up to nine might accommodate women or children with a physical disability; of these, three are specifically for Aboriginal and Torres Strait Islander women.¹⁸² The Council to Homeless Persons noted, however, that access may be even more limited, with as few as three refuges being fully accessible:

For women with disabilities, finding crisis accommodation is even more challenging. Many family violence refuges were purchased by community organisations in the 1970s, and as such, few are built for purpose and only three are fully accessible for women with disabilities.¹⁸³

The Victorian Government informed the Commission that a works program of about \$900,000 was under way to modernise refuge facilities, including improving access for women and children with a disability.¹⁸⁴ It is not clear how many refuges will have full disability access at the completion of the upgrades.

Lesbian, gay, bisexual, transgender and intersex communities

Although in recent years there has been increased acknowledgment of LGBTI communities by specialist family violence services, the Commission was advised, '... family and intimate partner violence service provision remains inadequate to cater for the diverse circumstances that can arise in LGTIQ community contexts'.¹⁸⁵ Safe Steps and No To Violence gave evidence that many people in LGBTI communities believe they will not be treated fairly when reporting intimate partner abuse and using mainstream services because of the discrimination, homophobia and transphobia regularly experienced by their communities.¹⁸⁶

A particular barrier identified for these communities is the lack of crisis and emergency accommodation.¹⁸⁷ As noted in Chapter 30, the Commission heard that in one case a refuge required a transgender man to resume living as a woman in order to gain access to the service.¹⁸⁸ The experiences of LGBTI communities are discussed in Chapter 30.

Women without children, including older women

The Commission heard that the family violence system gives priority to women with children, making it harder for women without children to obtain crisis accommodation.¹⁸⁹ For example, one refuge's policy states, '[D]ue to the size of some bedrooms the number of single women accepted will be restricted to two at any one time'.¹⁹⁰

The Commission was told that, because of high demand, the assistance service providers can offer to women without children is limited:

When she contacted the Salvation Army, since she had no children with her, she was at the bottom of the list for housing; and they have the housing monopoly and there is no other group to provide housing options. They did give her three nights' accommodation in a hotel and then she bought a 2-man tent on an unpowered site. Three quarters of her money was going to pay for her camp site. She was there for nine months.¹⁹¹

One woman stated, 'I felt I became a person [to the service system] once I had children'.¹⁹²

The Commission also heard that older women face barriers when they seek crisis accommodation because the accommodation might not meet their specific needs; for example, it might not be fully accessible to someone with mobility difficulties.¹⁹³ The needs of older people are discussed in Chapter 27.

Life in crisis accommodation

Experiences of refuges

Refuges in Victoria

- ▶ Eighteen of the 31 refuges in Victoria are 'communal' facilities. Located on a single property, they have a communal kitchen and living areas and a number of bedrooms, one for each family unit (a woman and any children).¹⁹⁴ These facilities can accommodate a total of 69 families.¹⁹⁵
- ▶ Thirteen refuges in Victoria are 'dispersed', or 'cluster', refuges. These have several self-contained properties on one site or across dispersed sites and can accommodate at least 36 families.¹⁹⁶
- ▶ Twenty of the 31 refuges in Victoria are 'high security', meaning that their addresses are not disclosed on the housing database of the Department of Health and Human Services.¹⁹⁷

The Commission heard directly from many women about the experience of living in a refuge. Many gave positive accounts of their time, saying they felt safe and supported by refuge staff who validated their experience. Others highlighted the opportunity for peer support and being able to share stories with other women who have had similar experiences:

I left my husband three years ago and he never found me. I went to a refuge. It was the best system.¹⁹⁸

Support workers, they listen, validate, support and advise. For someone who has never been down the path before this is so helpful in making sure you follow through with required actions.¹⁹⁹

Some women, however, said they found the experience confronting and distressing both for them and for their children: '... the refuge house, it was really horrible. It was a nightmare. Living in an abusive relationship and in a refuge was one and the same thing'.²⁰⁰

Reflecting on her experience working in specialist family violence services, Dr Rhonda Cumberland, Chief Executive Officer of Good Shepherd Australia New Zealand, stated in her evidence to the Commission:

... we did offer women the option of going to a refuge, a very blunt instrument, took her away from her family, non-violent members of her family. It took her identity. It was the bluntest thing we could have done, and the impact was felt on women.²⁰¹

High-security refuges

DHHS told the Commission that 20 of the 31 refuges in Victoria are 'high security'.²⁰² The addresses of these high-security refuges are confidential, although Ms Annette Gillespie, Chief Executive Officer of Safe Steps Family Violence Response Centre, noted that 'the refuges have often been operational for generations and their whereabouts is often commonly known'.²⁰³

High-security refuges have additional eligibility criteria and restrictions, which differ according to the refuge. These restrictions are intended to keep women, children and staff safe and to ensure the refuge's security. There was broad consensus that some women experience a level of risk that warrants a high-security response. There was, however, also criticism that high-security refuges hide women away and that we should instead be helping these people live their normal lives in safety.²⁰⁴

Women and children living in high-security refuges are asked not to disclose the refuge's location and, depending on the individual refuge's policy, might be expected to cease working and prevent children staying with them from attending school.²⁰⁵

Dr Holst described this:

[It is] hugely disruptive for the children's education and wellbeing and adds to the trauma arising from family violence incidents. It also means that women do not have a steady stream of income, which could assist them in entering the rental property market. Additionally, real estate agents are more likely to house employed people.²⁰⁶

Evidence was provided that residents may not be allowed to have visitors at a refuge.²⁰⁷ Curfews can also operate. For example, one refuge's manual states, '[I]n the interests of safety and security all women and children are requested to return to the refuge property by either the children's bed time or curfew time of an evening, unless otherwise arranged with staff'.²⁰⁸

Another security measure involves switching off GPS devices in mobile phones so that a woman's location cannot be tracked.²⁰⁹ At least one high-security refuge has a specific policy of accepting women only if parenting access arrangements are able to be 'suspended, revoked or negotiated' while the children are at the refuge.²¹⁰

Melbourne City Mission said these arrangements can be particularly difficult for young women, for whom connection to friends is a central part of their identity and an important protective factor:

... the requirement to cease contact with friends whilst in the 'safe house' environment and temporarily give up all that entails (for example, no mobile phone, no email, no social media) can, in itself, be traumatic. Some young women will not be able to comply with the requirements, and will leave.²¹¹

The Commission was told these measures are restrictive to the point where some women choose not to go to a refuge:

The strict security rules imposed at refuges are often another reason women avoid refuges. I understand that there are often a large amount of empty beds at refuges due to ... the rules, which, if breached once, can result in women being excluded from the refuge system entirely.²¹²

Communal refuges

More than half the refuges in Victoria are single properties, with a communal kitchen and living areas and bedrooms for each family unit (a woman and any of her children).²¹³ Opportunity Knocks told the Commission this style of living can be '... very challenging when mothers are trying to get children ready for school with limited facilities or there are women with divergent social and cultural needs or language backgrounds sharing the space'.²¹⁴ Others reported that the model suits some clients: '... however there are many who are deterred from entering [a] refuge as they prefer privacy or fear exposing their children to clients with drug and alcohol or mental health issues'.²¹⁵

As part of her research, Dr Spinney conducted interviews with women who had lived in refuges. She told the Commission:

... being in a refuge can be scary: they are noisy and you are thrown into this ... communal atmosphere, which is a marked difference from your home. Although refuges may have started off with a great feminist, collectivist ambition, it feels alien to many women to be suddenly cooking together, not to be deciding what to cook for their children and sharing all facilities. There will often be other residents who have quite chaotic lifestyles; who may be drinking or taking drugs, and so if you do not come from a chaotic household, they are actually very frightening environments. Women have told me that they will do virtually anything to avoid going into a refuge.²¹⁶

A number of submissions noted that some women choose to return home—possibly to a violent situation—because they find living in a refuge too stressful:

After 2 /3 weeks of living with the fear of not knowing if I had accommodation I decided it was actually more stressful living under those circumstances than back with [the perpetrator] so when he kept suggesting I returned I agreed.²¹⁷

On some occasions we have had to shut down the six bedroom facility for a period of time (usually two weeks), because we have had situations where some of the women were allegedly bullying others. We had to move those women on to other crisis accommodation.²¹⁸

The Commission was also told that the infrastructure of communal refuges means some families are not accepted if the make-up of the family does not reflect the bedroom capacity:

... one of the reasons can be that the provider may have a room that fits a women with three children and we might not have that make-up of family. We might have several families with a woman with one or two children.²¹⁹

Life as a child in a refuge

Many people stressed to the Commission that the prevalence of family violence, along with family violence's serious and long-term effects for children, means that a much greater focus is needed on developing age-appropriate practice and dedicated services for children and young people. Specialist family violence services have traditionally worked with children by providing safety support to their mother.²²⁰ Children have not been considered as 'clients' in their own right, even though their needs might not be the same as those of their mother.²²¹

Although there is no firm data on the number of children in crisis accommodation on any particular night, the Commission heard evidence that there are more children living in refuge accommodation than there are women.²²² Safe Steps estimates that 37 per cent of women they accommodate have children with them and that as many as half of all people they place in accommodation—refuges, emergency accommodation, motels or other ad hoc accommodation—are under 18 years.²²³

Dr Spinney gave evidence about life in a refuge for children:

Refuges are not environments where children are able to prosper. It is important for very young children to have friends and family, however when they enter a refuge, they are forced to change their kindergarten and no longer know their neighbours. If they are older and in school, we know that it is much better for children for that schooling to remain constant. There are often further changes when families move on from the refuge to transitional or private rented accommodation.²²⁴

Submissions also noted that being housed in high-security refuge accommodation disrupts children's connection with school and friends, which in turn can influence women's decisions about whether to stay or return home:

These children sometimes arrive in school uniforms as that was the easiest and safest way for them to be "plucked out" to safety in high security refuge. It does not take long for the children to start crying about missing the school excursion the coming Friday or worrying about what their friends will think that they have gone missing. Such pressure on a traumatised mother in crisis goes a long way to explain why many women return home. We [refuge staff] are kind and friendly but we are not their friends and family and the refuge does not smell like their bedroom at home.²²⁵

Domestic Violence Victoria stressed that long-term recovery from the impacts of family violence is strongly influenced by the degree of safety and stability that women and children experience post-separation.²²⁶ The Commission was told that living in ad hoc accommodation such as motels and moving between different crisis accommodation types and locations added to disruption and trauma for children. Similarly, a lack of service capacity to offer therapeutic support to children can aggravate harm.²²⁷ Dr Spinney said the 'very temporary nature' of refuges and other crisis accommodation also makes these places unsuitable for children:

They are really designed to only be in there in blocks of six weeks. It is often much longer than that, but it's normally not more than a year. If you are living in that kind of situation, it's not home, because you know that you are going to move on at any moment ... it's moving away from everything that you knew and knowing that you can't put down roots there in terms of local schools, et cetera, because you are going to be moving on again very shortly.²²⁸

The Commission was informed that in refuges' policies there is increasing recognition of the importance of trying to meet children's specific needs. For example, many refuges' policies state that the refuge will provide a safe, welcoming area for children, with toys, books and other activities, and will involve children in safety planning and other decision making where appropriate and with their mother's consent.²²⁹ Programs such as the Babies in Refuge training resource were also described in submissions, although it was also noted that funding for training is needed in order to maximise the effectiveness of such resources.²³⁰

The Commission understands that some refuges have staff whose role is to work with children. It is not possible, however, to determine from the information provided by the Victorian Government how many of these positions exist and whether this is the primary function of the role or if refuge staff build this capability onto their work. Where there are such staff, this activity does not appear to be funded as a discrete function with dedicated resources.²³¹ For example, Kara House submitted:

We are not funded to provide services for children. We do provide services for children, however, by virtue of our limited funding this does not cover the needs of the children we accommodate. Funding refuge services would allow us to employ a qualified children's worker, provide therapeutic groups for children and improve the parenting of mothers.²³²

The experiences of children and young people are discussed further in Chapter 10.

New types of refuges

One alternative to the communal refuge model is the 'core and cluster' model, which has been introduced in all refuges in South Australia.²³³ In Victoria, similar arrangements are called 'dispersed' or 'cluster' models. At present 13 of the 31 Victorian refuges are cluster-style on one site or dispersed across sites.²³⁴

A core and cluster is a set of individual units on a piece of land, together with office space or workers' space and communal activities areas for residents.²³⁵ The site allows for independent living while also providing comprehensive support services for women and children. The model offers families privacy while allowing them to connect and be supported as they wish. Families effectively have their own home.²³⁶

One Victorian example is Meminar Ngangg Gimba, which is in Mildura and is run by Mallee District Aboriginal Services.²³⁷ The Commission visited Meminar and a cluster refuge in South Australia as part of its program of site visits.

In the case of Meminar, Aunty Janine Wilson, Chairperson, Northern Loddon Mallee Indigenous Family Violence Regional Action Group, explained that the facility was established because Aboriginal and Torres Strait Islander women fleeing violence were not able to obtain mainstream services for a variety of reasons, including difficulties with communal refuge models.²³⁸ Several features distinguish Meminar from other crisis response services.

First, the service provides a holistic case-management response, based on the Victorian Indigenous Family Violence Task Force definition of 'family violence'. Aunty Janine commented that they therefore call Meminar 'a women's response, not a women's refuge'.²³⁹ There is no limit to the amount of time women and their children can stay at Meminar. Services such as health and housing services and Centrelink are provided on site, and women and children are able to maintain relationships with external support organisations and case workers.²⁴⁰

Secondly, the Meminar facility is based on a cluster model and has six individual units. Each unit is fully furnished and self-contained, with a kitchen and bathroom.²⁴¹ The unit design is flexible, so that units can be joined to accommodate larger families. This is particularly important for Aboriginal and Torres Strait Islander women, who might be caring for extended family.²⁴² Thirdly, unlike most mainstream refuges, Meminar's location is not kept secret.²⁴³

Meminar also works closely with men's behaviour change programs and services, so both men and women receive assistance and the services talk to each other.²⁴⁴

The Commission observed that the communal spaces are used to run group programs for women and children that focus on violence and its effects and help build self-esteem and confidence, re-establish the bond between mother and child, and build women's capacity to reach financial independence and so break the cycle of violence and poverty. At the South Australian site the Commission visited, these programs are provided in partnership with other regional government and non-government service providers, among them Centrelink, legal services, vocational education services, children's services, psychologists and health services.

As noted, women and children can sometimes be excluded from refuges as a result of personal circumstances such as disability, mental illness, substance dependency, and when adolescent boys accompany their mother. Ms Maria Hagias, Executive Director, Central Domestic Violence Service, South Australia, gave evidence that because there is no communal living in a cluster refuge there is much less likelihood of a women being refused access, and blanket exclusions do not apply:

We don't have age limits for children, or curfews. We don't have rules around drug[s] and alcohol ... some women using our services will present with mental health issues and drug and alcohol issues. Our role is to work with them and support them to address those issues. The only rules that we do have are based on behaviour. Women are required to engage with their domestic violence case manager regularly, and we don't tolerate violent, aggressive or intimidating conduct.²⁴⁵

Ms Hagias also noted that security features were provided for the different sites:

[One site] resembles a retirement village ... The women have a security code to come in and out and women can drive their cars into the complex, which keeps them off the street and provides another level of security. [At another site] all of our properties face the street and there are no high fences, although fences separate each property. Every unit at that site has a duress alarm that goes directly to a security company. We also have security screens on the external windows and doors.²⁴⁶

DHHS gave evidence that the cluster model is now the preferred approach in Victoria. With the exception of one communal refuge that is being funded for conversion into cluster form,²⁴⁷ at present there is, however, no program of funding for the redevelopment of existing communal refuges.²⁴⁸ The department advised that the estimated cost of converting the remaining communal refuges to the cluster model is about \$70 million—an average of \$3.85 million for each refuge rebuild, excluding land costs.²⁴⁹

Post-crisis housing options

Refuges were established as a short-term option for supporting women and children during the immediate crisis period. The model is based on the premise of a woman staying in a refuge for about six weeks, then moving on to transitional housing for an interim period of up to 12 months, and then going to long-term accommodation such as public housing or private rental.²⁵⁰ The Commission heard evidence, however, that, 'In practice, bottlenecks in the system form at the point[s] of entry into refuge, transitional and long-term housing, preventing the system from flowing as is intended'.²⁵¹

Services reported that women and children are staying in refuges for increasingly longer periods. Women's Liberation Halfway House reported stays of up to five or six months in refuge and that 'targets for numbers of women served cannot reasonably be met'.²⁵² Other service providers reported similar lengths of stay:

Women and children now stay in refuge often for 12 weeks or longer and our support of clients in transitional housing can stretch 5 years or more.²⁵³

Most of the people on the transitional housing prioritisation list will never receive it. Last month we had ten vacancies, or ten new tenants in, from a waiting list of over 400.²⁵⁴

This backlog was identified as a major contributor to the long-term use of motels and other ad hoc arrangements.²⁵⁵

Victims said that the pressure to clear backlogs and 'move them on' left them without adequate support:

I'm grateful that I've got my safety but it's not fair. I still don't have any support and I have to do it all on my own. The refuge system was amazing but then they cut me loose because there are women waiting in motels.²⁵⁶

A number of factors were identified as contributing to the backlog—in particular, the lack of transitional accommodation and permanent affordable options either in the private rental market or in social housing. Eastern Domestic Violence Service informed the Commission:

Rents are high requiring women to often spend more than 55% of their income on accommodation making them ineligible for bond assistance and rent in advance from Centrelink as the tenancy is considered to be unsustainable. The high cost of alternative accommodation is a major factor in a woman's decision to remain in a violent relationship. Even when the woman can access transitional housing (which is in short supply), the expectation is that she will move into more permanent accommodation. The Centrelink crisis payment is not sufficient to even rent a cabin in a caravan park in the Eastern Region. Public housing is often not a viable option due to the extensive waiting list, even for priority housing. It is common for women to wait 8–15 months (or longer for women with many children, or special needs) for priority public housing. It is also disruptive for the family as they may settle into the community where the transitional property is, and then often have to relocate to a new area for the public housing.²⁵⁷

These matters are discussed briefly in the following sections. Options for clearing this backlog and providing viable housing solutions for victims of family violence are examined later in the chapter.

Transitional housing

Transitional housing

Transitional housing properties are either owned or leased by the Director of Housing, an officer of the Victorian Government. They are administered by community service organisations that are funded to manage tenancies—arranging minor maintenance, ensuring that those in greatest need have access to transitional housing properties, negotiating and monitoring tenancy and occupancy agreements, collecting rent, and working collaboratively with organisations helping tenants to sustain their tenancies.

The current supply

Data from DHHS shows that the number of transitional housing properties has decreased in recent years. Between 30 June 2010 and 30 June 2014 the total number of such properties in the state decreased from 3703 to 3667.²⁵⁸ Subsequent information from the department showed a further reduction in transitional housing properties with 3571 properties as at September 2015.²⁵⁹ Of these 3571 properties, 206 were allocated for crisis housing, 843 were allocated for specific groups (such as people with alcohol and drug problems or with mental illness) and 2522 were 'generalist'.²⁶⁰ There are no transitional properties solely for people who have experienced family violence.²⁶¹

DHHS advised the Commission that data relating to demand or unmet need for transitional housing is not collected consistently across all agencies.²⁶²

Eligibility for transitional housing

The Commission heard that, because there is no dedicated transitional housing for women escaping family violence, women are forced to 'compete' with people experiencing homelessness for access to these properties. At a community consultation in Gippsland the following was noted:

Two or three workers putting families up for the same property. Up against homelessness applications. So competitive for the transitional houses. Safe houses are backed up and trying to fund emergency accommodation in motels.²⁶³

A person needs to be linked to a support service in order to be eligible for a transitional property.²⁶⁴ In cases involving family violence, this support is generally delivered by specialist family violence services funded to provide 12 weeks of support (or 26 weeks in the case of intensive case-management services).²⁶⁵ Support workers' focus tends to be on stabilising housing before dealing with other things. Ms Springall stated:

In my experience, this is what works best for most people: if someone is uncertain about where they are going to be sleeping that night, or they're worried about their immediate safety and accommodation, then it is difficult for them to grapple with other issues.²⁶⁶

The Commission was told that, because of extended waiting times for transitional housing, there is a tension between the requirement for transitional housing applicants to be connected to a service and the length of time services are funded to provide assistance. In reality, women can be left in crisis accommodation with minimal support.²⁶⁷ We were also told that people who maintain an ownership interest in the family home are not eligible for transitional housing.²⁶⁸

Life in transitional housing

The Council to Homeless Persons described some of the negative outcomes for women and children living in temporary accommodation. It stated that the structures of homelessness and housing services can exacerbate the women's and children's disconnection from important people and social supports and connections:

Children may face two or three school moves within a year due to their changing housing circumstances: firstly on entering a refuge, then on exiting refuge into transitional housing, and then exiting transitional housing into either private or public housing. There have been efforts to minimize this disruption, by swapping a transitional housing property to a public housing property in some regions, or investing in private rental brokerage programs. However these practices are not routine, and are limited by the availability of public housing properties to swap and private rental brokerage packages to deliver.²⁶⁹

The Council said that, although services make every effort to limit this disruption, 'these are individual "work arounds" rather than systemic interventions'.²⁷⁰

Transitional housing was initially introduced as a way of helping to stabilise people experiencing homelessness before they gained long-term housing, such as public housing or private rental.²⁷¹ Mr Rogers told the Commission that '[l]engths of stay in transitional housing should be from three months, generally up to 12 months, with stays of up to 18 months for young people, where required'.²⁷² The Commission was informed that, although transitional housing used to be a pathway out of crisis accommodation, this is no longer the case.²⁷³ 'Blockages' in the system and a lack of exit points mean that transitional housing tenancies are now much longer than originally intended: while the average tenancy is about 12 months,²⁷⁴ in some cases it can extend up to two or three years.²⁷⁵

We will often have clients living in transitional housing for anywhere between 12 months and two years: the movement through these properties can be slow. We are finding that our clients get stuck in those properties, waiting for public housing or a suitable alternative.²⁷⁶

The Victorian Government advised the Commission that a recent audit of lengths of stay in transitional housing showed that over one-third of these properties are tenanted for more than a year and 4.3 per cent are tenanted for more than five years.²⁷⁷

Some submissions called for additional transitional housing properties, recognising that if the system worked as intended transitional housing would play an important role in providing short-term accommodation while longer term housing is secured.²⁷⁸ Because of the significant lack of long-term accommodation options, however, others argued that it is difficult to know whether the current transitional housing response is adequate. The Council to Homeless Persons stated:

The shortage of long-term properties creates a bottleneck in different parts of the system: people are stuck in transitional who should be in long-term; people are in crisis because they can't get into transitional; and people are in hotels because they can't get into crisis. It is not flowing as it is supposed to be. If the system was flowing, we might find that there is enough crisis and transitional accommodation, however we suspect there is not, because the number of those properties has not kept pace with population growth.²⁷⁹

Long-term housing

Social housing

Because it is affordable and offers security of tenure, social housing is essential for those who are at risk of longer term struggles to sustain housing. Victoria's social housing provides subsidised rental housing for people on low incomes. The accommodation response to women escaping family violence was designed with social housing as a major destination following transitional housing.

Types of social housing

There are two types of social housing in Victoria.

Public housing is delivered by the Office of Housing in the Department of Health and Human Services. Rent is capped at 25 per cent of combined eligible household income, with the amount of rent payable formally determined by calculating market rental value and applying a rebate (discount) to ensure rental payments do not exceed 25 per cent.²⁸⁰ Public housing tenants are not eligible to receive Commonwealth Rent Assistance.

Community housing is delivered either by housing associations or by housing providers who manage Director of Housing-owned properties that have been allocated to a community group for management.²⁸¹ Income and asset limits are generally higher than those for public housing, although community housing tenants generally pay no more than 30 per cent of their combined household income.²⁸² Tenants are also eligible to receive Commonwealth Rent Assistance. Housing associations are required to accommodate 50 per cent of people who would be eligible for public housing.²⁸³

Social housing accounts for less than four per cent of the total housing stock in Victoria.²⁸⁴

Current supply

The majority of the social housing stock in Victoria is public housing, which, as noted, is administered by DHHS. The Commission received evidence that Victoria has less public housing per capita than the national average.²⁸⁵ Australian Bureau of Statistics data for 2013–14 shows that Victoria has the lowest proportion of public housing residents across all states and territories: 1.9 per cent of people in Victoria live in public housing compared with the national average of 3.2 per cent.²⁸⁶ Mr Rogers explained that this difference is partly a result of historical policy differences, which began when the then Victorian Housing Commission sold many thousands of properties to tenants.²⁸⁷

- ▷ In 30 June 2014 there were 85,199 social housing properties in Victoria—including 64,886 public housing properties.²⁸⁸
- ▷ The Victorian Government advised the Commission that it expects a net reduction of 84 social housing properties in 2015–16.²⁸⁹

Department of Health and Human Services data (see Table 9.1 below) shows that social housing stock levels have remained largely static in the past decade, with average annual growth of 1.3 per cent between 2006 and 2014. The majority of this growth occurred in 2010–11, coinciding with the Nation Building Economic Stimulus Plan.²⁹⁰ While the overall social housing stock base has grown by 10.6 per cent since 2006–07, the public housing component has, however, had a net decrease of 267 properties (see Table 9.1).

Table 9.1 Public housing and total social housing dwellings in Victoria, 2005–06 to 2013–14

Housing type	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13	2013–14
Total public housing dwellings	65,244	65,307	65,167	65,207	65,437	65,352	65,183	65,031	64,886
Total social housing dwellings	77,048	77,456	78,004	78,646	80,955	82,974	83,789	84,863	85,199

Source: Based on data provided by the Director of Housing, Department of Health and Human Services: Statement of Rogers, 20 July 2015, 4 [18], [21].

Eligibility

At present there is no common waiting list or access point for social housing.²⁹¹ Community housing is obtained by applying to individual providers, who each maintain their own records—which may or may not include a waiting list—and use varying systems.²⁹² The Victorian Government has, however, announced its intention to move to a single waiting list for all social housing, so that ‘it is totally visible to the whole sector in terms of what the availability of resources [is]’.²⁹³

To be eligible for public housing, applicants must satisfy the following criteria:

- ▶ live in Victoria and have Australian citizenship or permanent residency status
- ▶ not earn or own more than the current public housing income and asset limits
- ▶ not be subject to Centrelink’s two-year waiting period for newly arrived migrants
- ▶ not own or part-own a house, unit or flat
- ▶ repay any money that is still owed from a previous public housing tenancy or bond loan
- ▶ provide the required proof of identity, residency status, and income and other documents.²⁹⁴

There are, however, exemptions to these requirements, and some of them relate specifically to family violence. For example, the requirement to be resident in Victoria is waived for those escaping family violence in other states.²⁹⁵

Public housing operates a ‘segmented early housing waiting list’ with the aim of making public housing available to those most in need.²⁹⁶ There are four ‘segments’ of the waiting list, the top three comprising the Early Housing allocation:

- ▶ homeless with support (highest priority segment)
- ▶ supported housing
- ▶ special housing needs
- ▶ wait turn (lowest priority segment).²⁹⁷

Applicants on the Early Housing waiting list are allocated housing before others on the waiting list. There are several sub-categories in the Early Housing allocation.²⁹⁸ The two sub-categories that most directly apply to women experiencing family violence are as follows:

- ▷ 'Homeless with support' applies to people who have no alternative housing options and are receiving support from a government-funded service—for example, women living in crisis accommodation arranged by a family violence service or living in transitional housing or other housing managed or arranged by a crisis service.
- ▷ 'Special housing needs' applies to people who are living in housing that has become unsuitable. Women experiencing family violence are eligible under 'Insecure housing' for those who are living in transitional, emergency or crisis housing or temporarily with friends or relatives. This does not require support to the same level as those in the 'Homeless with support' sub-category or under 'Unsafe housing', when a member of the household is facing actual or a serious threat of physical danger or family violence.²⁹⁹

Evidence was presented to the Commission that a woman living at home with the perpetrator of family violence or living temporarily with friends or family is not necessarily at lower risk of family violence than a woman living in a refuge and that allocating housing support to those 'most in need' is particularly problematic in the context of family violence because 'need' does not necessarily equate to 'risk':

Many requests for assistance with public housing ... are usually for or by women who have an underlying issue such as family violence ... anecdotal evidence suggests that women are unable to remove themselves from violent situations due to a lack of alternative accommodation; the catch 22 being they are unable to get on a priority housing list while they are still in existing accommodation, on the other hand they don't wish to forecast their intention to their partner or leave before they have guaranteed accommodation.³⁰⁰

A Department of Health and Human Services review of the allocations policy found that the system could be changed to improve outcomes for homeless people by, among other things, 'prioritising individuals and families who are homeless due to family violence, as it continues to be a major contributor to family breakdown and homelessness in Victoria'.³⁰¹

Waiting lists

There were 41,953 applications on the Victorian public housing waiting list at 30 June 2014; this included 7321 existing tenants who were seeking a transfer.³⁰² Department of Health and Human Services data shows that almost 400 of the 41,953 applicants had included family violence as a circumstance associated with their application.³⁰³ About one-third of all public housing applicants were on the Early Housing waiting list (13,184); of these, 6.4 per cent (840 applicants) were in the 'Unsafe housing' sub-category (see Table 9.2).³⁰⁴

Although the data suggests that the number of people seeking public housing who have experienced or are experiencing family violence is low, this is not consistent with the evidence the Commission received through consultations and in submissions: it was consistently stated that women were waiting long periods to obtain public housing.³⁰⁵ The Commission is unable to reach any conclusions about the level of demand on the basis of this data: the figures might represent poor identification or recording of family violence on application forms, poor data management, or the fact that people might be deterred from applying for public housing because of the extensive waiting lists.

Table 9.2 Applicants for public housing identifying family violence as a circumstance associated with their application, 30 June 2010 to 30 June 2014

Applicants	2010	2011	2012	2013	2014
Total number on waiting list (new and transfers)	50,674	45,936	44,201	43,043	41,953
Number who have family violence included in circumstances associated with their application (new and transfers)	379	445	443	417	394
Number on the Early Housing segment of the public housing waiting list, including transfer list (applicants)	12,051	13,185	13,356	13,623	13,184
Number in the 'Unsafe housing' category of the Early Housing segment (applicants)	889	935	939	888	840

Source: Based on Department of Health and Human Services, 'Query 72' (1 January 2014), Tab: Question 72; Department of Health and Human Services, 'Query 74' (1 January 2014), Tab: Question 74a, produced by the State of Victoria in response to the Commission's Notice to Produce dated 5 June 2015.

The Commission also heard that there has been a decrease in the allocation of public housing stock generally as people stay in tenanted properties for longer periods. Turnover is slow and few vacancies arise:

The number of allocations to public housing has declined over the last decade due to fewer vacancies being available as tenants are staying in properties longer. For example, in 1999–00, 11,051 new households were allocated public housing. In 2004–05, 8,125 households were allocated public housing. In 2013–14, this number was 5,715 allocations, representing a decline of almost 30 per cent since 2004–05.³⁰⁶

Waiting times

A strong theme in submissions was that long waiting times for public housing mean that the family violence response system is blocked because of the lack of accommodation options, leaving women and children in 'limbo' for long periods:

After the crisis has passed, there are limited housing options to exit refuge: many wait many months for a THM (transitional housing management property) and often years for a permanent OoH (Office of Housing Property). Although children are linked into schools and child care temporarily whilst they are in refuge & THM, [women] are unable to resume their life fully as they do not know where they will be located. Women and children are in limbo for too long and they are therefore unable to participate fully in the community. Currently the long waits mean that women and children are still being affected by the violence years later due to homelessness.³⁰⁷

One family violence victim told the Commission:

I've been on public housing lists for years. I've been on transitional housing for three months. There's no choice – either stay homeless, or deal drugs to pay for private rental. Once you go into private rental you lose your spot on the public housing list.³⁰⁸

The Victorian Government advised the Commission that in 2014–15 the average waiting period for Early Housing allocation was 9.5 months.³⁰⁹ For those waiting for a house with four or more bedrooms, however, the waiting time was 16.6 months.³¹⁰

Calls for investment

DHHS provided to the Commission information showing that the level of expenditure on public housing acquisitions and renewal has declined in recent years, from \$462.8 million in 2009–10 to an estimated \$131 million in 2014–15.³¹¹

The Commission was informed that the private rental market will never be a viable option for some victims of family violence, so investment in social housing is particularly important:

Some women managing complex traumas, who have other complex needs, or have been unemployed for some time may not be able to sustain housing in the private rental market. For these women, public housing and community housing is, and should continue to be, the most appropriate housing option. Unfortunately the construction of social housing hasn't kept up with demand or population growth ... We must reverse this trend in order to provide long term affordable housing for women escaping family violence.³¹²

Submissions and consultations showed strong support for a substantial expansion of social housing in view of the scale of the current blockages in the system and the associated consequences for women who have experienced family violence. The submission from the Council to Homeless Persons, which was endorsed by 128 other organisations, called for the establishment of an affordable housing growth fund of \$200 million a year.³¹³ It stated that investment at this scale would produce about 800 additional units of accommodation each year.³¹⁴

The Commission observed that such an injection of emergency funds would be less than that under the previous Nation Building Economic Stimulus Plan, which had a stock growth rate of about two per cent a year. Applying a two per cent growth in stock would deliver an extra 7300 units of accommodation over four years, or about 1825 units a year.³¹⁵

Another suggestion for increasing the supply of affordable rental housing related to the use of 'inclusionary zoning'.³¹⁶ Inclusionary zoning is a planning law mechanism that requires contributions from land developers as a condition of development consent, in the form of either units of affordable housing or an equivalent monetary amount.³¹⁷ These schemes operate to a limited degree in some other Australian jurisdictions and are widespread internationally, particularly in the United Kingdom and the United States.

The Commission notes that the Victorian Government's Plan Melbourne Refresh process is actively considering this idea as well as broader proposals for improving the supply of social housing.³¹⁸ For example, in March 2015 the government announced its intention to trial inclusionary zoning for land it sold in a policy that could require 10 to 15 per cent of new construction to be affordable for first-home buyers and low-income families.³¹⁹

Future directions for social housing in New South Wales

Released in January 2016, the New South Wales Government's report *Future Directions for Social Housing in NSW* signals the government's commitment to expand and diversify the options for people requiring housing assistance. There are three strategic priorities:

- ▶ more social housing—expanding the social housing supply and optimising planning settings and infrastructure
- ▶ more opportunities to avoid and/or leave social housing—improving access to the private rental market, expanding the affordable housing supply, and supporting people in pursuing work and educational opportunities
- ▶ a better experience in social housing—access for priority clients, housing stability, ensuring suitable, safe and quality housing, and high-quality customer service.

The report states that these priorities will be achieved in several ways:

- ▶ by significant expansion and redevelopment of stock through partnerships with private sector developers and finance—including through the Social and Affordable Housing Fund
- ▶ by transferring significant tenancy management responsibility to non-government housing providers
- ▶ through 'wrap around' services to support tenants in building their capabilities—such as education, training and employment opportunities
- ▶ by increasing the use of private rental assistance.

Public housing tenants and family violence

Although public housing provides important security for people without other housing options, there are still difficulties for people who experience violence while living there. The Commission was told that the public housing system is not able to respond quickly and flexibly to the needs of women and children experiencing family violence.³²⁰

If a public housing tenant is forced to leave the home because of the risk of family violence, this can have implications for her continuing tenancy. One woman informed the Commission:

I am [at] risk of homelessness all the time. I am currently lucky enough to be in a DHS house. However my abuser claims that he knows my whereabouts. I am at risk of having to pack up and run again. This will put myself and children in abject poverty and homelessness again. We need special circumstances for maintaining our DHS houses if we need to be away from the residence for extended periods of time (in refuges). Currently it is only a four week absence from a DHS house which will cause them to evict you.³²¹

DHHS released a temporary absence policy statement on 21 September 2015.³²² Under the new policy, if a person is a victim of family violence and is forced to leave their home, they may be afforded 'special circumstances' and permitted to pay a reduced weekly rental of \$15 for the duration of the absence (up to six months).³²³ This is in recognition of the financial hardship experienced by tenants who might have no income during the time they are absent and might also be expected to pay temporary accommodation costs somewhere else, such as in a refuge.³²⁴

The Commission also heard of cases where women accrued debt for damage to public housing property caused by the perpetrator. The DHHS Office of Housing's policy statement on property damage was amended in October 2015 and now provides as follows:

The Department accepts that there are circumstances where damage to the property occurs and the tenant is unable to prevent it. In these instances, such as family violence where the perpetrator of the violence caused the damage to the property or the damage is caused by a natural disaster, the Department will not charge the tenant for the costs of repairs.³²⁵

The Department will generally not claim costs from the tenant for property damage if the damage was caused by:

- An accident or actions which could not be reasonably prevented, taking into account the individual needs or circumstances of the tenant or the household members remaining in the property, for example, the tenant has a disability or is a victim of family violence ...³²⁶

Where family violence is involved, the Department accepts advice from the victim's family violence worker or other relevant support worker as sufficient evidence to support the victim's claim.³²⁷

There are similar statements in the more detailed Office of Housing operational guidelines.³²⁸

In one case, the Commission heard that a woman was prevented from transferring to a safer property because the Office of Housing requires that debts be cleared before it approves transfers:³²⁹

She remained in the house with her children and tried to get her ex-partner to take his name off the lease as per Office of Housing (OoH) policy, he refused. Her ex-partner regularly returned to the house vandalising the property, including smashing windows. On each occasion she contacted police and a report was done. She has also applied for a transfer out of the area in an attempt to avoid any further contact with the ex-partner.

Ms A was denied a transfer because she was deemed to have a debt to the OoH because too many windows had been smashed and replaced, so the OoH was charging her for the replacement of the glass. Due to the high rental she was paying she could not afford to pay this debt, therefore remained living in the house in fear and desperation. With a growing debt and no ability to transfer to another area she could see no way out of this unacceptable situation.³³⁰

At present tenants wishing to transfer have to wait for extended periods as transfer applicants are allocated properties in turn with those on the general waiting list. The Commission was informed that in practice this means that many women abandon their properties.³³¹

Service providers told the Commission that since the guidelines for the Social Housing Advocacy and Support Program were amended in 2012 they have been unable to advocate on behalf of tenants in relation to property maintenance or damage.³³² It was argued that 'in the case of family violence this can have serious implications for tenants retaining their homes' and that this function should be restored.³³³

The Council to Homeless Persons emphasised that transferring between public housing properties can be a very lengthy process and that the long waits can lead to women abandoning their properties. The Council suggested that another way of managing transfers requested because of family violence might be to allocate vacancies to transfer applicants first and then allocate to the vacated property from the waiting list. It argued that this would 'essentially give transfers priority but would not disadvantage those on the waiting list overall'.³³⁴

The private rental market

The other housing option available to victims of family violence is the private rental market which accounts for about 22.6 per cent of total housing stock in Victoria.³³⁵ This can include staying at home when the perpetrator is excluded, on leaving a violent situation, or after time spent in crisis or transitional housing. The Commission heard that the private rental market 'plays a central role in both resettlement and in providing medium term housing options for women affected by family violence'.³³⁶ The high cost of private rental accommodation can, however, make it difficult for many women to obtain and maintain a tenancy.

Access to the private rental market

A number of submissions made the point that, although private rental can offer choice and flexibility for many women escaping family violence, it remains out of reach for many because of multiple and intersecting barriers.

Affordability

The Commission heard that, even with the availability of Commonwealth Rent Assistance, the vast majority of low-income private renters remain in 'housing stress', which occurs when a person pays more than 30 per cent of their income on housing costs.³³⁷

Melbourne City Mission submitted that rental unaffordability is particularly acute in metropolitan Melbourne.³³⁸ It reported that total average female earnings in Victoria (full-time and part-time earnings) amount to \$843 a week and that income at this level would only secure affordable housing (under 30 per cent of weekly income) in seven out of 30 municipalities in Melbourne for a one-bedroom property.³³⁹ 'For every other housing type a woman would be paying more than a third of her income on rent'.³⁴⁰ The council noted that this 'highlights not only the challenge of finding housing, but the challenge of sustaining it'.³⁴¹

The Council to Homeless Persons also informed the Commission that for women relying on Centrelink payments 'only [three] in 100 two bedroom homes would be affordable to a single parent with one child, and less than one in two hundred would be affordable to a single woman on Newstart'.³⁴² Anglicare Victoria's 2015 rental affordability snapshot presented a similar finding. It showed that less than 0.1 per cent of rental properties in metropolitan Melbourne are affordable for single parents relying on the single parenting payment, and only 0.8 per cent of rental properties are affordable for these families in coastal or regional Victoria.³⁴³

The Commission was advised that, while rental properties in regional Victoria are more affordable compared with metropolitan areas, fewer properties in total are available and their cost has increased above inflation in recent years.³⁴⁴ It was further noted that, 'with few crisis accommodation options in regional areas, women may be forced to move out of a region temporarily, but find it difficult to return'.³⁴⁵ Dr Holst commented:

Whilst rental properties are less expensive in rural areas, they are still often too expensive for a low income family and there are still a myriad of complexities around the tight knit communities witnessing the trauma of the ramifications of a family violence incident. More attention should be paid to women in rural areas experiencing homelessness having affordable and long term housing options, as well as discreet options for attending these premises.³⁴⁶

Initiatives aimed at tackling the problem of the unaffordability of private rental properties are discussed shortly.

Discrimination

Victims of family violence told the Commission they faced discrimination in the private rental market. A lay witness, 'Ms Susan Jones', spoke of her experience:

I attended numerous rental properties to find somewhere safer and more permanent for us to live. At one inspection, I was told by a local real estate agent that as a single unemployed mother with four children, my application would be at the bottom of the pile. She implied that I was wasting her time. I felt it was unfair for my hopes to be dismissed so carelessly. I was hurt but not deterred and kept politely attending open days. I was never offered anything, despite an impeccable rental history.³⁴⁷

Research conducted by the Victorian Equal Opportunity and Human Rights Commission suggests that women with children—particularly single parents—find it difficult to enter the private rental market.³⁴⁸ A 2011 study by the Australian Domestic and Family Violence Clearinghouse for its financial security project also reported that many women in the study felt they were discriminated against by landlords or real estate agents because they were single mothers or had pets.³⁴⁹

They've put me in a box of 'I'm a no-hoper, single mother with three kids, there's something wrong with me, I can't pay my bills' ... One social worker – which I think is hilarious – has said, 'Why don't you just say you're widowed and they might look at you in a different light'. And you shouldn't have to do that. That is discrimination.³⁵⁰

The Commission heard evidence that discrimination can occur on multiple grounds—including race and disability—and that some women have to go to extraordinary lengths to find a home. A community consultation in Mildura produced the following example:

The discrimination regarding housing for Indigenous people here is rife in the private rental market. One client took six months to find somewhere, and that was really fast. Her children were Aboriginal but she wasn't, and that made it easier (she didn't take them to the open for inspection visits).³⁵¹

Submissions also noted that programs intended to promote access to the private rental market can cause delays, leaving women at a disadvantage in a competitive market. In other cases, services reported that '... women have been verbally approved for properties only to have the approval withdrawn when they indicate they will get a Bond Loan or HEF assistance from a homelessness agency'.³⁵²

Other barriers

The Commission was told of other barriers to gaining access to private rental that are unique to women who have experienced or are experiencing family violence. As discussed elsewhere in this report, it is common for perpetrators to isolate their victims, both socially and from services, while controlling access to the family's resources. This might mean women do not have a credit rating because they were not permitted access to the family's income. Alternatively, the perpetrator might have incurred debts on items that were in both names, resulting in a poor credit rating for the woman. Further, a woman might not have her own rental history or the perpetrator might have damaged the property, resulting in a poor rental history.³⁵³

Victims also described difficulties such as not having documentary evidence (for example, bills in their name) or cases when they had to leave the relationship or property abruptly, leaving behind documentation such as birth certificates or passports. Examples were given of women without documents being unable to secure a property for over 15 months, despite having the means to pay rent.³⁵⁴

Current private rental programs

The Commission received evidence about a number of programs and initiatives that aim to help women secure private rental accommodation, either so that they can leave home or in order to leave crisis or emergency accommodation.

The Housing Establishment Fund

Victoria's Housing Establishment Fund is administered by the Department of Health and Human Services and provides funds to homelessness services so that they can assist people with housing establishment costs such as rent in advance to establish a tenancy or to pay rental arrears to avoid becoming homeless. As noted, however, submissions claimed there are competing demands on these funds, which are also used to pay for emergency accommodation in places such as motels and rooming houses.³⁵⁵

Although the Victorian Government does not have data on the proportion of the Housing Establishment Fund budget spent on assisting women escaping family violence, it advised the Commission that \$3.268 million of its total budget of \$11.8 million in 2015–16 was allocated to family violence service providers. No details were available about how much of the fund's budget is spent on ad hoc accommodation compared with rent arrears or in advance.³⁵⁶

Service providers said the demand for Housing Establishment Fund funds far exceeds supply.³⁵⁷

Bond Loan Scheme

The Director of Housing funds a bond loan scheme to help households meet the cost of paying a bond on a private rental property, generally equivalent to the first month's rent. This amount is to be repaid at the conclusion of the tenancy.³⁵⁸ The scheme has a budget of \$13.191 million for 2015–16 and is expected to make 12,000 bond loans. It is not known how many of these loans are made for women experiencing family violence.³⁵⁹

To be eligible for this assistance, applicants must be Australian permanent residents, thus excluding people with uncertain residency status.³⁶⁰ Applicants must also have sufficient income to be able to afford the rent (less than 55 per cent of their gross weekly income), must have repaid any previous bond loans, and must not owe any money on previous or current public housing tenancies. Applicants are also ineligible if they own or part-own a house, flat or unit, although it is not clear if there is an exemption for women who own or have a share in a residential property but are unable to live there because of family violence.³⁶¹

Family Violence Flexible Support Packages

Assistance for family violence victims has commonly been funded by the Victorian Government in the form of staff in specified programs—for example, case managers in specialist family violence services. To better respond to the particular needs of victims, the government has started to introduce various forms of additional ‘discretionary’ funding, sometimes referred to as ‘brokerage funding’ or ‘flexible funding packages’. In these cases, service providers receive an allocation of funds and, in consultation with the family violence victim, and within an upper limit for each household, have a degree of discretion about what they purchase for each client. This means that people receive assistance that is more closely aligned to their individual needs.

Some of these programs are targeted to deal with specific barriers and costs facing certain groups of women. For example, the Disability Family Violence Initiative provides funds for up to 12 weeks to a maximum of \$9000 per person.³⁶²

As discussed in various sections of this report the Victorian Government has allocated \$3 million a year for the next four years for up to 1000 Family Violence Flexible Support Packages a year. The Commission understands that these packages will be administered by 15 specialist family violence services and can be used for housing and non-housing costs, including paying for rent arrears in advance, relocation costs, furniture, security measures, counselling, education, training and employment assistance.³⁶³

This move reflects the view that social services should provide more individualised support than has been the case in the past. Mr Chris Eccles, Secretary, Department of Premier and Cabinet, suggested that any future service system should deliver a more ‘personalised response’, so that the various supports required by people experiencing family violence are ‘tailored to their needs’.³⁶⁴

Head-leasing arrangements

Head leasing occurs when a housing provider leases a property from a landlord in the private rental market and then subleases it to a person requiring housing assistance.

This approach can be attractive to landlords because it guarantees them a secure rental.³⁶⁵ For the potential tenant it might help to overcome problems of discrimination and adverse credit ratings resulting from their experience of family violence because the lease is managed through a service provider, not directly with the resident. It also makes more properties available in diverse locations. A further advantage of using head leases is that the lease can potentially be transferred into the woman’s name at a suitable time. Dr Holst explained that this is the objective of Launch Housing’s head-leasing program to divert families out of rooming houses:

We have actually downgraded the head leases and made them principally leases that are held by the women that we have subsidised. We actually think that’s better. It gets the welfare agency out of the picture a bit sooner and, as long as the subsidy is there, it can be taken over more readily by the woman who is then the tenant.³⁶⁶

This was also the approach adopted by the A Place to Call Home program, which converted transitional housing into ongoing public housing and thus minimised the need for a woman to move again.³⁶⁷

Private rental brokerage

Some specialist family violence services are funded to support women in obtaining and retaining private rental properties. This assistance includes brokerage funds to subsidise rent for a limited period. It also includes liaison with real estate agents and provision of ongoing contact and housing-related assistance for the duration of the brokerage period.

DHHS advised the Commission that funding was to provide 611 ‘episodes of assistance’ to women and children through the private rental brokerage program in 2014–15, delivered through 13 family violence services at a total cost of \$1.13 million.³⁶⁸ Examples were given of currently available brokerage packages being insufficient to meet demand: one regional service providers had 25 packages of funding for family violence private rental brokerage in 2014–15 and had allocated them all by January 2015.³⁶⁹

Sustaining private rental accommodation

The Commission was informed that there are few programs that help women sustain a home in the long term and that it is important that housing assistance is combined with support where needed. One submission noted that treating family violence as ‘resolved once the client has a new house is dangerously naïve and belies all contemporary academic literature on family violence intervention’.³⁷⁰

Help to improve a woman’s position in the labour market so she can meet longer-term housing costs was named as a priority, including linking her to education and training opportunities, employment services and financial counselling.³⁷¹ McAuley Community Services for Women also noted that employment assistance should be sensitive and responsive to the specific needs of women who have experienced family violence.³⁷²

One feature of the Family Violence Flexible Support Packages just discussed is that funds can be used for education costs, training and other employment-related items within the \$7000 limit.³⁷³

The Commission was also told of specialist family violence services establishing partnerships with local real estate agents in order to negotiate bonds and rents and, in some cases, to install fences and additional security measures.³⁷⁴ Workers reported that advocating with real estate agents on behalf of clients had brought considerable benefits and had helped women who would otherwise have found it difficult to leave a violent relationship.³⁷⁵

Many submissions expressed support for existing measures designed to help women move into the private rental market, while also noting the need to review and expand programs that have been operating for a long time.³⁷⁶ They also submitted that funding for these initiatives is insufficient to meet current demand.³⁷⁷

Rapid rehousing programs

Some submissions called for a greater number of focused rapid rehousing programs to secure and maintain new tenancies.³⁷⁸ These programs were developed in the United States and aim to quickly move people who are homeless into private rental by providing a short-term rental subsidy (up to 18 months) as well as support services to strengthen their capacity to sustain the tenancy in the long term.³⁷⁹ They are not specifically family violence programs; rather, they have emerged in response to high levels of homelessness, including family homelessness.

A recent large-scale experimental research study being conducted in the United States—the Family Options Study, led by the Department of Housing and Urban Development—compared outcomes for families who had stayed in emergency shelters and subsequently been assigned to one of four forms of housing assistance, including community-based rapid rehousing.

In the United States the rationale for rapid rehousing approaches with time-limited support stresses the importance of helping families into conventional housing in their communities as quickly as possible to reduce dislocation and potential further harm resulting from the extended periods that occur under the standard ‘stepping stone’ model of housing assistance. Time-limited support is justified to encourage families to become economically self-sufficient more quickly. The Family Options Study findings reported in 2015 found that a ‘housing first’ approach through a permanent rental supplement was most effective in stabilising the housing of families and improving the wellbeing of children compared with time-limited rapid rehousing or transitional housing. The permanent housing supplement intervention did, however, have a negative impact on employment participation and family incomes.³⁸⁰ The Commission understands that this intervention was not accompanied by any form of tailored employment assistance.

The Victorian Council of Social Service told the Commission:

Many people experiencing violence have been previously housed and are able to maintain a tenancy in permanent housing. A rapid rehousing program uses flexible resources to secure and maintain new tenancies quickly, such as establishing relationships with real estate agents and negotiating with potential landlords, providing guarantees, bonds or subsidies and working with people to ensure their tenancies are successful.³⁸¹

The Council to Homeless Persons, along with 128 other organisations, suggested to the Commission that the Victorian Government should establish such a program. It estimated that \$10 million (approximately \$2.3 million in annual rental subsidies and \$7.3 million in other annual support costs) could finance assistance to search for suitable properties, offer incentives for landlords to participate, and provide medium-term rental subsidies of up to six months to ensure that rent remains affordable for up to 1000 women and their children.³⁸²

The Commission was also told about a 'rapid rehousing' program operated by Launch Housing. With the support of philanthropic funding from realestate.com.au (the REA Group), Launch Housing operates a rapid rehousing program for women and their children leaving family violence by providing 'extra brokerage for rent and other private rental expenses'.³⁸³ The REA Group will also donate furniture to help women set up a new home. Launch Housing also operates its own not-for-profit real estate agency.³⁸⁴

In October 2012 the New South Wales Government began a 12-month demonstration project for rapid rehousing in Penrith, Mt Druitt and Coffs Harbour. The aim was to help frequent users of temporary accommodation secure and sustain private rental housing.³⁸⁵ Project workers aimed to carry out an assessment within 24 hours of referral and develop a case plan within 48 hours. The program sought to ensure that the tenancy of housed clients was maintained for at least four months.³⁸⁶

An evaluation of the project demonstrated a range of social and economic benefits for clients. The project had helped build their life skills, confidence and tenancy management skills (such as budgeting and keeping up to date with rent). The majority of tenancies established under the project have been able to be maintained.³⁸⁷ The evaluation report pointed to the following as success factors:

- ▶ *Early turnaround.* Having the initial contact with clients as soon as possible after referral was a critical part of the success of the project.
- ▶ *Relationships with real estate agents.* Each site developed good relationships with real estate agents, enabling them to secure tenancies for clients who would otherwise probably be rejected because they received Centrelink benefits, were first-time renters or had poor rental histories.
- ▶ *Support tailored to individual need.* Most clients required a range of supports to establish a tenancy, including intense assistance up front. Support also focused on how to maintain the tenancy in order to avoid tenancy breakdown.
- ▶ *Flexible use of funds.* Funds could be tailored to meet individual needs.
- ▶ *Options for singles.* To respond to rental affordability problems for single people on Newstart, each site developed share-housing options.³⁸⁸

The evaluation report found that the cost per client (\$4700) was higher than the cost of providing temporary accommodation because it involved intensive support, such as accompanying clients to real estate agents and on property inspections. The project was, however, effective in securing timely outcomes, with the time spent in temporary accommodation before securing private rental generally three to four weeks.³⁸⁹ The main change stakeholders proposed was for a longer period of support (12 months) to ensure long-term tenancy sustainability. Some suggested that rapid rehousing should focus on clients with more complex needs; others, particularly service providers, said it is best targeted at clients with low to moderate needs.³⁹⁰

Accommodation for perpetrators

In some submissions the provision of accommodation to men who are excluded from the family home as a result of family violence was identified as a gap.³⁹¹ The Commission was told that ‘providing accommodation to keep men who use violence “in sight” of the justice system and other service interventions is in the interest of both victims and the broader community’.³⁹² One woman told the Commission during its consultations:

I think that the refuges should be for the men, not the women who can stay in their house. The problem with that is that the man still knows where she’s living. It (moving men into refuges) won’t work for everyone but it would for some. It’s so disruptive for the kids and then they miss him. If the man is placed in the refuge then they (the kids) can go to see him. I know that I’m simplifying it and it’s really about control but it’s worth doing.³⁹³

Crisis accommodation and medium- to long-term housing options for single men are limited. For example, there are two crisis accommodation facilities for single men in Melbourne and two that take men, women and families. In one of the male-only facilities there are 63 beds and about three vacancies a week:

These facilities are targeted to men who have multiple and complex needs and have slept rough, and deliver a service model that is based on addressing long term homelessness. With few vacancies and a specific target group, current crisis accommodation facilities are neither readily available nor provide the right solution for people who have been removed from the home due to violence.³⁹⁴

The Commission heard that homelessness services often used ad hoc accommodation such as rooming houses to house perpetrators.³⁹⁵ Mr Rogers advised that accommodation options include singles accommodation funded under the homelessness program or use of the Housing Establishment Fund to pay for motel or rooming house accommodation.³⁹⁶ Information about the number of perpetrators accommodated or the demand levels under either option was not available.³⁹⁷

Concern was expressed that ‘... many private rooming houses continue to house people with a range of complex needs, and very little ongoing outreach is able to be provided within current resources. Violence is not uncommon in private rooming houses and can reinforce violent behaviours’.³⁹⁸

Community consultations revealed concern that the environment of a rooming house is not conducive to children visiting their father when parenting orders are in force. People were particularly concerned that the mix of people living in rooming houses, including people with substance dependency, made them a dangerous place for children and an environment that is not well suited for men to learn to change their use of violence.³⁹⁹

As noted earlier in this chapter, the Commission was told of instances of victims and perpetrators being placed in the same motel or ad hoc accommodation. Some homelessness services do, however, have specific protocols in place to prevent this occurring.⁴⁰⁰

Another common concern was that a lack of suitable accommodation for the perpetrator often led to pressure being placed on the woman to allow him to return home.⁴⁰¹ Conversely, the woman might not be able to return home if the perpetrator is still in the property because he does not have access to alternative accommodation.⁴⁰²

The Victorian Aboriginal Legal Service stated:

Stable housing is the foundation from which all other change and growth can come. It is essential that there is stable and accessible housing for victims fleeing family violence, but also for perpetrators of family violence. Whether it’s anything from “cooling off” houses as have been utilised in some Aboriginal communities in the Northern Territory, or safe houses, there needs to be suitable accommodation for [all] involved ... Lack of appropriate emergency and transitional housing for those in crisis, both perpetrator and victim/s, may result in offenders or victims returning to the household if they have no other practical accommodation, resulting in further breaches or possible further violence.⁴⁰³

The Commission also heard that therapeutic crisis accommodation interventions should be introduced.⁴⁰⁴ In considering temporary housing options for perpetrators, a number of submissions called for accommodation to be linked to behaviour change programs as a condition of stay, while others saw a more general connection between stability of housing and engagement in perpetrator programs:

In situations where perpetrators are removed from the home, there needs to be accommodation (emergency housing for perpetrators – intervention houses, please don't call them male refuges – language matters and it is not these men who need safety and refuge) alongside NTV accredited men's behaviour change program intensives for these men, where there are no waiting times. These houses need to have a therapeutic focus and much work in terms of evaluating the work there.⁴⁰⁵

Lack of housing options affects perpetrators too as insecure housing can impede behaviour change and other programs focussed on supporting men develop appropriate and respectful behaviours, dealing with alcohol and drug issues or unemployment – all of which may contribute to violent behaviours.⁴⁰⁶

Others suggested that, rather than redirecting resources from the homelessness sector, specialist accommodation options attached to behaviour change programs should be considered; the Western Australian Breathing Space facility was cited as an example.⁴⁰⁷ The Victorian Aboriginal Community Services Association Ltd suggested that 'time out' programs be given an accommodation component by converting transitional housing stock to crisis accommodation for use as a 'time out' facility. It argued that this would provide Aboriginal men '... with meaningful time out whilst the family can be maintained and supported in their family home'.⁴⁰⁸

DHHS advised the Commission that in 2014–15 \$0.2 million was allocated to emergency accommodation for men who are unable to remain in the family home as a result of an intervention order with exclusion conditions being granted.⁴⁰⁹ It is not known, however, to what extent the funding is used for this target group since it is allocated either to providers of men's family violence services (which may purchase emergency accommodation such as motels) or to homelessness services that may also provide a range of emergency accommodation to men who are not perpetrators of family violence. The Australian Institute of Health and Welfare has noted that the Specialist Homelessness Services Collection data is not able to separately identify victims and perpetrators of family violence from the number of people presenting to homelessness services because of family violence.⁴¹⁰

As noted above, Dr Spinney gave evidence about her research on the first Australian Safe at Home scheme, which was developed in Tasmania. She told the Commission that while some program funding was originally intended to be set aside for perpetrator accommodation, this had not occurred because there was 'not a driving need for it': perpetrators normally found accommodation with friends or family.⁴¹¹

The way forward

Principles of an effective housing response

Secure and affordable housing is an essential foundation if victims of violence are to regain a sense of safety and recover from the trauma they have experienced. For a woman, it provides the space she needs in order to rebuild her life, plan her future, care for her children and build positive connections with people and services in the community. Having a secure home is crucial to ending the powerful hold family violence has on victims and the way it can define their futures. Without a secure place to live, victims can slip into homelessness, stay in crisis for longer or end up returning to live in an abusive relationship. Women should not be forced to make that choice.

The accommodation needs of women in Victoria who are experiencing or have experienced family violence are diverse: some women are able to stay at home; others can return home after a short period away; others are unable to return home and need alternative long-term accommodation.

When it is safe to do so, and provided they want to do it, it is in the best interests of women and children to stay in their own home. That means they can stay close to the things that are important to them, such as family, friends, work, school and community networks. But, despite some progress, there is still insufficient support available for women and children to stay at home safely. Those who do stay often carry an exceptional burden to keep themselves safe, living with security devices and having to remain constantly vigilant. It can also place a major financial burden on them because they need to pay rent or mortgage repayments on their own.

Although some women can leave home safely and successfully, leaving home to escape a violent relationship can be the start of a pathway into homelessness, poor-quality housing and housing-related poverty. It is not surprising that some women do not take that chance at all or return to a violent relationship as a way of escaping such a situation.

When women are forced to leave their homes, securing accommodation quickly is vital in order to recover and begin to deal with the multiple challenges in their life—such as dealing with grief and trauma, obtaining a family violence intervention order and resolving other legal issues, adjusting to a new area, looking after children in an unfamiliar environment, and resuming or seeking employment. Only a small proportion of women gain access to refuge accommodation and, before they do, they might spend extended periods in a motel, caravan or rooming house. These are not good environments for women and children who are trying to recover from family violence. They are not a home.

Of those women who did enter a refuge, many spoke highly of the support and the safety they found there. Others struggled, especially where there was communal living or it was a high-security environment. There has been progress in making Victoria's refuges better and more liveable: some refuges now feature individual units for greater privacy, and disability access is being improved in a small number. These developments need to be expanded and to become standard throughout Victoria. Barriers that prevent some groups of women—among them Aboriginal and Torres Strait Islander women, women with complex needs, and women with adolescent male children—being accepted into refuges must also be removed.

The Commission found that women often have to move repeatedly, leading to dislocation from community and existing supports and increasing the likelihood that they might become homeless. Women and children need support and a stable environment in order to recover from the trauma and uncertainty of family violence. Safe, secure and affordable accommodation is essential if they are to have this stability. At present Victoria is failing in this.

There is clear evidence that housing pathways are 'blocked up' and not flowing as intended. There is a lack of viable long-term housing options that allow people to 'exit' the system and get on with their lives. There are simply not enough short-term or long-term accommodation options for victims in metropolitan and regional Victoria. Other jurisdictions, such as New South Wales, have faced a similar problem with a housing system that is clogged: they are now using a mix of housing options.

Simply continuing existing programs and strategies will not deliver better outcomes for the women and children whose lives have been damaged by family violence. It will not overcome the 'siloed' approach to program delivery or remedy the gaps and failings in housing provision that were made clear in the evidence the Commission received.

We need a bolder, more proactive approach to expanding the housing options for family violence victims—one that is more individualised, more sustainable, and more connected to promoting broader social and economic participation.

Social and economic participation is central to the recovery from family violence. A rapid response to victims' housing needs is important to ensure continuity of participation in education, employment and social networks. The location of housing is important for the same reasons. Developments in Safe at Home strategies—particularly with increasing use of technology backed up by a strong justice response and case-management support—can make an important contribution to the objective of fostering continuity of participation.

The housing response for people experiencing family violence should have the following characteristics:

- ▷ be tailored to the victim's circumstances, choices and goals, whether they live in metropolitan, regional or rural Victoria
- ▷ be non-discriminatory and responsive to the full range of people who might be victims of family violence
- ▷ ensure safety and provide options commensurate with victims' level of risk
- ▷ follow a simple pathway so that people can obtain the help they need, whether they are able to stay in their home or have to leave
- ▷ recognise that keeping victims in their home is optimal if it is safe and the victim's choice and provide support accordingly
- ▷ provide alternative safe accommodation when a victim cannot remain or return home, while minimising the number of moves they need to make and the time taken to acquire permanent housing
- ▷ ensure that accommodation is of good quality, affordable to the victim and in a location that will help them retain or build on protective factors to support their recovery—including employment, training, education and natural supports such as family and friends
- ▷ complement other forms of support in a manner that reflects the victim's needs and aspirations—including referral to other services they might need
- ▷ be part of a broader, integrated system of support so that the system keeps the woman safe by maintaining a focus on the perpetrator and reducing the burden on the victim no matter where she is living.

The Commission therefore proposes the following:

- ▷ There should be greater *support*, both financial and non-financial, for women to retain their existing housing or to gain access to private rental properties in their community.
- ▷ A more concerted shift towards *individualised assistance* is needed in order to meet the specific needs of people affected by family violence. This means amending the existing Family Violence Flexible Support Packages to include a longer period of rental or mortgage subsidy and further assistance with costs to support economic recovery.
- ▷ *Housing options* should be expanded so that there is a much greater capacity to rapidly rehouse people and, in doing so, free up places within refuges and crisis accommodation and bypass transitional housing when the victim's full range of needs are better met in the private rental market with other supports as necessary.
- ▷ Better *integration between accommodation and support* is essential so that a victim's housing and other needs—such as counselling, legal advice, financial counselling and employment assistance—are considered at the same time and the link between housing assistance and the support to improve the victim's financial security and employment status is made explicit.

Greater support for victims to stay at home

Supporting women who choose to stay at home

- ▶ Current funding for Safe at Home initiatives accounts for only a small proportion of overall government spending on family violence initiatives.
- ▶ It is important that women are told that staying at home is a genuine option and that sufficient supports are available for those who decide to remain at home or return there.
- ▶ Evaluations show that Safe at Home programs can be effective, but there has been insufficient funding to provide the programs consistently throughout Victoria.
- ▶ There are no universal guidelines or principles for Safe at Home programs, and the design and implementation of the programs has been inconsistent.
- ▶ The primary features of effective Safe at Home programs are accompanying support, confidence in police and court responses, and the use of security technology. An integrated system is needed to keep women safe.

Although there is growing recognition that staying at home safely should be an option for women and children, service providers still tends to focus on options for women to leave and enter the refuge system. The Commission supports the increasing efforts to help women and their children remain in or return safely to their homes. This approach quite appropriately transfers the responsibility for leaving the family home to the perpetrator of family violence and allows victims to stay in their home and community. In this way the disruption associated with multiple moves—including losing connections with family and friends and other supports, school networks, employment, and participation in the community—is largely avoided.

The Commission found, however, that the current roll-out of Safe at Home programs is piecemeal, does not have geographic coverage throughout the state, and has inconsistent standards. As a consequence, only a very small number of victims of family violence are able to benefit from the programs. In the absence of a consistent statewide approach, local services have had to cobble things together to respond to need. Further, existing Safe at Home programs make no provision as a matter of course for a longer term rental or mortgage subsidy that will be required by many victims to secure the stability of housing that can form the basis of their recovery.

The Commission was told of recent developments in personal security devices, which—when accompanied by adequate risk assessment, safety planning and, when necessary, case-management support—hold the promise of allowing a major step forward in enabling people to stay in their existing home and community, being reasonably confident of their safety. This would, in turn, reduce the demand for crisis or refuge accommodation.

Nevertheless, although technological supports make promising additions to the suite of measures that enable women to stay safely in their homes, they are not on their own sufficient to keep women safe. Accordingly, Safe at Home programs must be based on a strong systems response to the perpetrator and effective support for the victim; evidence has shown that these are vital ingredients of programs. In particular, a proactive approach to enforcing intervention orders, swift police action on breaches of orders, and information sharing about the perpetrator are needed to transfer the burden away from requiring women to be vigilant in order to maintain their safety.

To ensure that risk assessment and management guide the support that is to be provided, specialist family violence services should continue to take the lead in delivering Safe at Home programs, collaborating with others to involve necessary complementary services. The programs should be part of a comprehensive case-management response that includes the involvement of and coordination with police and legal services.

The Commission's recommendations aimed at allowing for greater exchanging of information about perpetrators are set out in Chapter 7. Our proposal to integrate risk and needs assessment across women's, children's and perpetrator interventions through the establishment of Support and Safety Hubs, as part of a second generation of system integration, is discussed in Chapter 13. Together, these recommendations should assist in supporting victims who stay at home by establishing a tighter risk management environment.

The additional \$900,000 investment by the Victorian Government for the Personal Safety Initiative pilot to provide support for about 70 women is welcome. Importantly, the trial will be evaluated so as to determine future actions. The Commission expects that a successful pilot would lead to an investment in such initiatives, sufficient to meet the needs of victims of family violence statewide.

The Commission notes with concern that most of the existing Safe at Home programs are funded through the National Partnership Agreement on Homelessness, which is due to expire on 30 June 2017. Although the agreement and the concomitant Commonwealth funding contributions lapse at that time, the Victorian Government's contribution is secure until 30 June 2018.⁴¹²

The Commission considers that the Safe at Home programs should be retained and substantially expanded in order to make staying at home a real option for victims of family violence. This needs to happen regardless of the funding source—including by the Victorian Government allocating its own resources to give the programs the certainty and scale needed to fulfil their potential. Investment decisions by the Commonwealth Government are beyond the scope of this Royal Commission, although we do note the strong statements the government has made in relation to responding to family violence and consider Safe at Home programs to be an important part of a comprehensive response.

The success of Safe at Home programs depends on effective support services, legal assistance and the financial capacity to maintain housing costs on a single income. Put simply, a person cannot stay at home if they cannot afford to do so. The Commission therefore proposes that the Victorian Government ensure that staying at home is indeed a viable and sustainable option by explicitly including access to rent or mortgage subsidies within such schemes.

Recommendation 13

The Victorian Government give priority to supporting victims in safely remaining in, or returning to, their own homes and communities through the expansion of Safe at Home-type programs across Victoria [within two years]. These programs should incorporate rental and mortgage subsidies and any benefits offered by advances in safety devices, with suitable case management as well as monitoring of perpetrators by police and the justice system.

Improving crisis accommodation

The evidence presented to the Commission makes it clear that Victoria's crisis accommodation capacity—both refuge and other crisis accommodation—is insufficient to meet current demand. There is an urgent need to expand crisis accommodation, especially in view of the fact that funding and capacity have remained unchanged since 2009–10. Since that time there have been reports of substantial growth in the demand for crisis accommodation, particularly as a result of the increase in police referrals to services. The number of police referrals of affected family members (female victims) to specialist family violence services grew by 317 per cent between 2009–10 and 2013–14.⁴¹³

The Commission agrees with the Council to Homeless Persons that it is difficult to determine how much extra crisis accommodation would be required if the system was working as intended.⁴¹⁴ Nevertheless, a number of factors would improve refuges' existing capacity to meet demand:

- ▷ greatly expanding Stay at Home options
- ▷ improving efficiency through amended intake procedures
- ▷ reducing demand for refuges by introducing more community-based crisis accommodation options
- ▷ increasing movement throughout the accommodation system by improving access to post-crisis housing options
- ▷ reconfiguring communal crisis accommodation into 'core and cluster' models so as to increase capacity, improve amenity and offer greater physical accessibility.

The Commission is not able to assess the potential impact of these changes. It does note, however, that expanding the 'crisis accommodation response' capacity does not necessarily mean simply establishing additional refuges. The priority should instead be developing a range of crisis options that enable women to remain in their community. In particular, these options should be carefully explored in regional and rural communities because of the dearth of specialist crisis accommodation in these areas.

The intake into crisis accommodation

The Commission found that there are multiple referral pathways for accommodation and support for women experiencing family violence. This makes it difficult for services to develop a holistic view of a woman's needs and, as a result, makes it difficult to integrate service responses. Support for women and children experiencing family violence is generally obtained through specialist family violence case-management services, usually in response to a police L17 referral, while access to crisis accommodation is generally coordinated through Safe Steps Family Violence Response Centre. Initial Assessment and Planning Services also play a role in placing victims and perpetrators in accommodation.

The Commission found that the current arrangements for access to refuge properties are inefficient. Family violence service Safe Steps is the referral and contact point for refuges but does not act as the intake point: it has no 'control' over entry into either the 31 refuges or the 57 Crisis Accommodation Program properties refuges managed. Although access to accommodation is largely limited by supply, the Commission found evidence of delays that were caused by staff not being available to accept referrals after hours or by refuges' operational decisions that mean that beds might be kept vacant or certain individuals excluded.

There is a need to streamline referral and intake arrangements for all specialist family violence crisis accommodation—especially since, for some women, the alternative often is either to remain in a violent situation or to move to a motel.

In Chapter 13 the Commission recommends the establishment of Support and Safety Hubs in each of the 17 Department of Health and Human Services local areas by 1 July 2018. These hubs will provide a single referral and intake point for family violence services, including facilitating access to crisis accommodation services in each local area.

The role of the hub intake team would be to work with the woman to determine what is required for her to remain in her home—or to return home if this is her choice and it is safe to do so. This should be part of the first response: timing is crucial in helping women make informed choices that minimise the disruption and dislocation associated with moving to alternative accommodation. The intake process would include assessment for Safe at Home assistance, which, as recommended, should be expanded throughout the state.

If a woman chooses to take up another accommodation option, it is essential that the hub intake team is able to facilitate her placement into the most appropriate accommodation option available. Safe Steps will continue to organise refuge accommodation. A central coordination role is necessary to match these women to scarce resources, as well as coordinate the transfer of women to refuges that will probably be quite a distance from the area in which they were living. In order for Safe Steps to be able to do this efficiently it must be able to book victims into refuges without it being necessary for the victim to be re-assessed, and possibly rejected, by the refuge. This change should occur as a matter of urgency: government should not wait until the Support and Safety Hubs are established to facilitate this reform.

The Support and Safety Hubs and Safe Steps will also need to have brokerage/flexible funding in order to buy goods and services to respond to a woman's immediate needs, particularly if she is in crisis. This could include items such as emergency accommodation in a motel, food, clothing, toys, transportation and pet care. Service providers who have case coordination responsibility will also require flexible funding to help the woman achieve the goals set out in her service plan. This approach supports the Commission's recommendation that the system move to adopt a more individualised response to victims of family violence (as described shortly).

The intake team at a Support and Safety Hub will also have risk and needs assessment capability for men's services and perpetrator interventions. Additionally, they should identify accommodation options for the perpetrator as appropriate and make a 'warm referral' to the local homelessness service to facilitate the person's placement.

Expanding crisis accommodation options

The accommodation options currently offered to women who choose to leave a violent relationship are inadequate: women are faced with a choice of going to a motel or going to a crisis accommodation service, which commonly means moving to a new area. The Commission learnt that women and children are staying in motels for long periods.

The crisis accommodation response should move away from a 'one size fits all' approach—which was developed at a time when it was the sole response to family violence and fleeing was generally the only option available—and instead focus on providing more tailored assistance to women.

A woman escaping violence needs confidence that crisis accommodation will provide a level of safety consistent with her assessment of risk. As far as possible, it should also help her maintain her connection with the important people and supports in her life, such as family, friends, work and her community. Women should also be able to expect that crisis accommodation will do the following:

- ▶ keep the number of moves and the disruption associated with leaving a violent home to a minimum
- ▶ offer the support she needs—that is, beyond accommodation, having access to regular support from specialist family violence services and knowing this support will accompany her regardless of where she lives or moves to
- ▶ be kept to the shortest time necessary to enable her to move out of crisis and begin to rebuild her life
- ▶ be sensitive to the needs of children and support her rebuilding parent-child bonds.

The Commission expects that the recommended expansion of Stay at Home options will divert some demand away from crisis accommodation. There will, however, continue to be a need for emergency accommodation for women who need to leave, either permanently or for an interim period, and require accommodation immediately following a crisis. Accordingly, accommodation should be of the best quality possible.

Staying connected to community

The Commission considers that a broader range of crisis accommodation options should be made available to women who choose to leave a violent situation. In the first instance, it proposes a significant expansion of options designed to help women and their children remain within their community when risk assessments suggest this is possible. This will involve women moving from their home to different accommodation but not necessarily to a high-security refuge. This does not mean greater use of ad hoc accommodation such as motels: rather, in order to provide stability of housing through the crisis and recovery phases, the Commission has in mind the use of ordinary houses in ordinary streets.

Historically, crisis and emergency accommodation has been delivered by specialist family violence services and housing and homelessness services through properties, in the most part, owned or allocated to providers by the Director of Housing. In the Commission's view, additional procurement measures need to be explored. As noted earlier in this chapter, some services have taken the initiative and have already started to do this—for example, through head leasing and other initiatives.

Reducing the use of ad hoc accommodation

There is an urgent need to greatly reduce the use of motels and other ad hoc accommodation, especially as additional Stay at Home programs and more diversified crisis accommodation options are made available. For example, Mallee District Aboriginal Service noted that it 'currently pays \$300–400 per week for a tent site in local campgrounds'.⁴¹⁵ A community consultation in Mildura confirmed that this is the case for both Aboriginal and non-Aboriginal people in that area.⁴¹⁶ Such measures show the desperate measures the family violence and homelessness systems have been forced to adopt in the face of inadequate investment.

The Commission accepts that there will continue to be a need for interim accommodation, but it is unacceptable for women escaping family violence to be placed in emergency accommodation without access to appropriate support. These women, often accompanied by children, are in crisis, and their placement in an unstaffed facility such as a motel can be confronting and alienating. It is crucial that the response does not further traumatise the victim or inadvertently contribute to her deciding that it is easier to return to a violent partner.

Although there will also be a need to place some women in motels overnight as refuge and crisis accommodation options are pursued, facilities such as rooming houses and caravans should no longer be used: they are insecure, and their use is inconsistent with the principle of maximising safety for women and children, regardless of the support provided by specialist family violence services. The Commission's vision is that motels and other ad hoc accommodation will never be used to house women and children for weeks or months and should be used only for short stays in exceptional circumstances. To achieve this, the range and supply of crisis accommodation available must be expanded.

Refocusing refuges on providing accommodation to women at highest risk

The recommended expansion of Stay at Home and local community options should mean that women at lower or medium risk can be supported safely and will not need to go to a refuge. There will, however, continue to be a need for high-security accommodation for women who are at significant and high risk. Responding to these women's needs should be the specialist and primary role of refuges, although they should not only provide a high-security response. The goal is to increase the number and range of options overall for victims of family violence—options that respond appropriately to each individual's level of risk and that are flexible enough to deal with changes in risk so that women can 'step up' and 'step down' in security as required.

Adoption of the Commission's recommendation that the Family Violence Risk Assessment and Risk Management Framework (also known as the Common Risk Assessment Framework, or the CRAF) be refreshed to contain a stronger actuarial methodology would help ensure that the specialist family violence service response aligns with the assessed level of risk. Such an approach—along with the use of Risk Assessment and Management Panels—will reinforce the importance of refuges forming part of the response to women at high risk. High-risk cases are considered in Chapter 6.

Making refuges more liveable

The refuge model evolved at a time when there was limited support from police and the courts to keep women and children experiencing family violence safe at home. In these circumstances the best option was to move the women and children to a secure and confidential location. This meant that many women and children left behind their family, friends and community and were unable to attend school and work. The police and justice responses to family violence have since improved, but the reliance on refuge accommodation as a major part of the crisis accommodation response remains largely unchanged.

High-security measures are applied to the majority of women accommodated in refuges, regardless of their level of risk.⁴¹⁷ This means that there is limited scope to offer a different response to women who might not require high-security measures such as curfews, prohibitions on employment or school attendance, and surrendering phones and other devices that can be tracked by the perpetrator.

Although the Commission found that the communal refuge model does offer benefits for some women—for example, enabling them to share their experiences with others in similar circumstances—this was far outweighed by the negative effects of group living. Some of these negatives are cohabitation of several families, most of whom are in crisis, which can be chaotic and confronting; the behaviour of women with additional needs, such as drug and alcohol problems or mental illness; and the challenges for women trying to parent their children in a communal and unfamiliar environment.

The Commission also found that women with disabilities and those whose children have disabilities are routinely denied access to refuges because very few refuges are accessible for people with disabilities. Women with adolescent male children face similar barriers. With changes in design, operational policies and attitudes, these groups of women could all live in a refuge.

The ‘core and cluster’ refuge model is preferable to the communal model because it provides self-contained facilities for families while maintaining the positive aspects of communal living, such as onsite support from workers and opportunities to spend time with other families who might have had similar experiences. With this configuration, women can have friends and family visit, have their teenage boys live with them, and have room for attendant carers and other supports. A further benefit is that the core and cluster model provides a base for services, such as legal services, to meet with residents, as well as ensuring that the physical environment has space for child and youth-sensitive facilities, with play areas, books, toys and private space for young people.

The Commission is particularly concerned that the stress and anxiety some women experience in group living can contribute to their decision to return home to an unsafe environment. It considers that moving away from a communal refuge model is a priority in order to improve client outcomes and to align Victoria with leading practice in other Australian jurisdictions.

All Victorian refuges should be converted to the core and cluster model within five years. In doing this, it is imperative that each crisis accommodation provider be consulted in relation to the design and approach most appropriate for its particular circumstances.

Recommendation 14

The Victorian Government increase the number and range of crisis and emergency accommodation that is available by using a wider range of service models—including head leasing of premises—with priority being given to rural, regional and remote areas [within 12 months].

Recommendation 15

The Victorian Government support service providers in phasing out the communal refuge model [by 31 December 2020] and replacing it with accommodation that promotes safety, is accessible to people with disabilities, provides private units and enables connections with the community, work and school (core and cluster model). To facilitate the transition, the Victorian Government should provide a capital fund to assist service providers with business case development, design options and implementation (including construction of redesigned accommodation) and fund interim arrangements to avoid loss in service delivery during refurbishment or redevelopment.

Improving the responsiveness of crisis accommodation to diverse population groups

The Commission received consistent evidence that some groups of people are routinely denied access to refuge accommodation. We were informed that this depends on operational considerations—such as whether the referred client can be accommodated within the current client mix—as well as the physical accessibility of the premises.

There is inconsistent availability of crisis supported accommodation for people from lesbian, gay, bisexual, transgender and intersex communities, Aboriginal and Torres Strait Islander women, single women, older women, women without children, women from culturally and linguistically diverse backgrounds, women with disabilities, women without permanent residency, women with adolescent male children, women in contact with the criminal justice system, and women with a mental illness or drug and alcohol problems. This situation needs to be redressed. Victims who face these barriers are more likely to end up in ad hoc emergency accommodation, which further prolongs their ‘crisis’ period.

Admission policies and practices vary between refuges, and government policy, as set out by the Department of Health and Human Services, is not explicit about what is expected of refuges. This leaves room for individual refuges to develop practices that reflect ‘operational considerations’, many of these practices being the result of funding constraints or the need to manage group living arrangements.

The Commission agrees with the Victorian Equal Opportunity and Human Rights Commission that great care should be taken in applying exceptions under the Equal Opportunity Act allowing refuges to refuse access to women with adolescent male children. Among the consequences for victims of family violence in these circumstances is the risk of homelessness and ongoing exposure to violence.

The Commission proposes that the crisis accommodation needs of diverse groups should be addressed in three ways:

- ▷ by ensuring that the use of crisis accommodation services is maximised through eliminating discriminatory practices
- ▷ by reducing communal living arrangements in refuges
- ▷ by developing additional crisis accommodation models for each group of women.

The Commission notes that the development of additional crisis accommodation services specifically targeted to each group of women is both expensive and not necessarily viable and that certain groups—such as women living in rural and regional areas—might still miss out.

In Volume V, the Commission recommends that steps be taken in the following areas to improve the capacity of existing services to better meet the needs of all women experiencing family violence who require crisis accommodation services:

- ▷ allocating additional resources for statewide organisations—such as InTouch Multicultural Centre Against Family Violence, Women with Disabilities Victoria and Seniors Rights Victoria—to provide consultancy services and training to specialist family violence services, including crisis accommodation providers in connection with actions designed to meet the needs of particular population groups
- ▷ allocating additional resources to crisis accommodation for Aboriginal and Torres Strait Islander women and children
- ▷ having the Victorian Equal Opportunity and Human Rights Commission produce a guideline under the Equal Opportunity Act, providing guidance to specialist family violence services, including crisis accommodation providers, on meeting their obligation to act inclusively and avoid discrimination when delivering services
- ▷ for DHHS, reviewing and updating standards for family violence service providers, specifying providers' obligations to develop suitable services for diverse communities.

Recommendation 16

The Department of Health and Human Services review the contractual arrangements (including funding levels) for crisis supported accommodation to remove barriers for particular groups, such as women with no income and women and children with disabilities [within 12 months].

Towards a more effective system

There is clear evidence that the current system for rehousing family violence victims is 'blocked up'. Rather than being offered housing assistance that meets their individual needs, victims are being funnelled into a system that more often than not results in lengthy and/or episodic stays in various forms of temporary and transitional housing—in some cases with long stays in motels and other unacceptable accommodation.

This reflects the 'throughput' model of moving people from crisis to transitional to permanent accommodation, which has operated throughout the homelessness system for the past decade or so. Although this approach should be able to provide for victims, options that suit their needs at different stages of their journey from crisis to recovery, in practice the delays and the unavailability of properties mean that the response is often damaging rather than beneficial. Although some women will return home or find a home themselves along this pathway, the system assumes that the goal of a permanent home will be reached. As the evidence in this chapter shows, however, this goal proves elusive for many.

The throughput model fails to have women and children housed quickly in a home that best suits their needs. At present the system relies on the prospect of social housing, which, while being a suitable long-term option for some family violence victims who are able to obtain it, does not offer the flexibility to deliver a rapid response or a property in the right location to suit women and children's needs.

The flaws in the throughput approach need to be confronted. They reflect the pragmatic development over several decades of a service system that is no longer in keeping with what we now understand to be the needs of women seeking to rebuild their and their children's lives. Continuing the existing approaches alone will not ensure that most victims have the housing assistance that will maximise their chances of recovery and long-term economic and social participation so that they can effectively compete in what is often an expensive housing market.

Access to sustainable private tenancies

The Commission recognises that the housing response to family violence will continue to require a mix of options in order to meet the diverse needs of family violence victims. There is no one-size-fits-all approach. There is, however, considerable potential to facilitate greater access to the private rental market for victims of family violence, as a way of securing suitable housing and promoting their continued social and economic participation.

Compared with social housing, the private rental market can offer greater locational choice and flexibility in meeting the needs of family violence victims. Social housing is generally offered in areas where there is a vacancy, rather than where a woman needs to live. In addition, only 3.1 per cent of households in Victoria live in social housing.⁴¹⁸ Excessive demand, a low turnover of tenants, and a stock profile not well matched to demand mean that such housing struggles to be responsive to the needs of the wide range of women having to move from their home as a result of family violence.

Although the private rental sector accounts for about a quarter of Victoria's housing stock and has greater capacity to respond flexibly, it is generally not affordable for low-income earners. Centrelink recipients are eligible to receive Commonwealth Rent Assistance, which is a capped payment that in most areas—and particularly in metropolitan Melbourne—is insufficient to ensure that net rental costs are confined to 30 per cent of household income, the accepted benchmark for affordability.

The housing assistance currently available to victims of family violence largely ignores these realities. Apart from Commonwealth Rent Assistance, any help available to meet private rental costs is generally short term in nature. At the same time, scant attention is paid to improving victims' ability to be resilient in the private housing market by helping them improve their status in the labour market and, as a consequence, their level of earned income.

For many women, becoming financially secure to the point where they are able to take on a lease in their own right can be a long-term proposition, and they may be reliant on receiving assistance (for example, for child care, training and employment) to help them to get to that point. Some women will not be in a position to rent privately. For this reason it is important that private rental subsidies be offered to those who are most likely to be able to sustain a private rental lease within the time frames of the rental subsidy; other women will need to be assisted in other ways.

Analysis of rental data identifies the indicative private rental supplements required to meet an affordability benchmark of 30 per cent of household income spent on rental costs for four typical categories of households that are solely reliant on Centrelink income. The geographical areas analysed were Ringwood, Cheltenham and Horsham. Details of median weekly rental were obtained from the Department of Health and Human Services *Rental Report*.⁴¹⁹ This analysis indicates that, in the 2015 housing market, affordability supplements would need to be in the order of \$100 to 180 a week, depending on the suburb in metropolitan Melbourne and the relevant regional city. The amount of supplement would be substantially lower in some rural housing markets. Table 9.3 provides details of the scenarios.

Table 9.3 Estimated affordability in private rental market: three locations, September quarter 2015

Location/rental factor	Family type			
	Single person on NSA ⁴²⁰	Single person on NSA ⁴²¹	Single parent on Parenting Payment (2 children) ⁴²²	Single parent on Parenting Payment (3 children) ⁴²³
	1 br flat	2 br flat	2 br flat	3 br house
Ringwood				
Income support payments ⁴²⁴	\$261.70	\$261.70	\$626.71	\$730.55
Weekly rent ⁴²⁵	\$250.00	\$330.00	\$330.00	\$385.00
Cth Rent Assistance	\$64.70	\$64.70	\$75.88	\$85.75
Net rent	\$185.30	\$265.30	\$254.12	\$299.25
Net income	\$76.40	-\$3.60	\$372.59	\$431.30
Affordability 1 (% income on rent)	76.6%	101.1%	47.0%	47.2%
Affordability 2 (% net income on rent)	70.8%	101.4%	40.5%	41.0%
Additional supplement for affordability at 30% ⁴²⁶	\$106.79	\$186.79	\$66.11	\$80.09
Cheltenham				
Income support payments	\$261.70	\$261.70	\$626.71	\$730.55
Weekly rent ⁴²⁷	\$315.00	\$360.00	\$360.00	\$470.00
Cth Rent Assistance	\$64.70	\$64.70	\$75.88	\$85.75
Net rent	\$250.30	\$295.30	\$284.12	\$384.25
Net income	\$11.40	-\$33.60	\$342.59	\$346.30
Affordability 1 (% income on rent)	96.5%	110.3%	51.2%	57.6%
Affordability 2 (% net income on rent)	95.6%	112.8%	45.3%	52.6%
Additional supplement for affordability at 30%	\$171.79	\$216.79	\$96.11	\$165.09
Horsham				
Income support payments	\$261.70	\$261.70	\$626.71	\$730.55
Weekly rent ⁴²⁸	\$210.00	\$215.00	\$215.00	\$270.00
Cth Rent Assistance	\$64.70	\$64.70	\$75.88	\$85.75
Net rent	\$145.30	\$150.30	\$139.12	\$184.25
Net income	\$116.40	\$111.40	\$487.59	\$546.30
Affordability 1 (% income on rent)	64.3%	65.9%	30.6%	33.1%
Affordability 2 (% net income on rent)	55.5%	57.4%	22.2%	25.2%
Additional supplement for affordability at 30%	\$66.79	\$71.79	\$0.00	\$0.00

Notes: Affordability for three selected of households solely reliant on Centrelink payments in different property types was calculated assuming the receipt of Commonwealth Rent Assistance (RA) to the maximum level entitled. Two methods were used; the first expresses weekly rent as a percentage of income plus RA, the second 'net rent' method expresses the weekly rent less RA as a percentage of income. The latter produces a lower figure and was used to calculate level of housing supplement required for each household to achieve the 30% affordability benchmark. In order to cross-check the amount of weekly rent, a survey was undertaken of private lettings across the three selected areas advertised on the domain.com website on Saturday 12 September 2015. A total of 491 lettings were included in the sample (230 in Ringwood; 176 in Cheltenham; 85 in Horsham) covering 1 and 2 bedroom flats/units and 2 and 3 bedroom houses. An analysis of the distribution of the advertised lettings concluded that the use of median rents is an acceptable indicator for the affordability analysis.

Sources: : Department of Human Services (Cth), A Guide to Australian Government Payments: 20 September – 31 December 2015 (5 February 2016) <<https://www.humanservices.gov.au/sites/default/files/documents/co029-1509en.pdf>>; Department of Health and Human Services, Rental Report September 2015 (10 December 2015) <<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/research,-data-and-statistics/current-rental-report>>.

If access to private rental property can be maximised through the provision of dedicated rental supplements for the period of a victim's recovery, and the victim is supported in improving their employment status, there is the prospect that many more people will be able to be assisted and many more people will recover more rapidly than is the case when housing assistance provided to them takes the form of social housing. Such a move should also free up social housing places for those with the greatest need.

In addition to these benefits, investing in rental subsidy strategies has the potential to be more economically efficient than investing solely in social housing stock.

For illustrative purposes, though, if as the Council to Homeless Persons and other organisations suggested, \$200 million might deliver 800 social housing units (which could be used to assist more than one household over time),⁴²⁹ an equivalent amount invested in rental subsidies and other supports could help several thousands of family violence victims to secure housing. For example, if a \$200 million program of rental subsidies consisted of an average annual supplement of \$5500 each year for a four-year recovery period, this could assist 9000 households. If the same program also provided an employment assistance component of \$6000 for each of two years it could assist 5880 households.

The Commission recognises that rental subsidies and capital expenditure are very different propositions: the former involve a recurrent program of expenditure; the latter involves a one-off investment and creates an asset (albeit with ongoing operating costs). Even if expanded considerably, however, capital expenditure would result in a finite set of stock, whereas rental subsidies would be able to be applied in a more flexible manner, potentially assisting many more people. Since capital costs and rental subsidies are treated differently for budgetary purposes, the comparative costs of both approaches would need to be subject to detailed modelling by the Department of Treasury and Finance to take into account a range of complexities.

The Commission also heard, and accepts, that the private rental market will never be a viable option for some people and that as a consequence investment in social housing remains vitally important. The proportion of family violence victims who fall into this category is, however, unknown.

We know that family violence is experienced across all strata of the Victorian community. The recent New Zealand Productivity Commission report on the social services sector stressed the importance of full assessment of client needs and capacities through its articulation of a segmented typology, whereby the level and duration of support are tailored to the individual household's capacity and complexity of needs.⁴³⁰ More broadly, Australian data on social exclusion suggests that the proportion of people who fall into the high-needs/low-capacity quadrant and most likely need social housing is relatively low. Based on HILDA (the Household, Income and Labour Dynamics in Australia Survey) data, the Melbourne Institute – Brotherhood of St Laurence Social Exclusion Monitor reports that 27 per cent of women experience social exclusion annually. Five per cent face deep social exclusion; that is, they face multiple barriers to fully participating in social and economic life. Single parents with children experience the highest rate of deep exclusion—nine per cent of all household types nationally.⁴³¹

On this basis the Commission concludes that there will still be a need for flexibility in responses to women who seek alternative accommodation. A comparison of social and private housing options should therefore not be seen as a binary choice: the goal must be to increase the number and range of housing options overall for victims of family violence. We need more, not fewer, solutions.

The Commission therefore proposes that a Family Violence Housing Assistance Fund be established to fund a program of rental subsidies (and other items) for victims of family violence. Among the factors that will need to be considered when implementing this program are eligibility requirements, the period for which an individual would be entitled to receive the subsidy, and opportunities to link rental subsidies with access to employment and training programs in order to increase the likelihood of a woman being able to afford private housing in the longer term.

The Commission also considers that the following initiatives warrant further attention and support:

- ▷ using planning law mechanisms such as inclusionary zoning to encourage contributions from developers for affordable housing head leasing. For example, the units of housing generated in the Victorian government trial of inclusionary zoning could be designated for family violence victims
- ▷ working with real estate agents to help women remain in or secure private rental properties
- ▷ promoting more flexible practices by financial institutions—such as permitting a victim of family violence to borrow against current equity pending resolution of property matters
- ▷ transferring transitional housing to women experiencing family violence, so that they have a permanent home and do not need to move again into public housing.

Individualised assistance

A strong theme that emerged in evidence the Commission received is that each person's experience of family violence differs, as do the services and supports these people need in order to recover from the violence. Accordingly, the Commission considers that service provision should move away from the current one-size-fits-all approach and offer victims greater choice and control over the nature of the assistance they receive.

The Victorian Government's introduction of Family Violence Flexible Support Packages is a move in this direction. The Commission considers, however, that the funding allocated for these packages is unlikely to be sufficient to meet the full range of expenditure on the housing-related needs of family violence victims. The scale of family violence-specific programs involving elements of discretionary funding—such as Safe at Home and private rental brokerage—is inadequate for the demand, geographic coverage is patchy, and assistance focuses primarily on the crisis response.

These forms of discretionary funding packages should feature much more prominently in the response to people experiencing family violence. Such an approach offers significant flexibility for providing a timely response to victims of family violence by enabling goods and services to be obtained quickly, thus expediting families' recovery.

Individualised packages should be available to help victims (including children) during crises and throughout the recovery phase. Importantly, such funds need to be able to be deployed flexibly in recognition that risk in family violence is dynamic, liable to escalate quickly, and can recur over time—at times unexpectedly. In some circumstances it would be most beneficial if such a package of funds were made available to victims who have a plan for leaving their home. This would obviate the need for them to move into either community-based crisis accommodation or a refuge and so allow them to stabilise their living arrangements without having to enter 'the system'.

The Commission envisages such packages being available and administered through funded staffing positions in the recommended Support and Safety Hubs and by specialist family violence services. Specific elements of the package would be delivered in collaboration with agencies in complementary service sectors. The scope of the packages should cover assistance to ensure that victims' safety, health, housing, education and employment needs are met. The packages are crucial to promoting recovery, so that victims' futures are not defined by their experience of family violence. They would be available to all victims of family violence—women, women with children, young people, older people and male victims, including gay, bisexual, transgender and intersex victims.

It is important that investment in individualised packages does not divert existing funding from service providers or from other discrete programs such as the Disability and Family Violence Crisis Response Initiative or Safe at Home initiatives. The system is already under great pressure and in need of additional investment.

The housing assistance element of flexible recovery packages

The housing assistance available to victims should include funds to meet costs associated with upgrading the safety of homes, relocation, the purchase of essential household furnishings, and the provision of time-limited rental or mortgage subsidies. It needs to be sufficiently flexible to support victims in either staying at home or securing stable housing within a relatively short period, including after a period in a refuge or other crisis housing.

The Commission considers that the provision of housing to victims who have to leave their own home will be most effectively achieved under a head-leasing arrangement in the private rental market. Here, collaboration with regionally based housing associations offers the advantages in tenant and stock management associated with scale and opportunities for vertical integration between short and long-term housing.

The depth and duration of rental subsidies will initially be determined and be regularly reviewed by the woman's case coordinator (which depending on the family violence service, might be called a case manager, advocate or navigator) in light of individual victims' household circumstances and what is needed to achieve the 30 per cent affordability benchmark in the local rental market. Importantly, rental supplements themselves need to be supplemented with assistance aimed at improving the tenant's labour market participation where that is appropriate.

The Housing Assistance Implementation Task Force (as proposed shortly) will need to establish the initial upper limits to the duration and depth of rental subsidies and to monitor their appropriateness in practice. It should also be prepared to alter them as part of an 'adaptive' approach to implementation of the scheme.

The employment assistance element of flexible recovery packages

For many victims of family violence employment assistance is a central element of the recovery process. Victims told the Commission how their experience of family violence severely affected both their self-confidence and their professional confidence in the workplace. At times they had become unemployed as a result. When determining the type of employment assistance these people require, service providers need to be cognisant of the particular impact of family violence and ensure that the employment assistance is integrated with other assistance a victim is receiving. Where housing assistance is provided, it should be explicitly linked to consideration of employment assistance. Consequently, the Commission envisages employment assistance providers with a record of effectively working with highly disadvantaged job seekers being engaged, to utilize funds available through the package.

Through the Back to Work program and associated initiatives in the Regional Jobs and Investment Fund and the Premier's Jobs and Investment Fund, the Victorian Government has acknowledged the debilitating impact of unemployment. The Commission suggests that the Victorian Government consider whether any of the funds available as part of these programs can be allocated to support the employment assistance element of the flexible recovery packages for victims of family violence.

Detailed design

In expanding Family Violence Flexible Support Packages to meet the Commission's recommendations, a number of aspects of design will need to be taken into account, among them the following:

- ▷ what the right cap is for each package, bearing in mind the reasonable amount required for rental subsidy to achieve housing affordability and the various other supports that need to be purchased
- ▷ the maximum duration of rental subsidy
- ▷ whether the amount of the subsidy is fixed or proportionate (that is, a percentage of rent) and, if the latter, what capping of the maximum should apply
- ▷ whether the level of subsidy is based on the number of people in the household
- ▷ the way in which rental subsidies will be means tested and how the subsidies might be targeted to those most in need
- ▷ the degree to which a woman's choice of location and housing type can be accommodated
- ▷ in cases where accommodation is made available other than under head-leasing arrangements, how the rental subsidy component interacts with Commonwealth Rent Assistance or eligibility for other income support or Centrelink benefits
- ▷ how the employment and training component would intersect with other existing subsidies or requirements—for example, any existing obligations imposed by Centrelink
- ▷ how the package will be treated for the purposes of determining child support and/or family law matters
- ▷ managing other factors that might limit the effectiveness of the subsidy program—such as market factors outside government's control, including demand levels from other groups, rental property supply levels and uneven rental property distributions.

Recommendation 17

The Victorian Government expand the provision of Family Violence Flexible Support Packages [within 12 months]. These packages should provide to victims assistance beyond the crisis period and should include longer term rental and mortgage subsidies where required, along with assistance for costs associated with securing and maintaining counselling, wellbeing, education, employment, financial counselling and other services designed to assist housing stability and financial security.

Ending the crisis

It is clear that the existing system of providing housing assistance to family violence victims is not working as intended. The system has become 'blocked', with bottlenecks forming at the point of entry into crisis accommodation, transitional housing and social housing. As a result, people end up staying in motels or refuges for extended periods, often for much longer than the stated limit of six weeks in a refuge. Transitional housing as a post-refuge destination is no longer a realistic option for many women in crisis accommodation. For those that do obtain transitional housing, their stay can also be extended long past the official period. In some cases, women have lived in 'transitional' housing for five years.

These circumstances are exacerbating the harm caused by family violence and are undermining other efforts within the service system to help victims recover. For many, effective housing assistance is the foundation for the effectiveness of other services available to them. As a consequence, the Commission considers that priority attention needs to be given to two urgent matters.

First, the blockages associated with access to and exit from refuges and crisis housing need to be resolved by making sufficient subsequent housing options available so that victims' stays will, on average, be less than six weeks.

Secondly, the implementation at scale of the various forms of housing assistance under the package approach the Commission recommends (by significantly expanding Family Violence Flexible Support Packages) will be a complex task. There is a lack of empirical data that would enable those implementing the scheme to readily categorise victims according to the type and level of housing support required to achieve desired outcomes. Existing secondary data sets do not allow for the depth of understanding about victims' circumstances that will be required. Similarly, while there are emerging pockets of practice wisdom concerning how the private rental market can be most effectively used for this purpose, this knowledge is confined to specific housing markets and is not well documented and shared.

Consequently, in the Commission's view the implementation of the housing assistance elements of packages, at a scale commensurate with demand, needs to be phased. It should begin with an initial two-year phase in which the number of packages delivered will be at a scale that is adequate for gathering data that will assist in forecasting demand, segmenting needs and service responses and in testing new delivery strategies. This first phase of implementation will need to incorporate applied research methods that will enable close monitoring, constant reporting, and an adaptive approach to management. It should be seen as a necessary precursor to larger scale implementation beyond two years, coinciding in each area with the introduction of the proposed Support and Safety hubs, enabling them to function as intended.

A housing blitz

Implementation of the Commission's recommendations relating to housing assistance calls for expert knowledge of family violence services, housing markets, applied research methodologies and systems design. It also calls for creativity, new thinking and an intense focus.

As a consequence, the Commission proposes the establishment of a Housing Assistance Implementation Task Force. The task force's primary objectives will be to oversee efforts to 'unclog' family violence refuges and associated crisis housing, as well as bringing housing-related packages to scale in the manner just described. In doing this, the task force will be expected to develop a body of knowledge about the most cost-effective strategies for achieving the desired outcomes and for understanding the determinants of demand. The Family Violence Housing Assistance Fund will need to be adequately funded to support these objectives.

The key performance indicators for the task force will be to return to a situation where the maximum time spent in crisis accommodation (including refuges) is six weeks and to bring to an end the use of ad hoc accommodation options such as rooming houses and caravans.

In fulfilling its role of breaking the current inertia in the system, the task force will need to use all the tools at its disposal. This means it will have to consider the appropriate level of investment required in social housing and related options for augmenting supply, so that those women and children for whom private rental is not an option are not left behind and the aim of returning crisis accommodation to a maximum of six weeks is achieved.

The challenge here lies in the current lack of empirical evidence on the proportion of victims of family violence for whom private rental may not be a viable long-term housing tenure. We know there are long waiting lists for public housing, but this is only a measure of expressed demand and is not supported by robust information about the incidence of family violence among applicants. We know little about the many more women who do not 'hit the system'.

Before an expansion of social housing specifically to meet the needs of family violence victims can be quantified, a much deeper conceptualisation of the long-term role of public housing in assisting in the recovery of victims is needed. The differences in the cost of providing social housing units as compared with medium-term support in the private rental market during the recovery phase, as discussed, suggest that attention to this matter is warranted.

The task force should be independently chaired and should include senior representatives of the private rental housing sector, registered housing providers and associations, family violence services and the public sector, as well as an expert in applied social research.

Consistent with arrangements recommended in Chapter 38, the Commission recommends, first, that the task force report through the Minister for Housing to the Cabinet Sub-Committee on Family Violence and, secondly, that the Minister for Housing report annually to the Parliamentary Family Violence Committee on the extent of unmet housing need (including the average and range of current stays by women and children in refuge and associated crisis housing) among people affected by family violence.

Recommendation 18

The Victorian Government give priority to removing current blockages in refuge and crisis accommodation and transitional housing, so that victims of family violence can gain stable housing as quickly as possible and with a minimum number of relocations, are not accommodated in motels and other ad hoc accommodation, and spend on average no longer than six weeks in refuge and crisis accommodation [within two years].

Recommendation 19

The Victorian Government establish a Family Violence Housing Assistance Implementation Task Force consisting of senior representatives from the public and commercial housing sectors and family violence specialists [within 12 months]. The task force, which should report through the Minister for Housing to the Cabinet Family Violence Sub-committee, should:

- ▶ oversee a process designed to remove blockages in access to family violence crisis accommodation by rapidly rehousing family violence victims living in crisis and transitional accommodation
- ▶ design, oversee and monitor the first 18-month phase of the proposed expanded Family Violence Flexible Support Packages (including rental subsidies)
- ▶ quantify the number of additional social housing units required for family violence victims who are unable to gain access to and sustain private rental accommodation
- ▶ subject to evaluation of the proposed expanded Family Violence Flexible Support Packages, plan for the statewide roll-out of the packages (including rental subsidies) and the social housing required.

Recommendation 20

The Victorian Minister for Housing, Disability and Ageing report annually to the Parliamentary Committee on Family Violence [within two years] on:

- ▶ the extent of unmet housing demand among people affected by family violence—including the average and range of current stays by women and children in crisis and transitional accommodation
- ▶ progress in meeting the benchmark of six weeks in crisis accommodation
- ▶ proposed actions for meeting the continuing housing demand from people affected by family violence.

Accommodation for perpetrators

Although this chapter focuses on the urgent pressures on the accommodation system for women escaping family violence, the Commission did receive submissions from homelessness organisations arguing that funding should be directed towards accommodation for perpetrators. This could occur with some form of flexible housing package, noting that perpetrators are currently eligible for housing assistance through the Housing Establishment Fund and homelessness services. If it were to occur, however, the Commission considers that further work is required to determine the level of demand for such accommodation, noting that there was ambiguity on this point in the evidence before the Commission. It is also important that any investment in housing options for perpetrators of family violence does not detract from the priority of increasing housing security for victims.

Proposals for the introduction of therapeutic interventions tied to crisis accommodation options for perpetrators have some merit, but further work is required to develop a suitable service model. Some of the important considerations concern what constitutes ‘therapeutic’, whether this support should be integrated as a core element of the accommodation or be obtained from other providers, whether men would seek the support voluntarily or it should be mandated (noting the legislative impediments discussed in Chapter 18), and how this would link to services for victims. Similarly, in relation to proposals for developing communal accommodation options for perpetrators, careful analysis of the risks associated with such an approach would need to be done before any such facilities were contemplated. The Commission therefore encourages the Victorian Government to investigate the extent and nature of the demand for such accommodation and the most appropriate model.

Endnotes

- 1 Angela Spinney, 'Home and Safe? Policy and Practice Innovations to Prevent Women and Children Who Have Experienced Domestic and Family Violence From Becoming Homeless' (Final Report No 196, Australian Housing and Urban Research Institute, November 2012) 4.
- 2 Australian Institute of Health and Welfare, *Specialist Homelessness Services 2014–15* (2016) Victorian Data, Supplementary Table 14 <<http://www.aihw.gov.au/homelessness/specialist-homelessness-services-2014-15/>>.
- 3 Ibid.
- 4 Council to Homeless Persons, Submission 920, 6 citing Paul Flatau et al, 'The Cost of Youth Homelessness in Australia Study: Snapshot Report 1—The Australian Youth Homeless Experience' (Swinburne University, Institute for Social Research, February 2015) 8–9.
- 5 Melbourne City Mission, Submission 812, 22.
- 6 See, eg, The Salvation Army, Submission 450, 44.
- 7 Statement of Adams and Russo, 15 July 2015, 15 [72].
- 8 Melbourne City Mission, Submission 812, 28.
- 9 See, eg, The Salvation Army, Submission 450, 43; Women's Health West Inc, Submission 239, 34; Victorian Council of Social Service, Submission 467, 63.
- 10 Public Health Association of Australia, Submission 458, 2.
- 11 Anonymous, Submission 53, 5.
- 12 Transcript of Spinney, 21 July 2015, 920 [20]–[21].
- 13 Ibid [21]–[23].
- 14 Domestic Violence Victoria—02, Submission 943, 25.
- 15 Melbourne Research Alliance to end violence against women and their children (Prof Cathy Humphreys et al)—02, Briefing Paper No 6, Submission 840, 2.
- 16 Jan Breckenridge et al, 'National Mapping and Meta-Evaluation Outlining Key Features of Effective "Safe at Home" Programs that Enhance Safety and Prevent Homelessness for Women and Their Children Who Have Experienced Domestic and Family Violence' (Landscapes: State of Knowledge Paper No 05, Australia's National Research Organisation for Women's Safety, July 2015) 6.
- 17 *Residential Tenancies Act 1997* (Vic) s 233A.
- 18 Homelessness Taskforce, Department of Families, Community Services and Indigenous Affairs (Cth), 'The Road Home: A National Approach to Reducing Homelessness' (2008) 33.
- 19 Karen Crinall, Jenny Hurley and Lucy Healy, '"Safe at Home" Programs in the Context of the Victorian Integrated Family Violence Service System Reforms: A Review of the Literature' (Centre for Excellence in Child and Family Welfare, 2012) 11.
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- 177 Confidential, Submission 883, 5; Victorian Aboriginal Child Care Agency, Submission 947, 15.

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- 260 Ibid.
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337 Commonwealth Rent Assistance is a non-taxable income supplement payable to eligible people who rent in the private or community housing rental markets. In order to qualify for Rent Assistance, a person or family must qualify for an eligible social security payment, more than the base rate of Family Tax Benefit Part A, or a service pension, and pay or be liable to pay more than a minimum amount of rent, called the rent threshold, for their principal home: Stone et al, above n 335, 32.

338 Melbourne City Mission, Submission 812, 28.

339 The submission notes that Victoria Police family violence incident data indicates that two-thirds of those who report family violence to police are employed. The council submitted that many women are in casual, part-time or low-income employment, hence total female earnings (taking into account full- and part-time earnings) were used to calculate rental affordability: Council to Homeless Persons, Submission 920, 14–5 citing Australian Bureau of Statistics, 'Average Weekly Earnings: Australia, November 2014' (Catalogue No 6302.0, Australian Bureau of Statistics, 2015); Department of Human Services, 'Rent Report: December 2014: Affordable lettings by LGA December 2014' (2015), Tab 'lga aff 2br'.

340 Council to Homeless Persons, Submission 920, 15.

341 Ibid.

342 Ibid 14 citing Department of Human Services, Rent Report, above n 339, Tab 'lga aff 2br'.

343 Anglicare Australia, 'Anglicare Rental Affordability Snapshot' (2015) 3 <http://www.anglicarevic.org.au/index.php?action=filemanager&folder_id=806&form_action=list>.

344 Council to Homeless Persons, Submission 920, 16.

345 Ibid.

346 Statement of Holst, 13 July 2015, 7 [36].

347 Statement of Jones, 13 July 2015, 7 [50].

348 Victorian Equal Opportunity and Human Rights Commission, 'Locked Out: Discrimination in Victoria's Private Rental Market' (August 2012), 8, 11.

349 Rochelle Braaf and Isobelle Barrett Meyering, 'Seeking Security: Promoting Women's Economic Wellbeing Following Domestic Violence' (Australian Domestic and Family Violence Clearinghouse, March 2011) 47.

350 Ibid.

351 Community consultation, Mildura, 2 July 2015.

352 WAYSS Limited, Submission 542, 24.

353 See, eg, Council to Homeless Persons, Submission 920, 14.

354 Confidential, Submission 751.

355 See, eg, Statement of Doody, 20 July 2015, 4 [19].

356 Transcript of Rogers, 21 July 2015, 1058 [22]–[24].

357 Statement of Rogers, 20 July 2015, 28 [170]–[171]; Statement of Smith and Toohey, 14 July 2015, 6 [31].

358 Statement of Rogers, 20 July 2015, 18 [112].

359 Ibid 18 [113].

360 See Department of Human Services, *Bond Loan Scheme* (16 November 2015) <<http://www.housing.vic.gov.au/bond-loan-scheme>>.

361 Statement of Rogers, 20 July 2015, Attachment 11, 13.

362 Department of Human Services, *Family Violence* (3 July 2015) <<http://www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/family-violence2/disability-and-family-violence-crisis-response>>.

363 Minister for Families and Children, Minister for the Prevention of Family Violence, 'Labor Government Boosting Flexible Family Violence Support' (Media Release, 26 November 2015) 1.

364 Statement of Eccles, 15 October 2015, 4 [22].

365 Transcript of Spinney, 21 July 2015, 932 [4]–[5].

366 Transcript of Holst, 21 July 2015, 962 [7]–[13].

367 Department of Health and Human Services, above n 170, 21.

368 Statement of Rogers, 20 July 2015, 23 [143].

369 Council to Homeless Persons, Submission 920, 19.

370 Deborah McCormick Consulting, Submission 496, 14.

371 McAuley Community Services for Women, Submission 480, 17.

372 Ibid 16.

373 Minister for Families and Children, Minister for the Prevention of Family Violence, above n 363.

374 Community consultation, Whittlesea, 29 April 2015.

375 Ibid.

376 See, eg, Women's Health West Inc, Submission 239, 3, 33–4; Council of Single Mothers and their Children Victoria Inc, Submission 368, 4; Quantum Support Services Incorporated, Submission 371, 4, 15; Whittlesea Community Connections, Submission 375, Attachment 10; The Salvation Army, Submission 450, 43–4. See also Statement of Smith and Toohey, 14 July 2015, 10 [49.2]; Domestic Violence Victoria, 'Code of Practice for Specialist Family Violence Services for Women and Children: 'Enhancing the Safety of Women and Children in Victoria' (2006).

377 Council to Homeless Persons, Submission 920, 19; Barwon Area Integrated Family Violence Committee, Submission 893, 15.

378 See, eg, Victorian Council of Social Service, Submission 467, 64; cohealth, Submission 852, 8; The Salvation Army, Submission 450, 44.

379 Council to Homeless Persons, Submission 920, 19–20.

380 Daniel Gubits et al, 'Family Options Study: Short-Term Impacts of Housing and Services Interventions for Homeless Families' (July 2015) xxvi.

381 Victorian Council of Social Service, Submission 467, 64.

382 Council to Homeless Persons et al, Submission 920, 1.

383 Statement of Holst, 13 July 2015, 5 [23].

384 Ibid.

385 Robyn Kennedy Consultants, 'Evaluation of Rapid Rehousing Project: Housing NSW Final Report' (November 2013), 5–6.

386 Ibid 9.

387 Ibid 31.

388 Ibid 5–6. Shared housing may not be applicable in the family violence context for women with children but might be an option for single women who are victims of family violence and for whom shared housing would be appropriate.

389 Ibid 21.

390 Ibid 7.

391 See, eg, Victorian Aboriginal Community Services Association Limited, Submission 837, 6; Victorian Aboriginal Child Care Agency, Submission 947, 23; Hanover Welfare Services and HomeGround Housing Services, Submission 652, 40.

392 Council to Homeless Persons, Submission 920, 21.

393 Community consultation, Melbourne 2, 14 May 2015.

394 Council to Homeless Persons, Submission 920, 22.

395 Ibid.

396 Statement of Rogers, 20 July 2015, 16 [104]–[105], 27 [167].

397 Transcript of Rogers, 21 July 2015, 1074 [7]–[9].

398 Council to Homeless Persons, Submission 920, 22.

399 Community consultation, Traralgon, 13 May 2015.

400 Statement of Holst, 13 July 2015, 4 [20].

401 Community consultation, Melbourne, 30 April 2015.

402 Community consultation, Shepparton 2, 18 May 2015. See also Council to Homeless Persons, Submission 920, 22.

403 Victorian Aboriginal Legal Service, Submission 826, 11.

404 See, eg, Council to Homeless Persons, Submission 920, 23.

405 Christine Craik, Submission 437, 6.

406 Mary-Anne Thomas—Member for Macedon, Submission 441, 3.

407 'Breathing Space is a 12 bed facility run by Communicare in Western Australia that provides an accommodation service targeted to men who use violence': Council to Homeless Persons, Submission 920, 23. See Communicare, *Family Violence and Intervention Services* (2014) <<https://www.communicare.org.au/index.php/Accommodation-Services/communicare-breathing-space.html>>.

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409 Department of Health and Human Services, 'DHHS Response in Relation to Part A 2(a)(ii) and (iii)', 2, produced by the State of Victoria in response to the Commission's Notice to Produce dated 20 August 2015.

410 Australian Institute of Health and Welfare (Cth), *The Intersection of Domestic Violence and Homelessness* (2016) <<http://www.aihw.gov.au/homelessness/domestic-violence-and-homelessness/intersection>>.

411 Statement of Spinney, 20 July 2015, 11 [50].

412 State of Victoria, 'Victorian Budget 2014–2015: Building a Better Victoria—Service Delivery Budget Paper No 3' (2014) 31.

413 Crime Statistics Agency, above n 122. The number of family violence incidents attended by Victoria Police increased from 35,666 to 65,154 between 2009–10 and 2013–14 (83 per cent increase).

414 Statement of Smith and Toohey, 14 July 2015, 7 [31].

415 Statement of Kirby, 10 August 2015, 13 [53].

416 Community consultation, Mildura, 2 July 2015.

417 Twenty out of the 31 refuges in Victoria are high security: Statement of Rogers, 20 July 2015, 20 [129].

418 See Productivity Commission (Cth) 'Report on Government Services 2016' (2016) Chapter 17, Supplementary Tables 17A.60, 17A.61 <<http://www.pc.gov.au/research/ongoing/report-on-government-services/2016/housing-and-homelessness/housing>>.

- 419 Department of Health and Human Services, 'Rental Report September 2015' (September 2015), Table 11: Moving Annual Median Rents for Suburbs/Towns by Major Property Type, 16 (10 December 2015) <<http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/research,-data-and-statistics/current-rental-report>>.
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- 421 Ibid.
- 422 Includes FTB A + FTB A Supplement + FTB B + Parenting Payment—Children aged 5–8 years: *ibid* 5.
- 423 Includes FTB A + FTB A Supplement + FTB B + Parenting Payment—Children aged 5–8 years: *ibid*.
- 424 Basic payment rates without additional allowances, for example pharmaceutical benefits, energy supplement.
- 425 Using Rental Report median rents. Affordability 1 = weekly rent / (income plus Rental Assistance), Affordability 2 (net rent method) = (weekly rent minus Rental Assistance) / income: Department of Health and Human Services, above n 419, Table 11: Moving Annual Median Rents for Suburbs/Towns by Major Property Type, 17.
- 426 Affordability benchmark of 30% of income (net rent method).
- 427 Department of Health and Human Services, above n 419, Table 11: Moving Annual Median Rents for Suburbs/Towns by Major Property Type, 16.
- 428 Ibid 17.
- 429 Council to Homeless Persons et al, Submission 920, 1.
- 430 New Zealand Productivity Commission 2015 'More effective social services' (August 2015) 2–3.
- 431 Francisco Azpitarte and Dina Bowman, 'Social exclusion monitor bulletin', (Research Bulletin, Melbourne Institute and the Brotherhood of St Laurence, 2015) 1 <http://library.bsl.org.au/jspui/bitstream/1/6083/1/AzpitarBowman_Social_exclusion_monitor_bulletin_Jun2015.pdf>. There are three variables in the Household, Income and Labour Dynamics in Australia Survey which are used to measure the safety domain of social exclusion; the first is whether a person is the victim of violence, the second is whether the person is a victim of property crime and the third is feeling of being secure—none of these variables are family violence specific.

10 Children and young people's experience of family violence

Introduction

The Commission received a large number of submissions describing the devastating effects of family violence on children and young people. We heard that they are often described as silent victims because the system has historically focused on the safety and wellbeing of women (or women and their children). The Commission also heard that more recently this focus has shifted.

Family violence has a serious impact on the health and wellbeing of infants, children and young people. There is no known 'safe' level of exposure to such violence. It is important to note, however, that despite this, many children and young people display great resilience in the face of family violence and the Commission heard evidence about factors that can support their resilience.

The first section of this chapter 'Context and current practice' begins by looking at key data regarding the incidence of family violence against children and young people. It then discusses evidence and submissions the Commission received about children and young people's experience of family violence and the role of early childhood services and schools in identifying and responding to family violence. Specialist family violence services as well as services that work with vulnerable families and children more generally (Child FIRST and Integrated Family Services) are also discussed in this section. Existing counselling and therapeutic programs for children are described, along with key parenting support programs. The role of Child Protection is discussed in Chapter 11.

The effects and specific experiences of particular cohorts of children and young people—Aboriginal and Torres Strait Islander children and young people, those from culturally and linguistically diverse backgrounds, children and young people with a disability, or living in rural, regional or remote communities, and those who are same-sex attracted or gender diverse—are also discussed in this section. The experience of these groups is also considered in more detail in Volume V.

In the next section 'Challenges and opportunities' the effectiveness of the current system in meeting the needs of children and young people affected by family violence is assessed. The Commission was told that children are 'frequently marginalised' in current responses to family violence.¹ Although a child's safety and welfare are often intrinsically linked to the mother's safety and welfare,² a child's needs can differ from, and at times even conflict with, a parent's rights.³ The Commission was also told that there is a need for more (and more comprehensive) services specifically focusing on the needs of children and young people.⁴

Victoria has a legal framework that recognises children's rights to safety and wellbeing, provides specific protections for children who experience family violence, and outlines principles designed to facilitate the participation of children in decisions affecting them. Despite this, the Commission heard that there is no system-wide recognition in practice of children and young people who experience family violence as unique victims in their own right. Child and youth-centred services that recognise and respond to children and young people's distinct experiences of family violence are largely missing in Victoria. These are needed to complement the work responding to women. In some cases this will mean working directly with the child or young person, in others it will mean working with mother and child, and in other cases by helping her, we are also helping her children.

Some examples of effective interventions are noted, however it is clear that these initiatives, welcome though they are, are reliant on the efforts of services already at capacity and are not supported in any systemic way. Specific barriers and the lack of services for young people experiencing family violence are also identified, along with major concerns regarding the link between family violence and homelessness of young people.

In the final section of this chapter the Commission recommends a system-wide, coordinated response to family violence that focuses on the specific needs of children and young people, and makes recommendations aimed at ensuring that their needs are met. The Commission calls for greater focus on assisting universal services to identify children and young people experiencing family violence, and more resources for mother and child therapeutic programs to help repair the bond which can be broken by family violence.

Promising responses that could be developed, improved and strengthened are identified in this section. In particular trauma-informed therapeutic interventions that are currently largely only available to children in the statutory child protection system are identified as model programs with features that could be adapted and expanded for children and young people who require this level of support. Similarly, existing counselling and support programs that only operate in specific geographic areas are identified for expansion so that children and young people experiencing or recovering from family violence can access these, regardless of where they live.

The Commission also recommends amendments to the *Family Violence Protection Act 2008* (Vic) to ensure that a child who has experienced family violence (including through witnessing, hearing or otherwise being exposed to it) is protected by a family violence intervention order.

In making its recommendations, the Commission envisages a system that incorporates a focus on children and young people, promotes early intervention with families, increases support and better engages them. Underpinning these recommendations is the Commission's view that children and young people experiencing family violence should be recognised as victims in their own right. Their safety and wellbeing are paramount and their distinct needs should be recognised when planning and delivering responses to family violence.

Note: The Commission uses the legal definition of 'child' as a person who is under the age of 18 years.⁵ The term 'young people' refers to people up to the age of 25 years.

Context and current practice

This section discusses relevant legislation; available data on the prevalence and incidence of family violence affecting children and young people; and describes some of the main services provided to this group, recognising that the needs of infants, children and young people are distinct.

The rights framework

There are a number of statutes in Victoria that protect children's rights. These include Victoria's *Charter of Human Rights and Responsibilities Act 2006* (Vic) which recognises children's rights to safety and wellbeing. Section 17(2) of the Charter states that every child has the right, without discrimination, to such protection as is in his or her best interests and is needed by him or her by reason of being a child.⁶ This reflects Australia's obligation to protect children's rights under the UN Convention on the Rights of the Child.⁷

The Family Violence Protection Act specifically protects children, including by defining 'family violence' to include behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of family violence.⁸

In addition, the *Children, Youth and Families Act 2005* (Vic) provides a legislative framework for ensuring that children's services best support children's needs. For example, the Act provides for a number of decision-making principles to be considered when the Department of Health and Human Services or a community service is making decisions or taking action in relation to a child.⁹ This includes both Child Protection within the Department of Health and Human Services and community-based Child FIRST/Integrated Family Services. These principles require services to use a practice approach that is child-centred and family-sensitive—decisions and actions must protect the child from harm, protect the child's rights and promote the child's development. These principles require practitioners to focus on children's safety, stability and development in the context of their age and stage of life, as well as their culture and gender.¹⁰

The *Child Wellbeing and Safety Act 2005* (Vic) outlines 'principles for children' to guide the development and provision of services for children.¹¹ These include an expectation that service providers 'acknowledge and be respectful of the child's individual identity, circumstances and cultural identity and be responsive to the particular needs of the child'.¹²

Prevalence and incidence

As a result of under-reporting of family violence and the lack of comprehensive data collection, it is difficult to assess the full extent to which children and young people are experiencing family violence in Victoria.¹³ The best data we have on the likely prevalence of family violence against adult women is from the Australian Bureau of Statistics' Personal Safety Survey, however this survey does not extend to children.

The National Children's Commissioner in her *Children's Rights Report 2015* found that national and disaggregated data about child victims of family violence, including breakdowns on the age of victims and data about offenders, is limited.¹⁴ The Commissioner recommended improvements to data collection, including that the ABS Personal Safety Survey extend its collection of information to experiences of abuse between the ages of 15 and 17¹⁵ and that data about a child's experience of family violence be recorded as a separate entry and not part of an adult entry in the ABS *National Data Collection and Reporting Framework*.¹⁶

One thing we do know is that children and young people are often present when their mothers suffer family violence. The ABS Personal Safety Survey estimated that for 31.3 per cent of women who had experienced violence by a current partner since the age of 15, and for 47.6 per cent of women who had experienced violence by a previous partner since the age of 15, violence was seen or heard by their children.¹⁷ This means that many homes in which family violence occurs will have children in them.

Victoria Police data

The police data set out below relates only to reported family violence incidents, which, due to under-reporting, are likely to represent only a portion of actual family violence incidents against children.

Victoria Police data analysed by the Crime Statistics Agency for the Commission shows:

- ▶ there has been a 76 per cent increase in reported family violence incidents at which children were present between the years 2009–10 and 2013–14¹⁸
- ▶ children under 18 years were present at 12,688 family violence incidents attended by Victoria Police in 2009–10. This had increased to 22,376 incidents by 2013–14¹⁹
- ▶ often multiple children are present at these incidents. In 2013–14, there were 11,053 incidents in which one child was present, 6627 where two children were present, 2866 where three children were present, 1089 where four children were present and 741 where five or more children were present.²⁰

From 2009–10 to 2013–14, the proportion of incidents in which children were present has remained relatively constant (35.6 per cent in 2009–10 and 34.3 per cent in 2013–14).²¹

In addition to recording the number of children present at family violence incidents, police data also includes where a child has been listed as an 'affected family member' (meaning victim) on the L17 form which police complete after attending a family violence incident.²² It should be noted that although an L17 should be completed by Victoria Police for each child that is present at a family violence incident, in practice it may be that an L17 will be completed for the person that police assess to be the direct victim (this is most likely the mother).²³ This may mean that any children who were in the residence at the time will be recorded on the L17 as present, rather than as an affected family member on a separate L17.²⁴

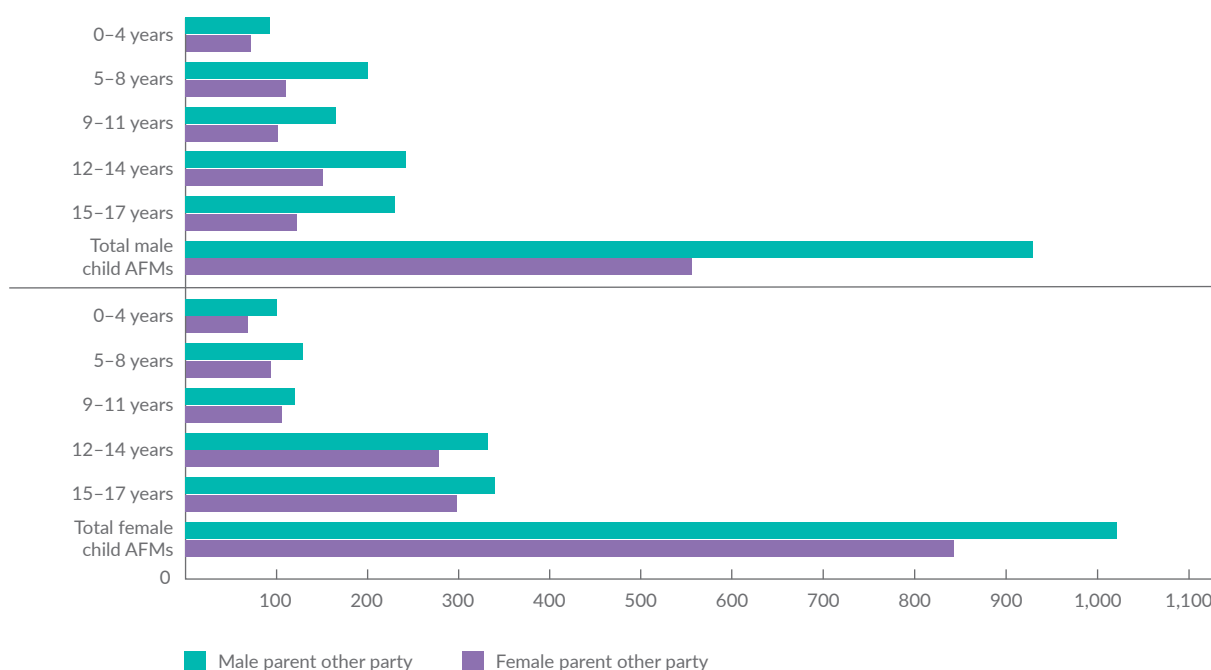
Over the five year period 2009–10 to 2013–14, the number of L17s that recorded children as the affected family member of family violence has increased.

- In 2009–10, 2742 L17s were completed for affected family members who were aged less than 18 years, and by 2013–14 this figure had more than doubled to 5781.²⁵
- As a proportion of all recorded family violence incidents, in 2009–10, 7.7 per cent of affected family members were aged under 18, increasing slightly to 8.9 per cent in 2013–14. In 2013–14, children in the age cohorts 12 to 14 years and 15 to 17 years made up the highest portion of child affected family members where the other party (the reported perpetrator) was a parent.²⁶
- In 2013–14, where a parent was the other party, girls were more likely to be the affected family member than boys (56 per cent ($n=1860$) girls and 44 per cent ($n=1481$) boys).²⁷ Further information about the age and gender of affected family members for the 2013–14 period is in Figure 10.1 below.

Fathers were 'other parties' in the majority of incidents: 63 per cent ($n=927$) where the affected family member was a male child and 55 per cent ($n=1019$) where the affected family member was a female child.

Mothers were 'other parties' in 37 per cent ($n=554$) of incidents where the affected family member was a male child and 45 per cent ($n=841$) where the affected family member was a female child.²⁸

Figure 10.1 Affected family members aged 17 years and under where other party is a parent: Victoria Police, 2013–14



Source: Crime Statistics Agency, 'An Overview of Family Violence in Victoria: Findings from the Victorian Family Violence Database 2009–10 to 2013–14' (January 2016), Table 6: Children affected family members aged 17 years and under where the other party is a parent—Victoria Police July 2013 to June 2014, 31, provided to the Commission by the Crime Statistics Agency, 8 January 2016.

Family violence intervention order applications

Over the five years from July 2009 to June 2014, combined Magistrates' and Children's Court data shows that there has been a 20.5 per cent increase in the number of child affected family members on FVIO applications (compared with an increase of 28.9 per cent in the number of adult affected family members).²⁹ Across both courts, the majority of respondents to these applications were males, however, from July 2009 to June 2014 20 per cent were females.³⁰

In 2009–10, 46.5 per cent ($n=20,575$) of all affected family members listed on FVIO applications in both courts were children (aged 0–17 years) and in 2013–14 this was slightly lower at 44.8 per cent ($n=24,802$), with minor variations in between.³¹

Magistrates' and Children's Court data relating to children and young people

Magistrates' Court data on parties to original applications for FVIOs shows the following:

- ▶ In the five years from July 2009, the number of affected family members aged 17 years and younger increased by 20.6 per cent.³²
- ▶ In 2013–14 the largest age group of child affected family members was five to 12 years.³³
- ▶ On applications where the affected family member was aged under 17 years, the related respondent was most likely between 30–44 years of age and most likely male.³⁴

Children's Court data on parties to original applications for FVIOs, which includes children who are respondents, shows the following:

- ▶ In the five years from July 2009, the number of affected family members aged 17 years or younger increased by 20.3 per cent.³⁵
- ▶ In 2013–14, 70 per cent (n=1028) of these applications were against a male respondent and 30 per cent (n=442) were against a female respondent.³⁶
- ▶ In 2013–14, the largest age cohort amongst all male affected family members (including adult males) was 10–14 years.³⁷
- ▶ In 2013–14 the largest age cohort amongst all female affected family members (including adult females) was 15–19 years.³⁸

The effects of family violence on children and young people

Family violence can have profound short and long-term effects on children and young people that may or may not be immediately apparent: '[i]mpacts on children who live with family violence may be acute and chronic, immediate and accumulative, direct and indirect, seen and unseen'.³⁹

Impacts during pregnancy and infancy

The Commission was told that pregnancy is a time of increased risk of family violence, and there is evidence that such violence can have an impact on the foetus.⁴⁰ A pregnant woman experiencing elevated levels of stress and fear as a result of family violence can transmit stress hormones such as cortisol and adrenaline to the foetus.⁴¹ High exposure to cortisol has been linked to low birthweight, significantly smaller head size and reduced ability to fight infection.⁴² There is a recognised link between intimate partner violence and miscarriage.⁴³ A foetus can be injured as a result of physical trauma, which can cause miscarriage or pre-term labour:

During my pregnancy I was subjected to numerous [beatings] which finally resulted in a miscarriage ... My daughter was born with spinal fractures due to the physical abuse that was never identified until recently.⁴⁴

... when I found out I was pregnant [he] told me I had to have an abortion, when I tried to leave to raise the child myself he threatened to kick me in the stomach and kill the child ...⁴⁵

I became pregnant with his baby, and the abuse became worse. On one occasion he throws me in the pool smashing my head on the concrete. I lost my baby at 5 weeks.⁴⁶

There is also an increased risk of family violence just after a baby is born.⁴⁷

The Commission heard that infants are 'highly sophisticated in their capacity to process information' and very attuned to their environment and whether they feel safe.⁴⁸ Family violence affects infants' development because the human brain grows very quickly during the early years of life and is highly sensitive to prolonged periods of stress at this time.⁴⁹ Exposing infants to family violence therefore 'interferes with the basic building blocks of development' and can affect their cognitive, emotional and behavioural development.⁵⁰

Physical, emotional, mental and behavioural effects on children

Children can be affected by family violence in many ways, including the following:

- ▷ suffering direct or indirect physical harm—for example, if a mother is holding a child when she is attacked or if a child is injured while trying to protect their mother
- ▷ feeling scared of those they love when they should feel safe
- ▷ feeling anxious about their safety and that of other family members and pets
- ▷ having to be responsible for the care and safety of the abused parent and/or siblings
- ▷ feeling they are responsible for the violence
- ▷ becoming homeless, losing treasured possessions, and losing a sense of security and familiar toys, surroundings and people
- ▷ through disrupted schooling as a result of prolonged absences from school or multiple new schools in a short space of time
- ▷ being unable to bring friends home or being socially marginalised because of the perpetrator's controlling behaviour.⁵¹

The result is that children can suffer from a variety of physical, emotional and mental health effects including depression, anxiety, low self esteem, impaired cognitive functioning and mood problems.⁵² The Commission was told they might be burdened by the 'secret' at home and are more likely to suffer from learning difficulties, trauma symptoms and behavioural problems.⁵³ Such children can also have problems with bedwetting and disturbed sleep, and be plagued by flashbacks and nightmares.⁵⁴ Additionally, their social skills may be affected and they might have difficulty regulating their emotions, trusting others and forming relationships.⁵⁵

I was incredibly suicidal from a very young age—it's very painful to think about. I remember being what could only have been about 6 years old and just crying and crying and being so afraid, wondering how I could live if I ran away from home—I was also incredibly afraid of and obsessed by death. I was already starving and hurting myself when I was around 11.⁵⁶

Children's schooling can be affected as a result of mental health and behavioural problems that arise from the violence.⁵⁷ They might learn coping strategies that protect them in their home but that detract from their learning at school; for example, a child might withdraw at home to mitigate the risk and the impacts of violence there, but this could compromise their learning and their ability to form friendships at school.⁵⁸ They might also have problems concentrating and managing day-to-day tasks, including getting to school.⁵⁹

It is well established that children do not have to directly experience family violence or even witness it to be negatively affected by it.⁶⁰ Reflecting this, the Family Violence Protection Act defines 'family violence' to include behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of family violence. Examples of behaviour which may constitute family violence are provided in the Act:

- ▷ overhearing threats of physical abuse by one family member towards another
- ▷ seeing or hearing a family member being assaulted
- ▷ comforting or providing assistance to a family member who has been physically abused by another family member
- ▷ cleaning up a site after a family member has intentionally damaged another family member's property
- ▷ being present when police officers attend an incident involving physical abuse of a family member by another family member.⁶¹

The Commission heard that observing the aftermath of a violent incident, seeing an injured parent or feeling a sense of tension and fear in the home can be just as traumatising for children.⁶² Research has shown that the impacts on children of exposure to family violence are similar to the impacts on children who experience direct physical violence:⁶³

The aftermath of the violence where there is blood on their mother's face, walls are smashed, or glass is broken, is often something that children have often spoken to me about as being intrusive memories that they can't get out of their heads during the day, and which keep them awake at night as nightmares.⁶⁴

Witnessing an attack on a primary caregiver can be a terrifying experience for a child. Professor Louise Newman AM, Director at the Centre for Women's Mental Health at the Royal Women's Hospital stated:

The most damaging type of situation for a young child exposed to family violence is where the child believes that their primary carer will be unavailable to them and will die. This belief is as damaging to the child as the belief that the child itself will die. This reflects the dependency of the child on his or her primary carer and attachment figure.⁶⁵

The Commission heard many descriptions of the effect of family violence on children who witnessed the violence:

I was torn; yearning to escape my situation, terrified that further harm would come to my mother and siblings if I were not there to protect them. I considered committing a serious crime, sufficient to have me placed in juvenile detention or jail as a means of escape, however the responsibility I felt to my mother and siblings stopped me from pursuing what I feared was a selfish course of action.⁶⁶

[M]um would call out to me every night in some terrible situation, or something violent, with a chair in her hand, steel armed chair, I was only three or four, Dad loved me and I could stop him. It was a lot of responsibility, it's a huge thing. It does affect the kids, the way it affects me.⁶⁷

Once he cut the head off my Mother's pet to 'teach her a lesson.' He regularly beat—and I mean beat the shit out of our dogs. Hearing the sounds of this in my memory is still gut wrenchingly sickening. In fact, I hate ever thinking about my childhood, because all I can remember is screaming, crying, horrible insults, and the sounds of people running away from each other.⁶⁸

Although she was never diagnosed, I also believe that my mother suffered from depression, and I remember her telling me that she wanted to kill herself when I was a child and also overdosing on pills when I was a teenager. There were many occasions where there were blow ups and my Dad would start yelling, swearing and hitting my mum. We were incredibly scared and frightened as children, and I remember my sister calling my Aunties on several occasions who would rush over and try to intervene. As us siblings grew, we were able to physically intervene and hold them off.⁶⁹

Domestic Violence Victoria told us that children living in households where family violence occurs are more likely to suffer physical abuse, sexual abuse or neglect when compared with children who live in non-violent homes.⁷⁰ Child sexual abuse is discussed in the context of family violence in more detail in Chapter 12.

The Commission also heard that perpetrators sometimes use the family law system to inflict abuse—for example, by making repeated parenting applications in order to punish the child's mother or as a means of controlling her. This form of family violence can also be highly stressful for children.⁷¹

My experiences in the Family Court have all been unpleasant. I have been told that I have no choice even though I have been frightened and suffered from panic attacks as well as anxiety. The court were going to place me in a room with my abusive father just to see how I react. Before this ruling, I had made my views known to the court but they ignored my statement. One of my greatest fears is that no one takes my concerns seriously nor do they really think my views are important.⁷²

I believe that my ex husband attempted to control me and 'see' me ... pushing the legal case for as long as possible, often refusing to make an agreement in respect to the children. If the children felt unsafe or didn't want to spend time with their father, my ex-husband would apply for a breach of contact orders against me, repeatedly attempting to drag me back to court and have me 'punished' by the court. He made repeated threats to my family members in person and via phone, stating he would not stop until he 'rubbed my face in the dirt'.⁷³

Effects of family violence on the mother–child relationship

The Commission heard from many women about the extraordinary lengths they had to go to try and keep their children safe from the violence. Research also shows that some perpetrators systematically undermine the mother–child relationship as an abuse tactic—for example, by undermining the mother's parenting skills through criticism⁷⁴—and one submission described for the Commission the effect of such tactics:

So many arguments I have lost count, he would follow me around the house trying to get me to join him in a yelling match. He would make sure the children could hear him putting me down. ... [He] constantly put me down to the children and questioned the children as to why they loved me.⁷⁵

As a survival mechanism, some children may identify with the perpetrator and participate in undermining their mother.⁷⁶ Professor Newman noted that children want to be loved and accepted by their parents, and in family violence situations 'the only way they can get that closeness is often to join with the abusive aggressive parent'.⁷⁷ In the long term this can distort the child's understanding of relationships.⁷⁸

The Commission was told that family violence can affect the mother–child bond.⁷⁹ For infants, family violence can result in 'disorganised attachment',⁸⁰ which occurs when the baby 'does not have a consistent or coherent strategy for obtaining help or comfort from its mother'⁸¹ and can even be frightened by the presence of its mother, as well as by the presence of the perpetrator of the violence.⁸²

Infants and children may suffer if their mother's ability to parent is compromised as a result of family violence.⁸³ Parenting capacity can be undermined because a mother's mental health is adversely affected or because she is physically injured.⁸⁴ She might also 'be preoccupied with trying to control the home environment' so that the perpetrator's needs receive priority.⁸⁵

There is evidence that women who experience family violence during pregnancy are more likely to develop depression after the birth of their child.⁸⁶ Maternal perinatal depression is in turn linked to a number of psychological and developmental disorders in children.⁸⁷

I can't adequately parent our daughter while I am sick, and under the stressful circumstances of the past few years, my immune system is not what it ought to be and I am more susceptible to illness.⁸⁸

Dr Robyn Miller, social worker and family therapist, told the Commission that aggravating this situation is the fact that a child experiencing family violence might need additional parental attention because of their emotional and behavioural difficulties.⁸⁹ This can place considerable pressure on women who are dealing with family violence. However many women increase their nurturing behaviours towards their children in an attempt to compensate for the violence, and evidence shows that mothers have a central role in their children's recovery from family violence.⁹⁰

Mothers sometimes also use violence against their children. According to Victoria Police, women were the offenders in just over two in five of all reported family violence incidents with a child victim.⁹¹ One anonymous submission said:

While my Mother was terribly abusive herself- especially verbally- I believe that a lot of her emotional instability was as a result of my stepfather's creation of an incredibly frightening, negative household where everybody was reacting out of sheer terror constantly.⁹²

Cumulative harm

Children can suffer cumulative harm when subjected to 'a series or pattern of harmful events and experiences that may be historical, or ongoing, with the strong possibility of the risk factors being multiple, interrelated and coexisting over critical developmental periods'.⁹³ Among these experiences can be parental substance abuse, disrupted living arrangements and neglect, as well as family violence.⁹⁴

The effects of cumulative harm on children can be 'profound and exponential, covering multiple dimensions of [their] life'.⁹⁵ This is recognised in the Children, Youth and Families Act, which requires that practitioners working with vulnerable children consider the 'effects of cumulative patterns of harm on a child's safety and development'.⁹⁶ The Commission was told, however, that cumulative harm is not always fully understood by family violence workers and other practitioners who come into contact with children experiencing such violence. There are a number of different risk assessment frameworks and decision-making tools, that are poorly connected, and this contributes to confusion among practitioners. These systemic problems lead to some practitioners treating violence and abuse as discrete events, and failing to recognise the cumulative harm of such violence, and the trauma to children that can occur as a result.⁹⁷

Effects of family violence on young people

Young people's experiences of family violence and its effects are distinct from those of children, and from those of adults.

Adolescence and young adulthood involve major transitions, such as moving from primary to secondary school, leaving secondary school, gaining employment, forming intimate relationships, moving out of home for the first time, and becoming sexually active.⁹⁸ Young people's experience of family violence can also intersect with and be compounded by a number of other factors; for example, young people are more vulnerable to poor mental and sexual health, homelessness and unemployment.⁹⁹

In addition to the ways in which children experience family violence, young people's experience of such violence can also involve the assumption of caring responsibilities; for example, caring for younger siblings.

Every day I walked home from school I would be terrified, because I was sure it would be the day he'd snapped and I'd walk in to find that he had murdered my Mother and brother. It was like walking into a warzone—I never knew what might have happened or would be about to happen. I used to pray that he would die so that we could be free of him.¹⁰⁰

There is also evidence that experiencing family violence may have different effects on girls and boys and can affect their relationships as adolescents and adults:

Children have a gender differential response to family violence – as a generalisation, girls tend to internalise and boys act out. In terms of risk, gender impacts place girls at higher risk of victimisation as adults and boys at greater risk of perpetration as adults. Having witnessed parental violence, emerged as the strongest predictor of perpetration of violence in young people's own intimate relationships.¹⁰¹

The Commission for Children and Young People submitted that young women who are victims of family violence may have complex issues such as substance abuse and a lack of life skills due to lifelong abuse from their parents and later from partners.¹⁰²

Intimate partner violence can affect young women's income and financial stability, housing security and parenting capacity.¹⁰³ When young parents experience intimate partner violence, there are also concerns about the effect of that violence on their children.¹⁰⁴

Homelessness as a consequence of family violence for young people

Just as family violence causes homelessness for women, it also causes homelessness for children and young people either when they accompany their mothers or when they are forced to leave the family home on their own because of family violence.¹⁰⁵

I took all the abuse because I didn't want to be homeless. Besides I had school to think about and I wanted to pass. How was I going to pass if I was homeless?¹⁰⁶

[W]hen unaccompanied 12 to 18 year olds show up homeless, sometimes it's the first time they have disclosed family violence. The question is: How did it get to this point without being picked up first? Are these people already known in the system? If so, where is the coordination across services and what is capacity to respond?¹⁰⁷

The Australian Institute of Health and Welfare has reported that, nationally, of 44,414 young people seeking the assistance of a homelessness service in 2013–14, 15 per cent identified family violence as the main reason for seeking assistance and a further 13 per cent identified relationship or family breakdown.¹⁰⁸ A 2014 longitudinal study found that of 382 young Australians suffering from long-term homelessness (four or more years), 64 per cent had experienced physical violence in the home and 71.6 per cent had experienced some form of child abuse.¹⁰⁹

In Victoria in 2013–14, 4038 boys and 4338 girls aged 0 to 14 years (the largest age cohort for males, but one of the smaller cohorts for females) were reported as seeking specialist homelessness assistance for family violence reasons.¹¹⁰

Children can experience a range of harms as a result of homelessness. Dr Angela Spinney, a research fellow and lecturer, Institute for Social Research at Swinburne University of Technology, gave evidence on the importance of very young children having stability, including constant schooling.¹¹¹ Merri Outreach Support Service submitted, 'For children homelessness is not just about having a home to live in, it is about feeling unsafe, about being disconnected from supports and not having a sense of security'.¹¹² Other effects include:

- ▶ an increased likelihood of developmental delay, anxiety and depression, low self-esteem and nutritional deficits
- ▶ emotional isolation and difficulty relating to peers
- ▶ discrimination and stigma at school
- ▶ reduced concentration
- ▶ increased school absenteeism
- ▶ an increased risk of infectious diseases as a result of low immunisation levels.¹¹³

Young people and intimate partner violence

The Fifth National Survey of Secondary Students and Sexual Health, conducted in 2013, found that of the students who reported being sexually active, 28.3 per cent ($n=124$) of females and 19.8 per cent ($n=54$) of males reported having experienced unwanted sex.¹¹⁴ Of those who reported having unwanted sex, 60.5 per cent ($n=75$) of young women reported having unwanted sex because their partner thought they should, compared with 37.0 per cent ($n=20$) of young men.¹¹⁵

A 2010 study surveyed 146 Australian women aged 14–18 years, asking about their experiences with boyfriends. It found that more than 90 per cent of the young women had experienced at least one abusive and controlling behaviour and over half of them had experienced five or more such behaviours.¹¹⁶

For young women, the increased risk of intimate partner violence is attributable to a range of factors, such as beliefs about gender roles, limited experience of interpersonal relationships, and lack of access to support services.¹¹⁷

The Youth Affairs Council of Victoria told the Commission that although young people recognise family violence as a problem, they are more likely 'to be poorly-informed about family violence and relationship violence, and to have been influenced by beliefs that encourage or excuse violence'.¹¹⁸ VicHealth's 2013 National Community Attitudes towards Violence against Women Survey found:

- ▷ Twenty-seven per cent of the young men surveyed believed 'domestic violence is a private matter to be handled in the family'—compared with 17 per cent of the survey sample as a whole.¹¹⁹
- ▷ Sixty-six per cent of the young men surveyed and 55 per cent of the young women believed that women could leave a violent relationship if they really wanted to.¹²⁰
- ▷ Forty-six per cent of the young people surveyed believed it was sometimes all right for a man to use a phone or computer to track his female partner without her consent—compared with 38 per cent of the surveyed sample as a whole.¹²¹

Chapter 36 discusses the importance of primary prevention in depth (including primary prevention with children and young people) through, in particular, respectful relationships education.

Other long-term effects of family violence for children and young people

The Commission heard from a number of people who described the long-term effects of family violence for children and young people.¹²²

Professor Newman told the Commission that those who experience family violence in their early years have poorer health outcomes—for example they have higher rates of high blood pressure and Type 2 diabetes as adults as a result of the activity of stress-related hormones.¹²³ Children and young people who have experienced family violence are also at greater risk of drug and alcohol abuse and post-traumatic stress disorder as young people and adults.¹²⁴

Evidence submitted to the Commission showed that there is a strong link between the experience of family violence and contact with the youth justice system and adult criminal conduct.¹²⁵ In 2014 the Youth Support and Advocacy Service analysed Victoria Police referrals to the service's diversion program for people aged 10 to 17 years.¹²⁶ The results showed that 55 per cent of young people who had had recent contact with Victoria Police reported that family conflict occurred in their home 'often' or 'very often'.¹²⁷

The Victorian prison population shows 'considerably higher than average' levels of exposure to sexual, physical and emotional abuse.¹²⁸ Family violence and female prisoners is discussed in Chapter 34.

Intergenerational effects

There is some evidence that children who have experienced family violence are at greater risk of using violence later in life and are more likely to have violence used against them.¹²⁹ Many young women who experience family violence in their early intimate relationships have experienced family violence during their childhood.

The subject of the intergenerational effects of family violence—in terms of both perpetration and victimisation—was raised in many submissions and consultations:¹³⁰

Each relationship is a violent relationship because as children we've never been loved. We come from broken families.¹³¹

If anger and abuse surrounds a young person's childhood, then they will [grow] up only understanding anger and abuse, because nobody has taught them otherwise.¹³²

As a young adult, I replicated what I knew. I entered into and then became trapped in a relationship that was dangerously violent.¹³³

I have six sons, they've all witnessed violence. He was 22 months old, in the refuge and he did exactly the same thing to me as his dad did. My son has only just turned 18, he's got the power in him for how to destroy a person. I taught them 'Youse don't do this to your girlfriends'. They need to be taught.¹³⁴

The Youth Affairs Council of Australia noted that, even when young women did not experience family violence during childhood, intimate partner violence affects young people's earliest experiences of gender roles and intimacy and can 'set a damaging precedent and shape the family lives they later establish as adults'.¹³⁵ Therefore, responding to the problem of intimate partner violence experienced by young people is a crucial element in breaking the cycle of violence and preventing intergenerational violence, as well as to responding to the immediate harm it causes.

The diversity of experiences

Children and young people's experiences of family violence are influenced by their individual characteristics. Some children face specific barriers in gaining access to services or require additional or culturally-specific support. This section examines the experiences of Aboriginal and Torres Strait Islander children and young people, young people who are same-sex attracted and gender diverse, children and young people from culturally and linguistically diverse communities, children and young people with disabilities, and children and young people from rural, regional and remote communities.

Aboriginal and Torres Strait Islander children and young people

Aboriginal and Torres Strait Islander children and young people experience higher rates of family violence than other children and young people. A National Crime Prevention survey conducted in 1998 and 1999 with 5000 Australians aged between 12 and 20 found that Aboriginal and Torres Strait Islander young people were significantly more likely to have experienced physical violence between their parents or parents' partners. In the case of violence from a male parent to a female parent, 42 per cent Aboriginal and Torres Strait Islander young people reported witnessing this, compared with 23 per cent of all respondents.¹³⁶

In its 2009 *State of Victoria's Children* report, Victoria's Department of Education and Early Childhood Development (now the Department of Education and Training) reported that 20.5 per cent of Aboriginal young people aged 15–24 years had been the victim of physical violence and 27.2 per cent had been threatened with violence.¹³⁷ Of those who had experienced physical violence, 82.5 per cent knew the perpetrator.¹³⁸ The Department of Education and Training provided the Commission with a School Entrant Health Questionnaire, which showed that in 2014, 4.2 per cent of Indigenous children compared with 1.2 per cent of non-Indigenous children reported a 'history of abuse'.¹³⁹

For Aboriginal and Torres Strait Islander children and young people, family violence occurs in the context of intergenerational grief and trauma resulting from colonialism, dispossession and loss of traditional language.¹⁴⁰ This has led to communities suffering from a range of adverse effects, among them poor health, poor educational and employment outcomes, poverty, and higher rates of incarceration.¹⁴¹ These effects can contribute to the prevalence of family violence in Aboriginal and Torres Strait Islander communities and compound the impact of violence on these communities.

The Commission heard that both nationally and in Victoria, Aboriginal and Torres Strait Islander children are significantly over-represented in out-of-home care, and that family violence is a central factor contributing to their removal from their home.¹⁴² Fear of having children taken away can also prevent Aboriginal and Torres Strait Islander women from reporting family violence. This was one of the most consistent themes heard by the Commission, and is discussed in detail in Chapter 26.

The child protection system is required to operate under the Aboriginal Child Placement Principle which states that kinship care is the preferred home-based placement type and must be considered and investigated before any other placement option is considered.¹⁴³ In Victoria in 2013–14, 66.9 per cent of Aboriginal children were placed in accordance with the principle.¹⁴⁴ The Commissioner for Aboriginal Children and Young People, Mr Andrew Jackomos PSM, is investigating the circumstances of Victorian Aboriginal children in care with a view to highlighting the relationship between family violence and the placement of Aboriginal children in out-of-home care. The May 2015 Taskforce 1000 report for the South Melbourne area found that four out of five Aboriginal children in out-of-home care in that area had been exposed to family violence and parental substance misuse.¹⁴⁵ Similarly, 86 per cent of Aboriginal children in out-of-home care in the Inner Gippsland area had been exposed to family violence.¹⁴⁶

Commissioner Jackomos has also noted that the number of Aboriginal children placed in statutory care increased by 42 per cent in the 12 months to 30 June 2014 (from 922 to 1308 children).¹⁴⁷ This represents 62.7 such arrangements per 1000 children and compares with 5.1 per 1000 for all Victorian children.¹⁴⁸

Children who are removed from their home, including for reasons of family violence, can suffer major trauma as a result of cultural loss:

If family violence leads to a Koorie child or young person needing to leave their family, sometimes resulting in them being placed in statutory care, this can have a significant effect on their cultural identity and wellbeing. If that placement is not with kin or appropriately within the Koorie community, a child or young person's connection to family, land and culture can be adversely affected or undermined.¹⁴⁹

This loss of connection to family, land and culture can greatly limit a child's recovery from family violence because factors associated with connectedness promote resilience and healing.¹⁵⁰ Dr Miller gave evidence that for Aboriginal children 'connection to culture is healing and needs to be part of our planning and ongoing work with the family'.¹⁵¹ It is therefore crucial that Aboriginal children and young people experiencing family violence have access to culturally competent assessment, intervention and support services that 'emphasise cultural connection as a key aspect of emotional and social wellbeing'.¹⁵² A 2012 report co-authored by the Victorian Aboriginal Child Care Agency, Take Two Berry Street and La Trobe University noted:

For too long Aboriginal children have been assessed using measures and assessment approaches which do not take into account their culture, beliefs, connection to community and place, spirituality and their individual experiences. Furthermore the assessment of an individuals' social and emotional status independent of the family and community is an alien concept to Aboriginal people as well as being ecologically uninformed.¹⁵³

Although the Children, Youth and Families Act requires that the cultural safety of Aboriginal children be protected when these children are placed in out-of-home care, the Commission was told that this often does not occur.¹⁵⁴

The Koorie Youth Council told us that assumptions made about young people on the basis of Western cultural frameworks can be inappropriate if blindly applied to Aboriginal communities without acknowledging cultural differences.¹⁵⁵ For example, in Aboriginal communities there might not be a clear distinction between adolescents and adults, as is the case in mainstream Western cultural frameworks.¹⁵⁶

It is also important that mainstream youth services ensure that their staff are culturally sensitive and that partnerships are developed between Aboriginal community controlled organisations and other youth services.¹⁵⁷ In Chapter 26, we discuss providing capacity to Aboriginal and Torres Strait Islander organisations to give secondary consultations to mainstream services and make recommendations to support culturally safe service delivery.

Chapter 26 provides a detailed discussion of family violence and Aboriginal and Torres Strait Islander peoples.

Children and young people from culturally and linguistically diverse communities

The School Entrant Health Questionnaire showed that in 2014, 13.9 per cent of students were listed as having a language other than English compared with 82 per cent without.¹⁵⁸

There is little specific data on the number of children and young people from culturally and linguistically diverse communities who are affected by family violence.¹⁵⁹ However, there are a number of additional circumstances that can affect their experience of family violence and compound the trauma they suffer as a result. The Commission for Children and Young People told the Commission that these children and young people:

- ▷ can be further traumatised if they are relied on as an interpreter for their mother with police or other services
- ▷ might have witnessed violence in their country of origin
- ▷ might have been forced to flee their country of origin in dangerous circumstances and with an uncertain future
- ▷ might have lost their family networks, extended family and friends and the familiarity of their country of origin
- ▷ might have spent time in a refugee camp or detention centre
- ▷ might have become separated from parents or other family members on being accepted as a refugee.¹⁶⁰

In addition to family violence, children and young people from CALD communities often face other hurdles associated with relocating to a new country—for example, uncertain immigration status, learning a new language, establishing new friendships, learning new cultural norms, and adjusting to a different school system.¹⁶¹ They might also be subjected to racism, have a high degree of responsibility for younger siblings, and have a ‘general feeling of being caught between two worlds’.¹⁶² They need access to services that are both culturally appropriate and child or youth focused.¹⁶³

The Centre for Multicultural Youth submitted that adolescents from CALD backgrounds can face additional challenges associated with ‘the intersection of both adolescence and the broader challenging process of settling in a new country’.¹⁶⁴

A particular concern arises when young CALD people adapt more quickly than their parents to their new environment, for example, learning English at school and adopting values and modes of interaction that differ from those in their country of origin. This can change the power dynamic within families and ‘damage the pride of the adults’, who might use violence to exert control over their children.¹⁶⁵

As a result, the type of family violence these children and young people experience can be quite different from that experienced by other children and young people. The Centre for Multicultural Youth submitted that young CALD women have noted that the perpetrators of family violence against them are more likely to be brothers or fathers, rather than intimate partners.¹⁶⁶ For example, an older brother might adopt a violent disciplinary attitude because of culturally motivated concern about his sister’s behaviour.¹⁶⁷ The mother might be unable to intervene for a variety of reasons, among them feelings of disempowerment associated with parenting in a new culture, and being fearful of trying to gain access to support services.¹⁶⁸ This can have implications for the accessibility of specialist family violence services, which ‘generally target women who are in intimate partner relationships’.¹⁶⁹

The State-wide Children’s Resource Program submitted that solutions need to:

Strengthen the capacity to advocate for the specific needs and resources of children from migrant and refugee families ... use culturally competent practices in supporting children, cultural diversification of the workforce [and] use the expertise of those belonging to particular cultural groups to address family violence.¹⁷⁰

The experiences of culturally and linguistically diverse communities are considered further in Chapter 28.

Young people who are same-sex attracted and gender diverse

In common with adults, same-sex attracted and gender diverse young people are vulnerable to particular types of family violence such as 'outing' violence (the threat of being outed or actually being outed), the withholding of hormones and/or HIV medication, and subjection to psychological, emotional or physical violence in relation to coming out.¹⁷¹

A 2010 study showed that 61 per cent of 3400 same-sex attracted and gender diverse young people surveyed had experienced verbal abuse because of homophobia and 18 per cent had experienced physical abuse; 24 per cent who had experienced abuse because of homophobia were abused at home.¹⁷²

A 2014 study showed there is a link between families' rejection and youth homelessness, disrupted schooling, and suicidal ideation.¹⁷³ Discrimination, shame and abuse can also place young people at greater risk of harmful or exploitative relationships.¹⁷⁴ In addition, same-sex attracted and gender diverse young people can have greater difficulty gaining access to support services as a result of discrimination or lack of staff sensitivity and can also feel uncomfortable in refuges because of homophobic or transphobic views among other residents.¹⁷⁵ They are 'more inclined to sleep rough because of a fear of facing discrimination, homophobia and violence at homeless shelters'.¹⁷⁶

These issues are discussed in more detail in Chapter 30.

Children and young people with disabilities

Children with disabilities are more likely to be victims of family violence—particularly sexual abuse.¹⁷⁷ There is evidence that the prevalence of maltreatment of children with disabilities is 3.4 times greater than that for children without disabilities.¹⁷⁸

My dad used to hit me with the strap. I was 14 when that stopped. Maybe it was my fault, I had an attitude problem. Or maybe because I'm different. I'm the only one in the family who has a learning disability. He didn't give the other children the strap as much.¹⁷⁹

Young women with disabilities are particularly vulnerable to violence by people they know, whether in their home, in schools, group homes, or supported accommodation, as well as to intimate partner violence.¹⁸⁰ One study showed that 90 per cent of women with an intellectual disability have been sexually abused.¹⁸¹

Children and young people with disabilities can have a variety of needs when seeking assistance from family violence services; for example, they might need short-term funds for disability-related support, such as attendant care, hire of equipment, Auslan interpreting or transport costs.¹⁸² In addition, children and young people with disabilities who are forced to leave their home as a result of family violence can be particularly vulnerable to the trauma associated with moving. The Safe Futures Foundation submitted:

Children with a disability are often attending schools that cater to their specific needs. Links to health agencies, home and community care responses, travel and other specialist community supports are also often key to the woman or child receiving the most appropriate support to meet their requirements. Change can be destabilising and supports almost impossible to link to if the family moves from their home and community.¹⁸³

Women with children who have a disability have greater difficulty gaining access to family violence services and refuges, which might not be able to cater to their needs.¹⁸⁴ Women with Disabilities Victoria noted the lack of appropriate refuge options for women and children with disabilities.¹⁸⁵ As one woman said, 'I would have had to give up my job, my house. I can't go to a shelter with a daughter who is bipolar'.¹⁸⁶ Melbourne City Mission noted:

The current supply of emergency accommodation (motel or secure women's refuge) does not have the capacity to physically accommodate women or children with high-support needs—for example, beds with hoists. The staffing model and practice model is not amenable to accompanying children with high physical and/or medical support needs (for example, children who require peg feeding) or children with behavioural support needs (for example, children with autism who have restricted and/or repetitive patterns of behaviour).¹⁸⁷

Young people with disabilities also face major barriers when seeking family violence services.¹⁸⁸ For example, if a young person with a disability is living in a violent household it might be difficult for them to find alternative accommodation that offers the supports needed to enable them to live independently. For young men with disabilities, crisis accommodation options can be even more limited.¹⁸⁹

The Commission was told that the Department of Education and Training does not collect data on out-of-home care status and disability.¹⁹⁰

The Youth Affairs Council of Victoria submitted that young people with disabilities are 'often sidelined from the planning of their own lives'¹⁹¹ and it is important that they receive the necessary supports and information to allow them to make their own decisions.¹⁹²

Chapter 31 provides a detailed discussion of family violence and people with disabilities.

Children and young people from rural, regional and remote communities

There are disproportionate impacts on kids that live outside of the inner metro area due to a dearth of services in the outer suburbs and regional areas.¹⁹³

Children and young people from rural, regional and remote communities are more likely to have witnessed family violence than children living in metropolitan areas.¹⁹⁴ Victoria Police records of family violence incidents where a child is present show a higher rate per 100,000 population in rural and regional areas, in particular the Western Region.¹⁹⁵

There is a lack of family violence services that have a specific focus on children and young people generally (as we discuss in the next section of this chapter), and this is especially the case in rural and regional communities.¹⁹⁶ The Commission was informed that, because of the severe lack of housing, few conditions requiring respondents to move out of the home, are included in intervention orders made in regional and remote communities.¹⁹⁷ This might arise from a concern that requiring respondents to move out of the family home could involve them having to move hundreds of kilometres in order to obtain affordable housing, resulting in loss of contact with children and difficulties with work.¹⁹⁸ On the other hand, if women and children are required to relocate in order to escape violence, this is highly disruptive.¹⁹⁹ Moving to metropolitan areas can also result in further trauma and isolation.²⁰⁰

Youthlaw noted that there are fewer youth services in rural, regional and remote areas, and young people in those areas face barriers to obtaining support services because of concerns about confidentiality in small communities.²⁰¹ The Youth Affairs Council of Victoria also submitted that the protective factors that could be present in young people's lives are compromised in young people in those areas because of shortages of infrastructure such as public transport and relatively limited options for education, employment and social activity.²⁰²

Geographical isolation can also exacerbate young women's vulnerability to family violence. Cobaw Community Health submitted:

Many women, particularly younger women, may not have a driving license making escaping Family Violence particularly problematic. We have seen cases where this significantly increases the risk to women and children experiencing Family Violence, particularly those in isolated areas characteristic of parts of our community.²⁰³

The Commission was also informed that inadequate court infrastructure and a lack of affordable and accessible child care in regional and remote areas result in children being present during intervention order application hearings.²⁰⁴ This can expose a child to the trauma of hearing the details of family violence incidents.²⁰⁵ The lack of dedicated children's spaces at court can also mean that children have informal contact with the perpetrator, which may be confusing for them, especially when they then enter the courtroom and are exposed to discussions about violence in their home.²⁰⁶

Chapter 16 discusses court infrastructure and children. Chapter 33 discusses family violence in rural, regional and remote communities.

Children and young people's resilience

The way each child or young person experiences family violence differs and is necessarily influenced by a variety of circumstances.²⁰⁷ The Commission was told that:

... exposure to domestic violence is not a homogenous one dimensional process where its impact can be neatly examined in isolation from other potential stressors. There is rarely a direct causal pathway to specific outcomes. It often occurs in combination with other factors such as child abuse, poverty, mental health or drug and alcohol issues. Also each child is unique and their reaction will vary according to age, gender, personality, role within the family, socioeconomic status and the frequency, nature and length of exposure to violence.²⁰⁸

The Commission was reminded that many children and young people display great resilience in the face of family violence, and it should not be assumed that they will fare worse than those who have not experienced such violence or that they will grow up to be perpetrators themselves.²⁰⁹ Research shows that at least one-third of children who experience family violence do just as well as children who have not experienced it.²¹⁰ Children's recovery from family violence has also been shown to improve the longer they are free from violence.²¹¹ The majority of children who experience family violence neither grow up to be perpetrators nor become victims in their adult relationships.²¹²

The Australian Institute of Family Studies explained that the correlation between childhood exposure to family violence and future perpetration of violence is likely to be attributable to several factors, rather than to childhood exposure alone. These are factors such as socio-economic disadvantage, parental mental ill-health and substance abuse,²¹³ gender roles and stereotypes and violence-supportive attitudes.²¹⁴ On the other hand, a number of factors can mitigate the effects of family violence, including the presence of a supportive adult or older sibling, and the mother's positive mental health.²¹⁵ Mothers play a vital role in mitigating the effects of family violence on their children:

Research has also indicated that children's ability to cope with the adversity of living in a violent home is linked to their mothers' ability to maintain mothering functions, to model assertive and nonviolent responses to abuse and to maintain positive mental health. High levels of extended familial and social support have also been demonstrated to positively impact children's coping capacity.²¹⁶

A woman told the Commission how she supported her children and ensured they maintained their education, despite their homelessness due to family violence:

I recall reiterating to my children at the time we were staying at the centre of the importance of their education. I couldn't promise that they would never be homeless again, but if they concentrated on their studies, and worked hard, and made the most of opportunities that come their way, there would be less likelihood that they would ever have to be homeless again. I also took the time to teach my boys that it is better to live like this than to live in fear from my husband and how very important it was to me that they never harm their wives/partners ... The children didn't miss any school (still attending their original school) during the 12 months of homelessness.²¹⁷

Identifying family violence against children and young people

Universal services are those that are available to all Victorians. Many staff in universal services, including registered doctors, nurses, midwives, early childhood teachers, school teachers and principals, are required to report risk of harm to children under the Children, Youth and Families Act.²¹⁸ Mandatory reporting to Child Protection is discussed in detail in Chapter 11.

The following discussion focuses on universal services that have the potential to play an important identification and early intervention role in relation to children and young people at risk of, or experiencing family violence, specifically early childhood services and schools.

Universal health services that work primarily with parents—such as antenatal care and child and maternal health services—are discussed in Chapter 19. In that chapter, the Commission recommends mandatory screening for family violence, which currently occurs in child and maternal health services, be extended to all public health antenatal care.

Early childhood services

The Department of Education and Training supports early childhood services for children from birth to age eight. These services include long day care, family day care, occasional care, playgroups, early childhood intervention professionals, school nurses, outside school hours care and kindergarten.²¹⁹ Maternal and child health nurses and enhanced maternal and child health nurses are also funded by the department.²²⁰

Early childhood services constitute one of the largest service systems working with families and young children.²²¹ The evidence presented to the Commission was that more than 1.57 million Australian children attend some form of government-funded early childhood service each year,²²² and in Victoria more than 1200 early childhood centres provide services to more than 270,000 children.²²³

The Victorian Government also funds Early Parenting Centres, which build parenting capacity, skills and knowledge, and support vulnerable parents to nurture and care for their children and build a secure attachment with them.²²⁴ Parenting Assessment and Skill Development Services, which are intensive parenting services for those involved with Child Protection, are also funded by the Victorian Government.²²⁵

Cradle to Kinder is another program that targets vulnerable mothers up to 25 years. We discuss these further in the section 'Parenting programs.'

Schools

It is critical for those caring and teaching children to understand the early signs of stress in children which could be related to the invisibility of Family Violence. All children's service areas should be able to recognise early signs of Family Violence and provide referral and support.²²⁶

The Commission heard examples of excellent practice in relation to identifying family violence in schools, effectively supporting both the children and the mother who is trying to protect them.

When I was pregnant with my fourth child, a teacher from my children's school made contact with me to ask about my five year old who was in prep. He had stopped talking during class and the teacher wasn't sure if he was learning the material being taught. The teacher asked my permission for him to see a counsellor, which I of course approved. Once the counselling session had been completed, the teacher phoned again and asked if they could interview his older brother. After this session, the school asked me to come to speak to them. At this point, I assumed it was in relation to strategies within both of the boys' education to assist my younger child to speak and learn in the classroom. When I attended the school, the counsellor started asking me questions based on answers the children had given during counselling and some pictures my children had drawn which depicted family violence. The counsellor asked me if my children had witnessed family violence in our house, such as my husband pulling me by the hair, or throwing food at me.²²⁷

The children had given detailed descriptions of what they had witnessed and as it was being relayed to me I felt my sad secret was now not only about me. I then realised that they had been witnessing the violent behaviour that my husband was perpetrating and it was affecting them. I broke down in tears as I felt I had let the children down, as it was my role as a mother to provide for and protect these children. I felt I had let them down, that I had failed to some degree. I realised that whilst my husband only occasionally hit our children, they were also affected emotionally by the abuse that was occurring to me.²²⁸

In this particular case the school provided the children's mother with a referral to a refuge and a women's information service helpline. While she initially did not make contact with either of these services, this interaction with the school counsellor was the first time she became aware that the violence perpetrated against her was also greatly affecting her children. This was one of a few points of intervention that culminated in the mother and her children becoming safe.²²⁹

The Commission was told about a number of existing processes, resources and protocols in schools that could be used to strengthen the response to family violence.

Primary school nursing services use the School Entrant Health Questionnaire to identify possible exposure to family violence.²³⁰ The School Entrant Health Questionnaire asks questions relating to abuse of a parent or child and about children or parents 'witnessing' violence.²³¹

Where issues concerning violence are identified, the nurse will facilitate referrals to school support services, local family support agencies or health practitioners.²³² In 2014, 6774 disclosures were made.²³³

The department provides resources and guidelines for staff that set out their responsibilities in responding to risks of harm to children, which includes child abuse and family violence.²³⁴ As noted elsewhere, teachers (including early childhood teachers) are mandatory reporters under Victoria's child protection legislation and so have an obligation to report a reasonable belief that a child may have suffered, or is reasonably likely to suffer, significant harm arising from physical injury or sexual abuse and their parents have not protected, or are unlikely to protect them.²³⁵

In 2013–14 the category of 'education notifier' types reported 15,510 cases to Child Protection of which 4784 had family violence indicated.²³⁶

As discussed in Chapter 6 the Department of Education and Training has an online training tool for teachers and school staff on their mandatory reporting obligations.²³⁷ This training module must be undertaken every year by all teachers and principals registered by the Victorian Institute of Teaching and includes how to identify child abuse, family violence and neglect, how to manage disclosures and how to make a report.²³⁸ The Commission has noted some concerns about the quality of the training and the extent to which staff feel confident to make referrals in respect of their mandatory reporting obligations in Chapter 36.

The department also employs, funds and sets policy and guidelines for wellbeing staff and allied health professionals in government schools.²³⁹

Health and wellbeing staff and services in government schools

- ▶ Student Support Services staff assist children and young people who face learning barriers. They provide individual and group-based support and workforce capacity building and include psychologists, guidance officers, speech pathologists, social workers and visiting teachers.²⁴⁰
- ▶ The Primary School Nursing Program, where primary school nurses visit schools during the year to identify children with potential health-related learning difficulties and to respond to parent and carer concerns about their child's health and wellbeing.²⁴¹ It provides links to community-based health and wellbeing services.²⁴²
- ▶ The Secondary School Nursing Program is in about two-thirds of government secondary schools. The program's objectives include improving health and reducing risk-taking behaviour among young people, including drug and alcohol abuse, eating disorders, obesity, depression and suicide.²⁴³
- ▶ The Primary Welfare Officer Initiative supports students who are at risk of disengagement and not achieving their educational potential. It works in collaboration with students and parents, school staff including principals, teachers, aides, specialist staff, nurses and student support services officers and with broader community agencies.²⁴⁴
- ▶ Student Welfare Coordinators support students in handling issues such as truancy, bullying, drug use and depression.²⁴⁵
- ▶ Koorie Education Coordinators and Koorie Engagement Support Officers are located in each departmental regional office and provide advice about supporting Aboriginal and Torres Strait Islander students at school and facilitate links to local and regional resources.²⁴⁶

The Commission was initially informed that there was no data available on the number of students individually assisted by primary school welfare officers, student support officers or student welfare coordinators, or primary school nurses or secondary school nurses where family violence was flagged, although instances of family violence could be collected from case notes.²⁴⁷ In Student Support Services, in June 2013–14, 287 students had 'family violence' mentioned in the case notes and 280 were mentioned in case notes from June 2014–15.²⁴⁸

However, a family violence 'tag' was made available in December 2014.²⁴⁹ Since then, schools used this indicator in 498 referrals for 496 students for June 2015 to mid-October 2015, indicating that the case notes may under-report family violence.²⁵⁰

The Department of Education and Training, Department of Health and Human Services (Child Protection), licensed children's services and Victorian schools (including Catholic, independent schools and government schools) have a joint protocol on protecting the safety of children and young people.²⁵¹ There is also a partnering agreement between DHHS, the Catholic Education Commission of Victoria and Independent Schools Victoria, which outlines strategies to support the needs of children and young people in out-of-home care in the years they attend school.²⁵² There is a similar agreement in place at the early childhood education level.²⁵³

The Commission understands that DET has established the LOOKOUT program (the pilot starting early 2016 in south-western Victoria and the remaining three centres to be established for the start of the 2017 school year, pending evaluation)²⁵⁴ to support the educational needs of children in out-of-home care.²⁵⁵

LOOKOUT Centres will perform a critical advocacy, support and entitlement function by securing the rights and best outcomes for children and young people in Out of Home Care (OoHC) within the education system. In essence, LOOKOUT Centres will ensure the role of the State as a corporate parent for children and young people in OoHC.²⁵⁶

The Commission was also told that the Victorian Government has funded the Navigator program for 2015–16 to 2016–17, which is a service-based program to be delivered by schools and community agencies 'to provide outreach, follow-up, advocacy, and pathway planning support to young people aged 12 to 17 years who are not connected to schools at all, or who are at risk of disengaging'.²⁵⁷

Beyond early childhood, health and educational services there are a range of other services that play a role in identifying family violence. These include child and family welfare services, such as Child Protection and Child FIRST, which are charged with assisting families experiencing difficulties that may be impacting on their child's development. As part of their work, these services play a role in identifying children at risk of or experiencing family violence and then working with those families. We discuss Child Protection in Chapter 11. Child FIRST and Integrated Family Services are discussed later in the chapter.

Vulnerable Children's Strategy 2013–2022

The need for universal services to improve their capacity to assist vulnerable children is highlighted in Victoria's *Vulnerable Children's Strategy 2013–2022*, which states:

Schools, health services, early childhood services and other services need to foster safe, inclusive environments to enable the identification of family or child vulnerabilities and the provision of positive interventions.²⁵⁸

The strategy's second goal is to 'act earlier when children are vulnerable': 'the earlier we can respond to child vulnerability, the more effective that intervention is likely to be'.²⁵⁹

One of the initiatives designed to support the strategy is the establishment of Children and Youth Area Partnerships in 17 multi-local government areas across the state.²⁶⁰ The Commission was told these are being tested at eight sites (starting in mid-2014).²⁶¹

Parenting programs

Programs for vulnerable mothers

Parenting is crucial in children's development, particularly in the first three years of a child's life, when a child's language acquisition, cognitive development, sense of self and security, emotional regulation and ability to form relationships are shaped by parenting.²⁶² Practitioners highlighted the importance of programs that focus on developing parental coping skills.²⁶³

The Commission heard that some specialist programs are demonstrating good outcomes. The Commission also heard about the importance of consistent, flexible support; the importance of culturally competent programs; and of the need for more targeted programs and supports where there has been intergenerational trauma.²⁶⁴

The Commission heard the following initiatives play an important role in supporting women antenatally and postnatally who have experienced, or are at risk of experiencing family violence. Unlike the Turtle Program described later in this chapter, these are not family violence-specific but many of the young women who use them are likely to be at risk of, or have experienced family violence.

The Cradle to Kinder program for vulnerable young mothers (under 25) is described later in this section.²⁶⁵ It is one of a number of services funded by DHHS that are designed to help young vulnerable parents during the early years. Others include Early Parenting Centres and Parent Assessment and Skills Development services (see next page). The Commission notes that there are some Commonwealth parenting support programs that operate alongside the state-funded ones, for example the Children and Parenting Support services, which 'have a primary focus on children aged 0–12 years and provide support to children and families based on an early intervention and prevention approach'.²⁶⁶

Mallee District Aboriginal Services and Queen Elizabeth Centre's Bumps to Babies and Beyond program for pregnant young Aboriginal women and Aboriginal Cradle to Kinder initiatives are discussed further in Chapter 26.²⁶⁷

Parenting programs for vulnerable families

DHHS funds programs that specifically help build the parenting capacity of vulnerable families, including:

- ▷ Early parenting centres. These build parenting capacity, skills and knowledge to support vulnerable parents to nurture, care and build a secure attachment with their children.²⁶⁸ The assistance is provided either through a residential service, a day stay service or help in the parent's own home.
- ▷ Parenting Assessment and Skills Development. This is an intensive specialist parenting service for parents of children aged up to three years who are involved with child protection. The service helps parents to develop their skills, knowledge and capacity to safely care for and nurture their children.²⁶⁹
- ▷ Enhanced Maternal and Child Health. This provides a more intensive level of support, including short-term case management, particularly for those vulnerable children and families where there are multiple risk factors.²⁷⁰
- ▷ Parentline Victoria. This is a statewide telephone counselling service to parents and carers of children aged from birth to 18 years operating from 8.00 am to midnight, seven days a week. This is funded by the Department of Education and Training.²⁷¹

Cradle to Kinder

Cradle to Kinder is an intensive ante and postnatal support service that provides longer term intensive family and early parenting help for vulnerable young pregnant women aged under 25 years—targeting young mothers who are or have been in out-of-home care, Aboriginal women and women who have learning difficulties—working with them until their child reaches four years of age.²⁷²

There are currently 10 programs (six programs, including one Aboriginal program were introduced in early 2012 with a further six (including another Aboriginal program) announced in January 2014).²⁷³ In 2013–14 the service's budget was approximately \$4.3 million for 220 clients/families.²⁷⁴

The program aims to build the capacity of parents to provide for their children's health, safety and development, and to build their own self-reliance and sustainability through access to education, vocational training and employment. The service is flexible, providing help through a combination of individual and group services that can be delivered in the young woman's home, the agency or in the community.²⁷⁵

While not family violence-specific, the Cradle to Kinder program recognises that family violence is one of the factors that would be experienced by its target group. Program guidelines emphasise the importance of family violence risk assessment and risk management, and encourage staff to consult with specialist family violence services. One of the program's outcome measures is a reduction in (or absence of) family violence incidents.²⁷⁶

The Commission was told by Dr Miller that programs such as Cradle to Kinder are having very positive outcomes and that the program demonstrated the importance of early intervention.²⁷⁷ Dr Miller observed that:

These targeted family services can be circuit breakers for intergenerational patterns of violence and positively interrupt vicious cycles of abuse and neglect of children.²⁷⁸

Dr Miller went on to note some of the valued features of the program, including consistent flexible support that was practical and home-based, and called for an expansion of such services, arguing that although they are seen as more expensive, this was a 'small price to pay' compared to the social, health and economic costs of a child being subjected to family violence.²⁷⁹

An evaluation of the first six Cradle to Kinder programs is under way.²⁸⁰ The Melbourne Research Alliance to end violence against women and their children has recommended that the program be retained and permanently integrated into the service system. It also made suggestions for further developing the program including making it available to women who do not presently satisfy the program criteria (for example, victims of family violence referred by Maternal and Child Health) and improving coordination between the program and local specialist family violence services.²⁸¹

Programs for expectant and new parents

Professor Mark Feinberg, Prevention Research Centre, Pennsylvania State University, gave evidence regarding the Family Foundations program in the United States which aims to support expectant parents in gaining the knowledge and skills necessary for a transition to parenthood.²⁸² Professor Feinberg stated that while the program was not originally designed to address issues of family violence, by focusing on strengthening co-parenting support, this has contributed to lower levels of such violence.²⁸³

In a local example, the Baby Makes 3 program was developed by Whitehorse Community Health Service (now Carrington Health). The program is designed to effect cultural change between new parents in relation to their attitudes about gender roles and responsibilities.²⁸⁴ It targets first time parents with babies under 12 months. Both parents attend with their baby and the program addresses issues such as the transition to parenthood, gender expectations, division of household labour and equality as the basis for a healthy relationship. It consists of three two-hour evening sessions over three weeks.²⁸⁵

The Melbourne Research Alliance to end violence against women and their children noted that while an important step, three group work sessions directed towards fathers within a 'respectful and equal relationship' model provides only 'one spoke in what should be a complex wheel of inter-connected parenting services.'²⁸⁶

The program has now been evaluated across a number of sites.²⁸⁷ Ms Julianne Brennan, Director the Community Crime Prevention Unit, Department of Justice and Regulation, gave evidence that the evaluation has indicated some confusion among facilitators about the aims of the program and whether it is a violence prevention program or a parenting program.²⁸⁸

The Chief Executive Officer of Carrington Health, Ms Ronda Jacobs, stated Baby Makes 3 is designed to be a mainstream program for first time parents, and not a program for parents who are at risk of, or known to be experiencing family violence, with those parents needing to receive the support of specialist services.²⁸⁹

Programs targeted at fathers

Early Childhood Australia submitted that for men new parenthood is a time that they may be more open to receiving information and skills development, as well as to considering alternative models of masculinity as they move into a new parental role.

It is important to promote a greater role for fathers in the day-to-day care of their children including nurture, care, respect and equality to challenge dominant notions of masculinity which play a key role in men's violence against women. There is some research which suggests that engaging men in their children's lives can reduce the risk of family violence.²⁹⁰

The Melbourne Research Alliance to end violence against women and their children also noted research on engaging men as fathers through parenting programs as showing potential in preventing child maltreatment.²⁹¹

The Commission heard about a number of current programs targeted at fathers that currently exist. These are outlined in Table 10.1. Some are focused specifically on men who have perpetrated family violence, while others work more generally with men as an early intervention strategy. Others are culturally specific. This is not an exhaustive list. Perpetrator programs for fathers are also discussed in Chapter 18.

Further research being led by Professor Cathy Humphreys, Professor of Social Work at University of Melbourne, will provide advice about practice guidance in working with men to improve the safety of women and children where there is family violence.²⁹²

Table 10.1 Examples of programs for fathers

Aboriginal Fathers Forum	The Victorian Aboriginal Community Services Association Limited is planning an Aboriginal Fathers Forum, which will be a group discussion amongst Aboriginal men and some women 'to yarn about parenting, being a dad and strengthening current and future relationships'. ²⁹³
Active Fathers	Kildonan Uniting Care partners with the City of Moreland, City of Hume and Merri Community Health to deliver Active Fathers, a program that engages new parents, and in particular fathers, in groups to discuss infant needs, the impact of a new baby on the relationship of the parents and dealing with the challenges faced by new parents. It focuses on promoting respectful and equitable relationships between parents and promoting infant development and wellbeing. ²⁹⁴
Children's Protection Society	The Fathers Support Service Team 'works with vulnerable men and their families to encourage, promote and enhance the positive parenting involvement of fathers and/or male carers'. CPS also facilitates 'I'm a Dad' antenatal education program for first-time fathers who are registered at the Northern Hospital. ²⁹⁵
Dads Putting Kids First	This program has been developed by Anglicare Victoria and is available to fathers who have completed men's behaviour change programs. ²⁹⁶ This program aims to teach men about using reparative parenting techniques, after they have ceased their violent behaviour. Anglicare Victoria stated that the program has been found to be effective in an evaluation. ²⁹⁷

Services that work with families

Children and young people can come into contact with services as a result of family violence in a number of ways. Police may attend a family violence incident in which a child or young person is present and make a referral to a service or services; a parent may apply for a family violence intervention order in court; a child, young person or parent may disclose family violence to a specialist family violence service or universal service. Young people may leave the family home on their own and seek assistance from various service providers, or they may be victims of intimate partner violence.

In this section we describe some of the key services that come into contact with children and young people experiencing family violence, noting that in many cases it is not the child, but the parent or whole family that is the 'client'. This is a theme we will return to later in this chapter.

Child FIRST and Integrated Family Services

Integrated Family Services is the major program responsible for responding to vulnerable families where there are issues affecting children's development. As a result they have the capacity to play a key role in responding to family violence. In this section we describe their work, and the prevalence of family violence in their current practice.

In this report the term 'Integrated Family Services' refers to those child and family services that provide direct assistance to vulnerable children and their families. Child FIRST provides the intake function to Integrated Family Services.

These services are also discussed in Chapters 8 and 13. In particular, Chapter 13 explores how these services intersect with specialist family violence services, demand generated by police and child protection referrals, and how they might be further integrated into the formal family violence system (alongside police, courts and specialist family violence services).

Service profile

In 2013–14 there were 96 community-based child and family services registered and funded by the Department of Health and Human Services to provide Child FIRST and Integrated Family Services in Victoria.²⁹⁸ In the 2013–14 budget, \$84 million was allocated to Integrated Family Services including \$9.7 million for Child FIRST.²⁹⁹

Child FIRST and Integrated Family Services are designed to assist families when a child's safety, stability or development is affected by factors such as:

- ▷ significant parenting problems that may be affecting the child's development
- ▷ serious family conflict, including family breakdown
- ▷ families under pressure due to a family member's physical or mental illness, substance abuse, disability or bereavement
- ▷ young, isolated and/or unsupported families
- ▷ significant social or economic disadvantage that may adversely impact on a child's care or development.³⁰⁰

Child FIRST, the intake component of the Integrated Family Services system, provides a central referral point to a range of community-based family services and other programs within each of the 23 Child FIRST catchment areas across Victoria. Child FIRST receives referrals directly from families, as well as concerned third parties on behalf of families.³⁰¹ It also receives some police L17 referrals. In 2013–14, 1901 L17 referrals were made by the police to Child FIRST.³⁰² Child FIRST provides information about relevant services, and assessments of children's and families' needs and risks to help determine what services are required. It also makes referrals to relevant agencies, if necessary.³⁰³

One important service that Child FIRST refers families to is the family services program. As family services provide the majority of services, the terms family services and Integrated Family Services are often used interchangeably.

Family services provide assistance to those families that are:

- ▷ likely to experience greater challenges because the child or young person's development has been affected by the experience of risk factors and/or cumulative harm
- ▷ at risk of concerns escalating and becoming involved with Child Protection if problems are not addressed.³⁰⁴

The services work with families to enhance parenting capacity and skills, parent–child relationships, child development, and social connectedness. This assistance may include counselling, as well as in-home support and group work, and may also include secondary consultations with other services.

In each of the 23 Child FIRST catchments there are also community-based child protection practitioners. Their role is to assist with the identification of cases and referrals between Child Protection and Integrated Family Services, provide consultation on specific cases, build the capacity of Integrated Family Services workers and work in partnership with Integrated Family Services to engage families as appropriate, including through joint visits.³⁰⁵

All Integrated Family Services operate under 'best interests principles' which are defined in the Children, Youth and Families Act.³⁰⁶

The Commission received a range of estimates about the extent to which family violence accounts for the work of Integrated Family Services programs. As noted elsewhere in this report, the Victorian Government's advice regarding the costs attributable to family violence indicates that 41 per cent of Child FIRST and 34 per cent of family services cases had family violence flagged in the database.³⁰⁷ However, some submissions indicated that family violence was even more highly represented amongst those families accessing Integrated Family Services.³⁰⁸ A KPMG evaluation found that, in the 12 months to March 2010, around 28 per cent of families accessing Integrated Family Services were experiencing family violence.³⁰⁹

Direct work with children

It is important to note that Integrated Family Services is not designed to be a crisis service in the same way that specialist family violence services are.

The Commission heard that Integrated Family Services programs largely focus on enhancing the capacity of parent(s), both in terms of skills and confidence, to meet their child's developmental needs.

The outcomes we seek to achieve with our families include increased parenting confidence, safety, stability and healthy development, improved overall health, connectedness to community, improved family relationships and resilience.³¹⁰

Its focus is on advocating for the baby/toddler and improving the skills of the parents/carers in order to achieve the best outcome for the baby/toddler.³¹¹

The Commission heard of a number of Integrated Family Services programs that focused on repairing and strengthening the relationship between a mother and her child, in recognition that perpetrators frequently target a woman in her mothering role, which may impair the mother-child bond.³¹²

Specialist family violence services

The role of specialist family violence services is discussed in detail in Chapter 8. This section briefly describes current service provision that is specific to children. It does not consider children's experiences in women's refuges and crisis accommodation as these are discussed in Chapter 9. However, young people's experiences in youth refuges, including that of young women fleeing intimate partner violence, are discussed below in the section entitled 'Lack of accommodation for children and young people'.

The Commission understands that some services have carved out resources from their funding to employ child-specific workers or activities, or sought philanthropic funding to run such programs. The Commission also heard that some services used to run specific activities or designate staff whose sole focus is on children, however due to resource constraints these roles have ceased.³¹³ Training courses are also provided by Domestic Violence Resource Centre Victoria on topics such as 'How to talk to babies in refuge, or the counselling room' and 'Adopting child-led practice'.³¹⁴

At a system level there are three programs that are relevant, although none are solely for children experiencing family violence. Some are for all children who are homeless and some are also for women who are victims of family violence. Across these programs some practitioners are located inside specialist family violence services, others are located in organisations that provide multiple services to families to children. Some are funded under the homelessness stream and others are funded under child protection and family services funding. These are described in the next section.

The only family violence-specific program, Family Violence Support Services, is also referred to as the family violence counselling program, described further below.

Some of the other counselling initiatives described to the Commission include the child-focused counselling and support team and Beyond the Violence, both provided by Anglicare.³¹⁵

There are also activities that sit outside government-funded programs. For example, the Alannah and Madeline Foundation has a Children Ahead intensive case management program to help children to recover from violence and build resilience. Case management is for up to two years and includes ways to maintain and improve their children's health, overcoming education obstacles, developing social skills and parenting support.³¹⁶

Family Violence Support Services (counselling)

Also referred to as the Family Violence Counselling Program, this program aims to help women and/or their children experiencing or recovering from family violence to enhance their safety, confidence, life skills and independence.³¹⁷ Services include individual and group counselling, support and case coordination.

DHHS requires that a minimum of 30 per cent of counselling and support funds are allocated specifically for the provision of services to children and young people.³¹⁸ In 2013-14, 1,891 or 41 per cent of cases involving specialist counselling and support services related to children.³¹⁹

Regional Children's Resource Program

The aim of this program is to improve service delivery for children and young people accessing homelessness and family violence services with their family.³²⁰ Funded by DHHS, there are 10 children's resource worker positions across the state and one children's resource worker for local Aboriginal and Torres Strait Islander communities in Bendigo.³²¹

These staff provide resources, training, information and secondary consultation to homelessness practitioners (including specialist family violence services and advocates) on a broad level to raise awareness of the issues facing children and young people experiencing homelessness and/or family violence.³²²

They also manage brokerage support funds to assist children and young people to engage in and maintain their education and facilitate access to social, recreational and support opportunities in their community.³²³ In 2013–14 the program had brokerage funds of \$136,574 across the state.³²⁴

Homeless Children's Specialist Support Service

This program was established through the initial National Partnership Agreement on Homelessness.³²⁵ It is unique because the child or young person is the primary client.

Located in four service locations with a total budget of \$1.7 million in 2013–14,³²⁶ it provides direct assistance to children and young people aged up to 18 years who have experienced homelessness. The assistance is in the form of intensive one-on-one case management support, therapeutic group work and psychological support.³²⁷ In addition, funding is provided for one service specifically for Aboriginal and Torres Strait Islander children in Gippsland.³²⁸

A 2013 review found the program's achievements included a decrease in the evidence of trauma in children, an increase in family members' capacity to communicate with each other, a greater awareness among agencies of the importance of a focus on children, development of partnerships with schools and local government, and cross agency relationships through co-location and co-case management.³²⁹ The report also noted that the key elements for success include:

- ▷ child-specific services need to be trauma-informed in their design and delivery
- ▷ strong partnerships with specialist children services such as Child FIRST and Child Protection
- ▷ group work, noting that children particularly value peer-to-peer relationships.³³⁰

Challenges included addressing competing interests of multiple siblings and parents, accessing services and treatment support to respond to children's sexualised behaviour and trauma-related issues, and engagement with the education sector.³³¹

Hanover Welfare Services—now Launch Housing—undertook an evaluation of its HCSSS program. The evaluation recommended that the HCSSS program employ a child psychologist/family therapist within the team, given the long waiting list that currently exists for child and adolescent mental health services.³³² The Commission understands that in response, Hanover introduced this as a further stream in its program but it is not known to what extent other HCSSS programs include this element.

Therapeutic supports

Therapeutic care: a definition

Berry Street defines 'therapeutic care' as intensive support for carers and children that aims 'to provide reparative experiences that promote healing and recovery'.³³³ 'Rather than providing basic care and managing behaviour, therapeutic care emphasises relationships and considers and responds to the child's underlying needs'.³³⁴

There are some intensive supports available to children and young people. Below we describe:

- ▷ Take Two, a statewide therapeutic program coordinated by Berry Street Childhood Institute for children and young people in the child protection system
- ▷ Turtle Program, a therapeutic program specifically for children and young people who have experienced family violence who do not meet the criteria for statutory services. This works with children and their mothers.

Other therapeutic services funded by the Victorian Government (but not family violence-specific) include mental health clinical services such as Children and Adolescent Mental Health Services, Orygen Youth Health and a number of youth services.³³⁵ Most Centres against Sexual Assault provide services for children and young people. The Gatehouse Centre, funded as a CASA, is solely for children and young people and covers the north-western metropolitan area of Melbourne.³³⁶ DHHS also funds Therapeutic Residential Care³³⁷ and Therapeutic Foster Care for children and young people on statutory child protection orders who are unable to live safely with their family.³³⁸

The benefit of trauma-based responses designed specifically for children and young people, along with gaps in current provision is discussed in 'Challenges and opportunities'.

The Turtle Program

The Berry Street Turtle Program is a small therapeutic service, which focuses on mother-child attachment and supporting the mother-child relationship as an effective vehicle for children's healing. The Turtle Program is delivered as part of Berry Street's women's specialist family violence service.³³⁹

It is an example of a therapeutic program specifically for children and young people who have experienced family violence who do not meet the criteria for statutory, clinical or associated therapeutic services but who nonetheless may still suffer symptoms of distress and trauma.³⁴⁰

Ms Emma Toone, Senior Clinician, Turtle Program, Northern Family and Domestic Violence Service, Berry Street, gave evidence that programs that link risk management with therapeutic mother-child support can keep women and children safe, while noting that engaging women to support them in their role as a mother and talk about their child's needs is a challenge, as some women may feel the best way to protect themselves and their child is to hide.³⁴¹

Ms Toone went on to note the key features of children's family violence services, which include the capacity to respond to children's relationships; the ability to respond to the trauma that children and parents have experienced; and the ability to do specialised risk assessment, especially post-separation where children may have contact with their father but there is little capacity to assess the risk or intervene with the father.³⁴² She stated:

What we are really missing are services that have Specialised Family Violence Risk Assessment capacity and the capacity to work with children and their relationships in a trauma informed way.³⁴³

Take Two

Take Two is an intensive therapeutic program for children and young people in the child protection system who have suffered trauma, neglect and disrupted attachment.³⁴⁴ Some children will be living away from their family but others will still be with their parent(s) and so potentially still experiencing family violence.

An evaluation found that between January 2004 and June 2007, of 1034 children referred to Take Two, 67 per cent had been exposed to family violence.³⁴⁵

The program is delivered by Berry Street Childhood Institute in partnership with the Victorian Aboriginal Child Care Agency. There are Take Two teams in rural and metropolitan areas as well as some statewide teams such as the Aboriginal team and in Secure Welfare.

Take Two employs psychologists, social workers, nurses and other mental health workers as well as researchers and trainers to build and share knowledge. Following an assessment, an intervention can involve working directly with the child or young person by themselves, with the parent or carer or with others. Take Two also provides consultation, training and guidance to other services.

Ms Beth Allen, Assistant Director, Child Protection Unit, Statutory and Forensic Services Design Branch, Department of Health and Human Services, gave evidence that while the program was 'sizeable' and funded to assist just under 300 clients at any one time, the program constantly reprioritised, with estimated waiting times of three to six months.³⁴⁶

Challenges and opportunities

In this section the Commission reviews the evidence it received regarding the adequacy of response across a number of sectors, before considering specific issues regarding the responses to trauma experienced by children and young people associated with family violence. In the final part of this section we examine in depth the experiences and barriers faced by young people seeking assistance due to family violence.

Children and young people as ‘silent’ victims of family violence

I am a victim of Domestic Violence, where is my real protection? My voice is ignored. My requests are ignored. My doctor and psychologist wrote to the court for me and they were ignored. I spoke to so many people but they have been ignored. How can this be good for children? This has to change for children like me to be safe. My father would record conversations and video us secretly often, on his phone, that I would delete but what do I do to protect myself from this? What rights do I have?³⁴⁷

There needs to be a change, it is easier to build a child than to repair an adult. Children should have the right to a loving relationship without fear, without abuse and without psychological damage. Children have the right to be heard and be involved in decisions that affect them.³⁴⁸

The Commission received a large number of submissions describing the devastating effects of family violence on children.³⁴⁹ Despite this, children are also described as the ‘forgotten’³⁵⁰ or ‘silent’ victims.³⁵¹ This is because family violence services have historically focused on the safety and wellbeing of women (or women and their children). One of the consequences is that there is a significant gap in targeted responses for children and young people.³⁵²

The Commission was also told that although there is a strong evidence base about the physiological, psychological and emotional impacts of family violence on children, knowledge of family violence has not been fully incorporated in the practices of universal services and family violence is not fully understood by professionals who have direct contact with children.³⁵³ As a result, many services—legal, police, educational, medical, psychological, and so on—do not effectively support children who have experienced family violence.³⁵⁴ Other submissions indicated that even where universal services do identify signs of family violence, adequate measures are not always taken to ensure a response.³⁵⁵

It is increasingly recognised that children are not ‘passive’ witnesses or secondary victims and that the impacts of family violence on them are profound—even when they are not directly targeted or do not see or hear the violence.³⁵⁶ Nevertheless, the Commission was told that children’s voices are still infrequently heard, and too often ‘we rely on the voice of workers and mothers over what children and even infants may tell us’.³⁵⁷ Ms Wendy Bunston, senior clinical mental health social worker, family therapist, infant mental health specialist and PhD candidate at La Trobe University, gave evidence that ‘there is little to no research about understanding the impact of family violence from the young child’s perspective’ and ‘no research on an infant’s experience or perspective to living in a home with family violence’.³⁵⁸

Ms Anita Morris, PhD Candidate at the University of Melbourne, gave evidence about a recent Victorian study entitled *Safety and Resilience at Home: Voices of Children from a Primary Care Population*.³⁵⁹ The project involved interviews and focus groups with 18 mothers and 23 children, and it was found that children are ‘rarely asked by professionals about their experiences of family violence and have limited input into decisions that affect their actual safety, and their feelings of safety’.³⁶⁰ Ms Morris also gave evidence that children often have useful knowledge to contribute to their safety and that allowing them to do so makes them feel more in control and supported.³⁶¹

Merri Outreach and Support Service submitted that a ‘cultural shift’ is necessary to ensure that children’s independent needs are considered.³⁶²

Young people fall through the gap

The Commission was also told that adolescents are vulnerable to 'invisibility' in the family violence system.³⁶³ Although still under the age of 18 years, they can be forced to leave their home unaccompanied by a parent but might not fall into the well-recognised category of 'women and their children' for the purpose of gaining access to family violence services.³⁶⁴ In 2013–14, of 33,684 Victorian women who came into contact with homelessness services and who were in need of assistance from domestic violence services, 11 per cent ($n=3084$) were not provided with this service. The age groups with the largest percentage with an unmet need for assistance from domestic violence services were 18 to 19 year olds (17 per cent, $n=141$) 15 to 17 year olds (17 per cent, $n=102$) and 20 to 24 year olds (14 per cent, $n=438$).³⁶⁵

Melbourne City Mission submitted that some child protection workers consider young people aged 15–17 years 'old enough to look after themselves' and so less in need of protection after experiencing family violence.³⁶⁶ The subject was also raised during community consultations: 'Child Protection won't pick up on kids 15 and over (unless there are younger siblings)—those kids end up homeless and/or in foster care.'³⁶⁷ The result is that young people experiencing family violence can be 'too old' for Child Protection but too young to have access to family violence services, and youth refugees might not be family violence-aware.

Where services do exist, they are not always appropriate for young people.³⁶⁸ For example, workers might not be trained to support young people.³⁶⁹

The Commission was told that the result of these deficiencies is that young people seeking assistance from the specialist family violence sector are referred to a youth homelessness service as 'the default response'.³⁷⁰ The Youth Affairs Council of Victoria told the Commission:

There is an urgent need for age-appropriate supports, ranging from legal assistance to therapeutic care, for young people who have experienced family violence and relationship violence.³⁷¹

The evidence presented to the Commission was that failure to provide services that are accessible to young people and that reflect their specific needs can have serious implications for a young person's safety and wellbeing and can lead to an entrenched cycle of violence into adulthood.³⁷²

The potential of early childhood and school settings

The National Children's Commissioner in her *Children's Rights Report 2015* noted the importance of the first 1000 days between conception and the age of two as a time for early intervention across a number of domains, including family violence.³⁷³

The Melbourne Research Alliance to end violence against women and their children submitted that 'the prime time for engagement lies in pregnancy and following the birth of the baby'³⁷⁴ and cited a 2000 report by the National Research Council and the Institute of Medicine that showed intervention early in a child's life offers cost benefits 'not only in terms of dollars invested early but in terms of the long-term wellbeing of children'.³⁷⁵

Professor Newman told the Commission that it is 'essential to identify infants with risk factors impacting growth and development including those with sensory problems, neurological conditions and those experiencing trauma and neglect'.³⁷⁶ Although there is not yet clear evidence on whether neurological changes in a child's first three to four years of life can be reversed, it is nevertheless important to intervene early.³⁷⁷

Professor Newman gave further evidence that current antenatal systems are not good at identifying family violence and that there should be 'more systematic ways of identifying family violence experienced by pregnant women'.³⁷⁸ In view of the nature of their work, these health professionals could play an important role in identifying children, and even unborn babies, affected by family violence or at risk of experiencing it and providing support for them and their mothers.³⁷⁹ In Chapter 19 of this report the Commission recommends that family violence screening be mandatory in public antenatal services.

Others noted that early childhood settings are viewed as non-threatening and non-stigmatising as they are not perceived as 'welfare', and are therefore in an ideal position to act as an important entry point to the broader service system.³⁸⁰ It was argued that people working in early childhood services often form trusting relationships with one or both parents and can detect subtle changes in families and children; they are thus in a good position to act as a gateway, or 'soft access point', and make suitable referrals for families experiencing violence.³⁸¹

The evidence before the Commission was, however, that early childhood educators need to improve their understanding of the prevalence of family violence and the impact of such violence on children. Early Childhood Australia submitted that workers currently receive very limited family violence training, despite the fact that families with young children are at greater risk of family violence.³⁸² Goodstart Early Learning submitted:

Once it has been identified that a child has experienced trauma associated with family violence, more could ... be done to ensure that educators understand the impacts on children and the implications for their learning and development, including flow on impacts for children's attachment with parents and other adults in their lives.³⁸³

Ms Gill Callister, Secretary of the Department of Education and Training, gave evidence that from September 2015, early childhood teachers must comply with mandatory reporting requirements for child abuse and neglect, including in the family violence context.³⁸⁴ There is, however, no requirement that staff be informed about family violence or its effect on children. Goodstart Early Learning noted that, as a result of this, its staff training in relation to family violence occurs only in the context of mandatory child protection training.³⁸⁵

The Commission also heard that the early childhood sector is relatively 'silent' in relation to family violence and the impact this may have on children's development and learning:

While there is literature in relation to risk factors and reporting of abuse, and programs available that support teachers in supporting young children experiencing child abuse and mental health issues (KidsMatter Program) there seems to be little mention of domestic violence, as a specific risk factor likely to cause trauma, anxiety and poor outcomes for young children, including mental health issues that have the potential to escalate if left unaddressed.³⁸⁶

The Commission for Children and Young People also expressed concern about the lack of family violence guidelines and other resources for early childhood workers:

Early childhood services, such as long day care and preschools or kindergartens, do not appear to have any specific guidelines or resources for staff in relation to family violence. This is quite concerning given the young age of children being cared for, the likelihood of a high prevalence of family violence occurring, and an apparent lack of training and guidance for staff in being able to recognize indicators of family violence and implement appropriate intervention including referral.³⁸⁷

The Commission asked the Victorian Government for copies of departmental evaluations, policies, practice notes, operational guidance, training and practice materials relating to the introduction and implementation of family violence risk assessment practice—including the Family Violence Risk Assessment and Risk Management Framework (also known as the Common Risk Assessment Framework or the CRAF)—within Early Childhood Services and was told that no relevant documents were identified.³⁸⁸ However, the Department of Education and Training told the Commission (in answer to a separate request) that there are various guidelines in place for action following completion of the family violence flag in the early childhood data set.³⁸⁹

The Commission heard that collaboration between family violence services and other services that have contact with children could also be improved; for example, Goodstart Early Learning expressed the view that family violence services are not always aware of the support early childhood centres can offer, such as fee waivers.³⁹⁰ Early Childhood Australia submitted that collaborative partnerships can improve outcomes for children including by supporting families to access appropriate resources within the community.³⁹¹

The Commission heard that early childhood workers need to expand their capacity for early identification, appropriate responses and the development of referral pathways.³⁹² The Commission was told that early childhood services already have strong connections with the child protection system and that building stronger relationships with the family violence system would be the next step in supporting children and families.³⁹³

An example of a capacity building initiative is the Whittlesea Early Years Family Violence Working Group which aims to strengthen integration between family violence services and early years' services.³⁹⁴ It enables practitioners from a range of services to 'share practice expertise, engage in group problem solving and access peer support with a particular focus on the needs of children (aged 0 to nine years) who have experienced family violence'.³⁹⁵

The Commission heard that, like early childhood services, staff within schools must have the capacity to respond to violence, and link effectively to services. However, the Commission heard that educators do not necessarily have the skills to identify and respond to family violence and referral pathways are under-developed.³⁹⁶ The Association of Child and Family Development submitted that:

There is currently a disjointed systemic approach to addressing these behaviours in the education system, with kindergartens and schools 'referring out' for assistance.³⁹⁷

One person at a community consultation said that schools could use some more training and that they are very unsupportive and don't want to get involved.³⁹⁸ The Commission was also told that there are limited referral pathways for schools because of the lack of child-focused specialist family violence services for children and young people.³⁹⁹

Gaps in service responses

Police and courts

Some submissions noted that police may overlook the details of children when making an L17 referral and suggested that more training would help to improve the capture of information related to children.

Further the information collected on the police VP form L17 highlights the need for ongoing training and improvement in police identification and recording of details about children who regularly reside at, or regularly access, the address of the family violence incident, regardless of whether the children are present or not at the time that the police attend. In addition, police skills need to be enhanced in relation to responding to children in these incidents and the narrative content communicated in the VP form L17.⁴⁰⁰

It was reported that the structure of the current L17 form omits the collection of some information specifically related to children. For example, Berry Street recommended that information about whether a child has intervened to stop violence against their mother should be captured, and that the L17 incident codes to be extended to include incident codes for specific risks to children, such as physical assault to child, child sexual assault, threats to abduct, threats to harm or kill or reference to murder or suicide.⁴⁰¹

The Commission was also told there are issues associated with having multiple police referral points for children experiencing family violence, which have introduced further complexities into the system.⁴⁰² The Commission discusses this and makes recommendations regarding this in Chapter 13.

Some stakeholders expressed the concern that children affected by family violence were not being listed as affected family members on family violence intervention orders.⁴⁰³ This concern was among those raised in Deakin University's Landscapes of Violence report on women experiencing family violence in regional and rural Victoria.⁴⁰⁴ In this research, based on court observations and semi-structured interviews with survivors, workers, lawyers and magistrates, the authors reported hearing of many instances where magistrates were reluctant to include children on FVIOs, particularly in privately initiated applications.⁴⁰⁵ The researchers further noted that, because there is limited space on the FVIO information form to explain the circumstances in which the child may have witnessed violence, magistrates may view such claims as an 'add-on' to the substantive application.⁴⁰⁶ Of particular concern is the report's assertion that:

Workers and women alike told the researchers that private and Legal Aid lawyers for both parties often place a great deal of pressure on women not to include children by arguing that the respondent will consent to an FVIO as long as the children are removed from the application.⁴⁰⁷

Specialist family violence services

Few services are available to directly assist children. A lot of family violence services are, rightly, geared towards assisting the adult survivor, and the general needs – for example, parenting, finances, housing – of the mother and children. But it is hard to access play therapy or specific supports for children. There is often a requirement that therapy for children can only occur once the family is settled and safe. Access to play-based sessions for children would be beneficial for some children in helping them deal with the situations they have experienced. The challenge is to support and enable children to have a voice and be able to share what is happening for them in their families while violence is occurring.⁴⁰⁸

Like Integrated Family Services, specialist family violence services have generally assisted children by providing support for their mother.⁴⁰⁹ Domestic Violence Victoria, the peak body for specialist family violence services, argued the sector has long recognised the need for specialised responses for children and young people, but that underfunding has created demand pressures that have precluded services from responding to either the crisis or ongoing needs of children and young people.⁴¹⁰

The lack of prominence of individual children and young people within the specialist family violence services sector extends to the data collected, which counts children as 'add-ons' to their mothers and does not capture their individual support and counselling needs.⁴¹¹

Nevertheless, Victoria's 2008 practice guidelines *Women and Children's Family Violence Counselling and Support Programs* endorse the principle that responses to family violence can be improved through better recognition of the independent rights and needs of children.⁴¹²

The Department of Health and Human Services has also developed the *Assessing Children and Young People Experiencing Family Violence* practice guide to help family violence workers meet the needs of children affected by such violence. The guide is based on a number of principles, one of them being that children have unique experiences of family violence and are 'service users in their own right', with each child requiring independent assessment.⁴¹³ The guide is mandatory for the Risk Assessment and Management Panels, (RAMPs).⁴¹⁴ It is not mandatory for the family violence specialist support services programs (counselling for women and children)⁴¹⁵ or women's refuges.⁴¹⁶

Submissions said that despite the sector's recognition of children's independent needs, there is insufficient resourcing and workforce capacity to provide suitable services and adequately cater for children's needs.⁴¹⁷ The Australian Institute of Family Studies stated that the family violence sector is currently limited to providing crisis support for children as it lacks the resources to provide continuing assistance or to evaluate its interventions.⁴¹⁸

The Commission heard that the specialist family violence sector consistently points to the need for programs that target children, but that funding streams do not reflect this.⁴¹⁹ The result is that family violence services are often unable to support children separately from their non-violent parent.⁴²⁰

Domestic Violence Resource Centre Victoria submitted that specialist family violence services are primarily funded to work with adult victims and most do not receive dedicated funding for case management of children.⁴²¹ Safe Steps Family Violence Response Centre submitted that they, along with other specialist family violence services, 'regularly work with children, however most family violence services are not specifically resourced to meet children's needs'.⁴²² It also noted that 'there are no resources specifically allocated to supporting children, and some resource allocation models work against agencies' efforts to support children'.⁴²³

Homelessness service, WAYSS, told the Commission that it has two dedicated children's case workers who provide individualised case management but this is not enough to support a large number of the children experiencing family violence who are linked to WAYSS services.⁴²⁴ A participant in a community consultation stated: '[A] [s]ingle worker may have eight clients, there may be 40 children for these eight clients—how do you assess the needs of all those children?'⁴²⁵

An evaluation by Hanover Welfare Services and HomeGround Services—now known as Launch Housing—of its Homeless Children's Specialist Support Service program found that the needs of children and young people who enter the homelessness system (including family violence refuges) are not adequately addressed:

While the situation may be marginally better in the family violence sector, most refuge services are not resourced to look after the needs of children/young people. Many services do not have designated workers to focus on the needs of children. Of those that do, the evaluator is aware of concerns that many of them are not adequately trained.⁴²⁶

Ms Bunston gave evidence that that refuge workers 'often feel very under skilled in working with children and most certainly with infants'.⁴²⁷ She further stated that women's refuges are 'ideal places' to work with infants and children since these individuals are usually the most damaged and traumatised victims of family violence and there are enormous opportunities for engaging with them in this setting.⁴²⁸

In order to improve the response, Domestic Violence Victoria suggested that specialist family violence services should be funded to provide children-specific support services and that a child specialist should be placed in each family violence service to provide individual counselling to children and young people, as well as assisting family violence workers in their work on mother-child relationship issues.⁴²⁹ Similarly, McAuley Community Services for Women submitted that there should be case management for children in 'all women's refuges (with quality assurance and monitoring) to focus on the individual child as well as rebuilding/repairing family trust and bond'.⁴³⁰

Integrated Family Services

The Commission was told that due to demand pressures and their role in crisis response, it is likely that specialist family violence services prioritise working with women who are at the point of leaving, while Integrated Family Services may be more likely to work with families where the perpetrator is still in the home and where there may be other factors that impact on a parent's capacity to meet their children's developmental needs such as substance abuse, housing stress, or mental health issues.⁴³¹

While recognising that specialist family violence services and Integrated Family Services often undertake similar roles such as advocacy and support, it was noted that:

...one of the unique aspects of the family services sector is that we provide support to women, children and young people who are still in a relationship with the perpetrator.⁴³²

A number of submissions suggested that Integrated Family Services required further resources to enable it to respond earlier with families experiencing difficulties, including family violence.⁴³³ The Centre for Excellence in Child and Family Welfare, the peak body representing Integrated Family Services providers, told the Commission that due to the high level of demand, Child FIRST had to prioritise services.⁴³⁴ Safe Steps submitted that in its experience 'Child FIRST and Early Intervention services are under-resourced to meet demand for children who have experienced family violence who are not at immediate risk'.⁴³⁵

A number of Integrated Family Services providers also noted that as a result of demand pressures, there was tension between responding to increasing numbers of referrals via the L17 process, and responding to those who may not be in crisis but are still experiencing difficulties, including children and young people at risk of family violence.⁴³⁶

Family services focus on building the capacity of parents to address their children's needs. The importance of the parenting role is reinforced by the emerging research findings that indicate that the key point of intervention is strengthening of the mother-child relationship that has been impaired by the family violence, in the post-crisis period.

While a wide range of programs and approaches are delivered within the scope of Integrated Family Services, the dominant approach by family services is working with the parent(s) rather than directly with the child and while Child FIRST/Integrated Family Services is considered to be improving responses to families with children, some have concerns regarding their effectiveness in relation to family violence.⁴³⁷

Families may need either specialist family violence services or Integrated Family Services at different times, depending on risk. Both may be needed, potentially simultaneously if a woman is getting support around managing the violence from a specialist and also needs family services support in relation to parenting, or the child's development needs. The lead service response might also change as the level of risk changes, and as the victim moves towards recovery.

The Commission heard that families affected by family violence would substantially benefit from greater cross-sector collaboration between specialist family violence services, Child Protection and Child FIRST.⁴³⁸ It was acknowledged that there is a need for improvements to ensure a more coordinated and integrated approach.⁴³⁹ Some suggested placing specialist family violence children's workers inside Integrated Family Services teams, in particular when the perpetrator is still in the home.

Specialist workers/therapists with Family Violence experience should be embedded within IFS and Child FIRST teams focussing on children and young people and their short and long term needs. These workers should be prepared to work alongside Family Support workers within family units where the perpetrator has not left the family, providing specialist expertise and strategies to manage this issue.⁴⁴⁰

These issues are discussed further and recommendations made in Chapter 13. Recommendations regarding enhanced resources for Integrated Family Services are also made in that chapter.

Lack of counselling and therapeutic interventions

The National Children's Commissioner in her *Children's Rights Report 2015* observed that child victims of family violence are currently provided therapeutic support based on the needs of their parents rather than based on their specific needs.⁴⁴¹ Similar views were expressed in the Commission's community consultations:

[It's a] [m]isnomer that if you treat the mother, the child will be ok.⁴⁴²

Often there's so much support for the parents and the children often aren't included in the support. You're not necessarily re-traumatising them by talking about it. By not talking about it you're denying their experience. It's all about how can we train people so that they can do that in a safe way.⁴⁴³

The Australian Institute of Family Studies submitted that, once immediate safety has been secured for a child, trauma-based and culturally sensitive therapeutic interventions are important and considered best practice.⁴⁴⁴ Angicare Victoria described the benefits of child-focused counselling and support:

Counselling focuses on strengthening the parent-child bond, which is often undermined by violence and its effects ... Counselling also focuses on helping children develop strategies to manage anxiety and other issues related to their trauma, and helping mothers to understand the impact of such traumatic experiences on their children, and steps they can take to ameliorate this impact.⁴⁴⁵

The evidence before the Commission, however, was that lack of resources means that not all children and young people who have experienced family violence are benefitting from counselling or more intensive therapeutic interventions (where these are required).

While some individual and group programs specifically for children have been introduced, the Commission heard that these programs tend to be 'very limited in capacity, time and contingent on insecure funding'.⁴⁴⁶ Ms Bunston told the Commission that while the availability of therapeutic services [for children] 'is pretty poor ... what is available can sometimes lack sophistication therapeutically'.⁴⁴⁷ She further identified that programs that had achieved positive results no longer operated or did so on an ad hoc basis.⁴⁴⁸

The Gippsland Integrated Family Violence Service Reform Steering Committee told the Commission there is a shortage of counselling services for children who have experienced family violence, and waiting lists are long.⁴⁴⁹ This is particularly the case in rural and regional areas.⁴⁵⁰ Central Goldfields Shire Council submitted:

There is limited access to specialist children's counselling and support services who are aware of the impact of exposure to violence on children's emotional, intellectual and social development. Those services available are only available regionally and only cater to the extreme cases such as child sexual abuse.⁴⁵¹

Cobaw Community Health Service also noted the lack of statewide coordination of children's counselling services and limited opportunities for networking to develop consistent best practice standards.⁴⁵²

Barwon Area Integrated Violence Committee submitted that Barwon Centre Against Sexual Assault provides trauma-related therapeutic support for children affected by violence and abuse 'but the service is experiencing significant demand beyond its capacity'.⁴⁵³ The committee stated that 'reducing the impact of family violence and abuse on children and delivering appropriate therapeutic interventions is [a] priority area requiring urgent attention'.⁴⁵⁴

Trauma-informed and therapeutic interventions

The Commission heard evidence that supports the importance of trauma-based therapeutic interventions for children and young people. Dr Miller told the Commission that these interventions can have a powerful impact: for young children, whose brain development is occurring at a rapid rate, early intervention is essential to prevent poor outcomes in the long term and can be a way of breaking intergenerational cycles of violence.⁴⁵⁵

The Play Connect arts therapy program, delivered under the auspices of the Loddon Mallee Homelessness Network, has also been identified as a successful initiative, as have the programs offered by the Royal Children's Hospital.⁴⁵⁶ Other sorts of programs with a mentoring focus such as Big Brother and Big Sister can also provide role models who demonstrate non-violent behaviours, positive adult behaviour and healthy relationships.⁴⁵⁷ Dr Miller gave evidence that such programs can help build the resilience of young people through the development of trusting, ongoing relationships with volunteers who also act as alternative role models.⁴⁵⁸

Although the cost of these programs is relatively small, they have been consistently underfunded.⁴⁵⁹ One of the themes to come out of the Commission's hearings and consultations is that there is little continuity in program availability—many programs are funded for a short period of time and then the funding stops.⁴⁶⁰

The Commission heard that early therapeutic intervention for young people is essential before 'windows of opportunity' are missed—that is, while young people still have connections with extended family and are attending school and before they have become chronically homeless or are engaging in risk-taking behaviours.⁴⁶¹

Failing to intervene at this formative stage can lead to the normalisation of violence: Melbourne City Mission's submission argued that the 'marginalisation of the trauma needs of this cohort is creating the conditions for young women to normalise intimate partner violence and young men to become perpetrators'.⁴⁶² Similarly, Youthlaw argued:

To prevent long term psychological consequences of family violence there must be a large injection of funding into youth appropriate therapeutic services for young people who have experienced family violence. These services need to be accessible and flexible (eg salaried psychologists not sessional & allowing a degree of drop in, and integrated with other youth services). We recommend a starting point would be availability of therapeutic services through youth services that currently support vulnerable young people presenting with homelessness, substance abuse and mental health issues.⁴⁶³

Many submissions called for an expansion of access to therapeutic services. Some proposed that trauma-specific services for children and young people who have experienced family violence should be available within family support services.⁴⁶⁴

The Australian Childhood Foundation, a provider of one of the few specialist programs currently available, recommended that a network of Child Trauma Centres be established across the state to enable the short and long term provision of therapeutic services to children and their networks of adults.⁴⁶⁵

Best practice working with mother and child

The Melbourne Research Alliance to end violence against women and their children told the Commission there is emerging research that indicates the most effective response in the post-crisis period for both women and their children is for them to receive therapeutic interventions together.⁴⁶⁶ This can take the form of parallel women's and children's groups or joint mother-child counselling.⁴⁶⁷ The Commission for Children and Young People submitted:

... the emphasis must be on strengthening the communication between the mother and child and addressing their interconnected needs as part of recovery planning. Intervention should be focussed on supporting the mother and child to move from crisis and trauma to greater stability, and establish a trauma narrative to make meaning out of their individual and joint experiences, look at their identity in the future, and develop a hope based narrative.⁴⁶⁸

Working therapeutically with mothers and children for 12 months can 'decrease children's symptoms of traumatic stress, and depressive symptoms in the child and mother'.⁴⁶⁹ It has also been shown that therapeutic support for children and parents together after a potentially traumatic incident (such as witnessing a physical assault) can decrease the child or young person's propensity to develop post-traumatic stress disorder.⁴⁷⁰

Anglicare Victoria submitted that group work interventions can also be effective—for example, their Beyond the Violence program referred to earlier. Anglicare Victoria surveyed 15 families who participated and found that 87 per cent of the parents thought the program had improved their parenting, 80 per cent said they were more confident in responding to their children's behaviour, and 80 per cent reported improved relationships with their children.⁴⁷¹

The Commission also heard about group work programs which started in 1996 at the Royal Children's Hospital Mental Health Service. 'Parkas' ('parents accepting responsibility kids are safe') is a ten-week group program for children aged eight to 12 and their mothers affected by family violence. Evaluations of the program conducted in 1999 and 2006 reported positive outcomes and overall improvement in children's functioning.⁴⁷² Therapeutic group work with children affected by family violence is described as 'deeply relational', and involving 'an appreciation of and great respect for the relating style children possess and the defences they have adopted in order to survive'.⁴⁷³

Emerging evidence also shows that the most effective interventions for children respond to both the child's caregiver and the child themselves in order to rebuild the bond between them, which might have been compromised as a result of family violence.⁴⁷⁴ A strong mother–child relationship can be important for the recovery of both mother and child, who can be 'promoters' of recovery for each other.⁴⁷⁵

The Commission heard evidence that there is, however, only limited funding for this type of therapeutic intervention. For example, Berry Street's Turtle Program focuses on restoring the mother–child relationship and has 'shown promise' and 'been valued as effective', but it remains a temporary program.⁴⁷⁶ Similarly, Berry Street noted that children experiencing family violence currently 'receive limited and in some cases no service responses that target their relationships'.⁴⁷⁷

Barriers faced by young people experiencing family violence

The Commission received evidence about why young people experiencing family violence may not seek support, and how best to reach those young people.

The Youth Affairs Council of Victoria submitted that young people are less likely than other age groups to seek help, and that this reluctance may be a consequence of 'confusion, poor self-esteem' and lack of accessible information.⁴⁷⁸

Youthlaw emphasised that, when developing family violence services for young people, young people's tendency to rely on pre-existing support networks and their reluctance to seek assistance directly from other services must be borne in mind.⁴⁷⁹ For example, referring a young person to a general practitioner in order to gain access to Medicare-funded counselling will probably be ineffective if the person is unlikely to attend the appointment or the counselling.⁴⁸⁰

It is well established in the youth sector that young people, and particularly vulnerable youth do not readily seek services they need and that they have a very high drop out and low attendance when referred to external or appointment based services. Young people tend to seek services from those they trust including caseworkers, family and teachers. In regard to seeking legal assistance we know that young people rarely directly seek assistance. We factor this into the design and location of our services including co-location and integration with other youth services and outreach methods that connect with vulnerable groups of young people.⁴⁸¹

Face-to-face contact is important:

When talking about young people—the face to face contact really matters—phone stuff doesn't work. People drop off. You need a warm referral for young people.⁴⁸²

The Commission was informed that many young mothers escaping family violence do not seek out available legal services in relation to family law and child custody disputes.⁴⁸³ This can be a consequence of confusion, lack of information or poor self-esteem and can have adverse impacts—not only for the woman's wellbeing but also for that of her children.⁴⁸⁴ In addition, they may not see family violence services as relevant to their own intimate partner relationship because they perceive family violence as 'adult' behaviour.⁴⁸⁵

The Commission was also told during community consultations that high numbers of young parents, particularly in regional areas, come to court to obtain an intervention order but then drop out of the system.⁴⁸⁶ This could be an important point of intervention, presenting the opportunity to link young parents to other youth-specific services they might not seek out themselves.

The Commission heard there is currently a lack of coordination between different youth services and between the youth and family violence sectors, both of which are under pressure from high demand. The Youth Affairs Council of Victoria submitted that current interventions for young people experiencing family violence are 'diverse and piecemeal' and involve a range of short-term projects.⁴⁸⁷

The Commission heard there is also a need to improve communication between family violence and youth homelessness services. Melbourne City Mission submitted that family violence services often make referrals without providing sufficient information to the young person or the agency.⁴⁸⁸ It expressed concern that such 'cold' referrals perpetuate feelings of disempowerment and could cause young people to return to unsafe homes or 'informally enter homelessness by couch-surfing or sleeping rough'.⁴⁸⁹

The Commission heard that youth services—including homework clubs, arts and recreation groups, and specialist services such as homelessness and drug and alcohol organisations—can play an important role in supporting young people experiencing family violence because they represent a non-threatening, 'soft' entry point.⁴⁹⁰ Youth workers work with the young person as the primary client in their own right, 'acknowledging their developing independence, and supporting them to make decisions about their own lives'.⁴⁹¹

The youth sector's interventions aimed at assisting young people experiencing family violence are diverse and include programs such as You, Me and Us, which is a peer educator initiative of Women's Health West Inc.⁴⁹²

The Youth Affairs Council of Victoria submitted that youth services' current interventions aimed at supporting young people experiencing family violence should be evaluated and assessed for their scalability.⁴⁹³ It also noted a 2012 survey it conducted with the Council and the Victorian Council of Social Service of 213 youth services, which found that about a quarter of respondents identified 'sexual assault/domestic violence' as an area of unmet need.⁴⁹⁴

The Commission also heard that youth refuges need to become better at identifying family violence and linking young people to other services if they are unable to provide the services themselves. Youthlaw submitted:

We also observe in the youth service sector and even in our own service that services do not ask about family violence. Increasingly they are doing so (eg. Frontyard) and the data are revealing very high numbers have been exposed to family violence.⁴⁹⁵

The Youth Affairs Council of Victoria submission stated that youth workers should be trained to identify family violence—for example, through youth-focused CRAF training—and to support young people who disclose experiences of it.⁴⁹⁶ Such training should cover cultural competency and family violence among young people from culturally and linguistically diverse and Aboriginal and Torres Strait Islander backgrounds. It should also highlight the unique experiences of same-sex attracted and gender diverse young people and young people with disabilities.⁴⁹⁷

The Commission received proposals for a number of youth family violence-specific initiatives including for the creation of a new service that would be supported by a youth-specific portal.⁴⁹⁸ The Youth Affairs Council of Victoria submitted that existing websites educating young people about healthy relationships—among them Domestic Violence Resource Centre Victoria's Bursting the Bubble—could also be expanded.⁴⁹⁹

It would be useful to consider whether anti-violence initiatives could draw on the findings of models such as eheadspace's online and telephone counselling service, the apps and online forums developed by ReachOut.com, and the Online Wellbeing Centre being piloted by the Young and Well Cooperative Research Project, which links young people to tools about health, relationships, thoughts and emotions.⁵⁰⁰

Youthlaw recommended co-location of services as a means of countering young people's reluctance to seek support from specialist services independently:

A starting point could be a number of services located together with current frontline services that support vulnerable young people presenting with homelessness, substance abuse and mental health issues (such as Frontyard, Youth Support Advocacy Service and Headspace). Such services could include therapeutic services ... These services should be fully integrated with the online/phone service ... and other family violence services (eg safe steps).⁵⁰¹

Lack of accommodation for children and young people

There are two types of crisis accommodation for young people experiencing family violence: youth refuges, and women's family violence refuges. The Commission heard evidence that both have major limitations.

Youth refuges

Youth refuges are funded to provide crisis accommodation and support for young people aged 16–25 years.⁵⁰² Immediate safety and security are the first priority for young people escaping family violence and are a necessary precondition for effective therapeutic interventions that seek to encourage healthy relationships, self-development and the generation of life skills.⁵⁰³

The Commission heard that Victoria's youth refuges have insufficient capacity to meet demand: in June 2014 there were 20 youth refuges, and in July 2015 they had a combined total of 159 beds.⁵⁰⁴ Melbourne City Mission noted that its Frontyard Integrated Youth Services receives more than 200 requests a fortnight from young people with nowhere to sleep.⁵⁰⁵ They stated that with only 109 beds available in metropolitan Melbourne (in 15 youth refuges), demand greatly exceeds supply and the turn-away rate is about 66 per cent.⁵⁰⁶

In Traralgon, the Commission was told there are only 16 beds in the entire region for young people experiencing homelessness.⁵⁰⁷ In addition, Hope Street Youth and Family Services highlighted the lack of crisis accommodation for young people in growth corridors, as outlined in Hope Street's recent report *Responding to Youth Homelessness in the City of Melton*.⁵⁰⁸

It was noted in evidence that young people living in rural, regional and remote communities who do manage to gain access to a youth refuge can find themselves far from their original home and community and isolated from specialist support services and other networks.⁵⁰⁹

If a bed in a youth refuge is not available, the Commission heard that alternative accommodation options for young people are often inappropriate or unsustainable, or both:

In the absence of a youth refuge bed, if a young person is not able to return home because of family violence or family breakdown and is not able to draw on their personal networks to find emergency shelter, the alternative accommodation options are cheap motels and backpacker accommodation. These are neither a sustainable (long-term) option nor a safe option for young people (although they are marginally safer than sleeping rough).⁵¹⁰

Melbourne City Mission said it 'reluctantly' spends about \$100,000 a year on sub-standard accommodation for young people because a place in a youth refuge is not available.⁵¹¹

The maximum length of stay at a youth refuge is usually six weeks.⁵¹² The lack of long-term accommodation options for young people can result in blockages in the refuge system, where there is no option but to extend the person's stay. Melbourne City Mission cited an example of this:

In one recent case, Melbourne City Mission supported a 16-year-old woman from a CALD background to remain at a youth refuge for 12 months, in order to complete Year 11, find part-time employment and secure stable long-term accommodation. The young woman had no family networks beyond her adopted mother (who perpetrated violence).⁵¹³

Mr Arthur Rogers, Deputy Secretary, Social Housing and NDIS Reform and Director of Housing, Department of Health and Human Services, gave evidence that additional resources have been allocated under the National Partnership Agreement on Homelessness (a two-year agreement for 2015–16 and 2016–17) for seven youth refuges to deliver a model of service that focuses on specialist support, family reconciliation and follow-up support.⁵¹⁴ The Commission notes that this is not a family violence initiative and that reconciliation may not be appropriate when violence is or has been present and the young person remains at risk.

Women's family violence refuges

As discussed in Chapter 9 women's family violence refuges are not always accessible to or suitable as accommodation options for young people experiencing family violence. One victim told the Commission: 'I was in a community refuge ... communal lounge ... it was a bit traumatic ... there were so many people, I was young, I was still scared to talk'.⁵¹⁵

Melbourne City Mission told the Commission the arrangements in some women's refuges can be inappropriate for young women who are not at high or imminent risk.⁵¹⁶ Social connections form a large part of young people's identity and are also an important protective factor,⁵¹⁷ so a requirement to cease contact with friends or to refrain from using social media can be isolating and can exacerbate trauma, causing some young women to return to unsafe situations.⁵¹⁸

Some young people face additional difficulties:

- ▶ Young men who are forced to leave their homes as a result of family violence cannot use family violence refuges for women and children. In addition, as discussed in Chapter 9, sometimes male adolescents accompanying their mother are also excluded.⁵¹⁹
- ▶ Contributing to the difficulty associated with leaving a violent relationship is the lack of suitable accommodation for young mothers. The Commission for Children and Young People noted that youth refuges are an option only for young people without children.⁵²⁰
- ▶ Youth refuges might not have the same kind of security as family violence refuges.⁵²¹ The Commission was told this can place young mothers in a difficult position if their children are in out-of-home care and the young mother is trying to demonstrate they can offer a secure home to their children. They will need flexible accommodation that is available to them when they do not have their children with them, and subsequently if they are reunited with their children and require different accommodation.⁵²²

Lack of long-term accommodation for young people

The Commission heard that although the lack of affordable housing in Victoria is a problem for many in the community, it can particularly affect young people, who might be unable to secure private rental accommodation because of both cost and age discrimination.⁵²³ In addition, young people are often excluded from certain types of social housing due to eligibility criteria—for example, a failure to satisfy income requirements.⁵²⁴ Hope Street Youth and Family Services told the Commission that in 2013–14 only one per cent of young people from its crisis accommodation programs were successful in gaining access to community housing.⁵²⁵

In Victoria, the minimum age at which a person can enter transitional housing in their own right is 15 years.⁵²⁶ Young people who go to adult homelessness services but are under the age of 15 are referred to local adolescent community placement services or protection and care units at Department of Health and Human Services divisions.⁵²⁷ Adolescent community placement services provide short and long-term out-of-home placements with approved caregivers.

A related issue is the need to provide appropriate support to the young person alongside the accommodation, so that if they secure a tenancy, they can maintain it. This goes beyond being able to afford rent and can include the need for other supports.

It was submitted that a cycle can develop whereby young people reach the end of their support period in transitional housing and, having failed to secure long-term housing, are forced back to a homelessness access point to re-apply for crisis accommodation.⁵²⁸

The way forward

The Commission heard that being exposed to family violence as a child can have a profound impact on a young person's future.⁵²⁹ If children's schooling is disrupted—for example if escaping family violence means moving away from their home—this will likely affect their chances of obtaining and keeping a job as poor educational outcomes can severely limit life opportunities. Family violence can also lead to children being placed in out-of-home care, which is associated with poorer long-term outcomes for a child.⁵³⁰ This can trap them into poverty, wasting their potential and their talents. Given the number of children and young people affected by family violence, the social and economic costs of this are likely to be significant.

In this section the Commission discusses the need for a system-wide, coordinated response to the specific needs of children and young people, in particular their emotional needs, and makes recommendations to extend the range and quantum of counselling and therapeutic services available to them.

Underpinning these recommendations is the Commission's view that children and young people experiencing family violence should be recognised as victims in their own right—and that their safety and wellbeing are paramount.

In other parts of this report, the Commission makes recommendations to improve the accessibility of specialist family violence services and other agencies, and to support workforce learning and development required to achieve inclusion. We also recommend improvements to risk assessment for children in Chapter 6.

In implementing the Commission's recommendations, these are the principles that should apply in relation to children and young people:

- ▷ Children and young people experiencing family violence should be recognised as victims in their own right and have their needs acknowledged.
- ▷ Children and young people have different needs—this should be recognised when planning and delivering responses to family violence.
- ▷ Many children and young people display great resilience in the face of family violence. Interventions should preserve and strengthen protective factors that might mitigate the effects of family violence, noting that the majority grow up to be neither perpetrators nor victims in their adult relationships.
- ▷ Interventions and support for children and young people who have experienced family violence should focus on:
 - ▷ keeping them safe
 - ▷ supporting them in their recovery from the effects of family violence
 - ▷ providing the right level and type of support when it is needed and for as long as it is needed. Not all children and young people will require an intensive therapeutic approach but those that do should have timely access to this.
- ▷ Services should be accessible, inclusive and responsive to the needs of all children and young people.

A family violence system that includes an equal focus on children and young people

The right of children and young people to live free from violence should be at the centre of family violence policy and practice. Their interests and welfare should be a primary focus—not a secondary consideration for action after the needs of the parents have been accommodated. In view of their unique experiences and vulnerabilities, young people also need to be recognised by the family violence system as a specific cohort, independent of adults and children.⁵³¹

In implementing the Commission's recommendations, services should place children at the centre of responses to family violence so that their safety and wellbeing are paramount. The rights and needs of children should be reflected at a contractual and program standards level to ensure they are upheld in practice. Therefore, the Commission therefore recommends that the Department of Health and Human Services specifically address the rights and needs of children and young people, including how services respond to and integrate their rights and needs in their practice and in the standards of practice for specialist family services and Integrated Family Services.

It is clear that refuges, and specialist family violence services more broadly, currently lack the capacity to respond directly to the needs of children who have experienced family violence. Further, there is a lack of specific family violence services for children and young people in the crisis and post-crisis periods. All of this is exacerbated by increasing demand.

Similarly, for Integrated Family Services, including their intake point Child FIRST, increased demand, issues with the referral pathway, as well as a focus on parenting assistance, mean these services have limited capacity to provide the intense level of support needed to meet demand for children and young people experiencing family violence. This means there is a missed opportunity to intervene earlier and change the trajectory of the child's experience.

We note Ms Bunston's evidence that women's refuges are 'ideal places' to work with infants and children,⁵³² and to start the work to recover. There are also opportunities to work across other disciplines and settings, including through family and health services, schools and youth services. Child-specific family violence programs could be linked with early childhood services, for example by providing family violence counselling and art therapy at child-care centre locations using family violence specialist counsellors and facilitators.

Some examples of effective interventions are noted; however, it is clear these initiatives, welcome though they are, are reliant on the efforts of services already at capacity and are not supported in any systemic way. A much more comprehensive approach to supporting children and young people is needed in order to make the family violence system truly responsive to their needs.

Recommendation 21

The Victorian Government ensure that all refuge and crisis accommodation services catering to families have adequate resources to meet the particular needs of the children they are accommodating, including access to expert advice and secondary consultations in supporting children [within 12 months].

Protecting children with family violence intervention orders

The Family Violence Protection Act allows the court to make a final FVIO if satisfied that the respondent has committed family violence against the affected family member/s and is likely to continue to do so or do so again.⁵³³ Further, before making a final order—even where it has been proposed by mutual consent of the parties—the court must consider whether there are any children who have been subject to family violence, and may, by its own motion, make an FVIO in respect of any child, or include the child in the adult affected family member's FVIO if their need for protection is 'substantially the same'.⁵³⁴

In the Commission's view, it is important, and consistent with the intention of the Act that children who have experienced violence (including through witnessing, hearing or being exposed to it) and are at ongoing risk are protected, either by their own FVIO or by inclusion in an FVIO.

Based on figures noted earlier in this chapter there are disparities between the number of family violence incidents attended by police at which children are present, the number of children recorded by police as affected family members, and the number of children listed on original FVIO applications.

While it is difficult to compare data sets from different agencies, it appears that not all children who are witnessing (or otherwise experiencing) family violence are being considered for protection by an FVIO.

We urge the Victorian Government to address this issue and, in consultation with Victoria Police and the courts, to consider means to ensure that where family violence gives rise to an FVIO application and a child is involved (including through witnessing, hearing or being exposed to the violence), that child is listed on the FVIO.

A rebuttable presumption that a child who has experienced family violence (including through witnessing, hearing or otherwise being exposed to it) is protected by an FVIO should be introduced. We accept that police and courts may require additional resources to comply with that presumption. Nonetheless, in our view it is an option that should be adopted.

Recommendation 22

The Victorian Government amend the *Family Violence Protection Act 2008* (Vic) to establish a rebuttable presumption that, if an applicant for a family violence intervention order has a child who has experienced family violence, that child should be included in the applicant's family violence intervention order or protected by their own order [within 12 months].

Ensuring schools and early childhood services are equipped

The Commission heard that although there is much evidence of the various deleterious impacts of family violence on children and young people, this knowledge has not been incorporated in universal services' practices and not fully understood by workers who have direct contact with children.

Given that social, psychological and cognitive harm is cumulative and compounded by ongoing exposure to family violence, it is essential that interventions start as early as possible. Early intervention for children experiencing family violence is 'critical to disrupting intergenerational cycles of family violence'.⁵³⁵

As part of this, early childhood services and schools have a crucial role to play in identifying, responding and preventing family violence. As Ms Callister, Secretary of the Department of Education and Training observed in her witness statement, the services of the department are universal, touching on the lives of every Victorian, and children and young people spend a substantial amount of their time in schools.⁵³⁶

It is thus essential that early childhood services and schools augment their capacity to recognise when children are experiencing family violence and provide assistance including linking them to suitable services. We also understand that because of the current lack of child-focused specialist family violence services for children and young people, there are limited referral pathways for schools and other universal services to utilise.

In August 2015 the Victorian Government announced the statewide inclusion of respectful relationships education in the school curriculum from 2016.⁵³⁷ We consider this to be a positive step and have made recommendations about the scope of that program. Chapter 36 provides a detailed discussion of and makes recommendations around primary prevention programs in schools.

As the Commission has previously noted, the effective implementation of respectful relationships education requires a whole-of-school approach.⁵³⁸ Best practice in respectful relationships education requires programs to respond appropriately to disclosures of victimisation.⁵³⁹

This will mean that all school staff will need to be prepared for such disclosures and be supported in responding appropriately. School staff will need greater capacity to recognise the ‘warning signs’ of family violence—for example, when children lack concentration, become withdrawn or lash out at others—and to have referral procedures and strategies for linking affected families to services.⁵⁴⁰ They also need to be aware of the differing ways in which children respond to family violence—for example, internalised as opposed to externalised behaviour—and children’s differing coping mechanisms.⁵⁴¹ When family violence is identified, educators and other staff should be aware that this may be the first time a child realises that the behaviour they are experiencing at home is problematic and further, that respectful relationships education may be traumatic for some children.

Currently, family violence is included in educators’ annual online training modules on mandatory reporting to Child Protection. While this is helpful, given the anticipated increase in disclosures the family violence component of this training should be strengthened.

It is important that clear referral pathways are developed for children who disclose family violence when receiving respectful relationships education. As recommended by the Department of Education and Training in 2009, partnerships with specialist agencies will be important to provide the resources, training and other supports schools will require.⁵⁴² In particular, consultation with local family violence or sexual assault services should be encouraged.⁵⁴³ This not only builds capacity to respond but also ensures that students are linked to external support services where appropriate.

As discussed in Chapter 13, the Commission’s recommendations to augment existing secondary consultation by specialist family violence services, and the establishment of advanced practitioner roles in the proposed Support and Safety Hubs from 1 July 2018 should assist with this process.

Other recommendations of the Commission made in Chapter 40 including for the establishment of a Principal Practitioner, Family Violence in the Department of Education and Training should also assist schools, early childhood services and other education providers such as TAFE by providing proactive practice leadership in family violence. This will include developing guidance and resources, linking workforces to evidence based learning and development (including on the revised CRAF) and working across the department to coordinate family violence policy and practice with other relevant initiatives around vulnerable children and families, including those under *Victoria’s Vulnerable Children Strategy 2013–2022* and those targeting children and young people in out-of-home care.

Increased counselling and therapeutic options

In the submissions received by the Commission the concepts of trauma-informed responses to children, counselling support and more intensive therapeutic interventions were often spoken of interchangeably. What was clear was that children and young people need a range of supports to assist them to deal with the impact of family violence.

For some, particularly in the crisis stage—including when they must leave their home—simple things like having toys, access to play, being at school and having someone to talk to can be key. For others, intensive counselling or therapeutic work is required to assist the child or young person to recover. While these are all distinct interventions they share a common thread—of making sure the child or young person feels safe, valued, and heard. These services also need to respond in different ways to the trauma that family violence causes while recognising and building upon the resilience of the child.

The Commission was told that due to lack of adequate funding, the family violence and youth homelessness sectors are largely limited to providing crisis support for children and young people rather than ongoing assistance. The Commission heard that current funding levels for counselling and more therapeutic interventions for children and young people experiencing family violence are insufficient, despite evidence of their importance. We also heard the sexual assault sector is struggling with the demand for counselling services for children and young people.

In addition to keeping them safe, interventions and support for children and young people who have experienced family violence should focus on supporting them in their recovery from the effects of family violence. This is particularly important given the evidence supporting therapeutic interventions to prevent poor outcomes in the long term and as a way of breaking intergenerational cycles of violence.

The Commission has heard and accepts that an increase in the availability of counselling and other ongoing therapeutic supports for children and young people who have experienced family violence is urgently needed—particularly in rural, regional and remote areas.

In Chapter 20 we consider the availability of counselling for adult victims of family violence. We note there, consistent with the evidence presented in this chapter, that demand for counselling services under Family Violence Support Services (counselling) program exceeds availability. The Victorian Government requires that at a minimum, 30 per cent of counselling provided under that program be targeted to children. The Commission notes that in 2013–14, children accounted for 41 per cent of all people counselled.⁵⁴⁴

Based on the submissions we received regarding lack of access to counselling, it seems that child and adult victims of family violence are competing for a scarce resource. This is not in the best interest of either children or women trying to recover from family violence. Accordingly, in Chapter 20 we have recommended an increase in resources for that program.

The Commission received evidence that there is growing support for trauma-informed care and practice in Australia but that such an approach is not as developed in Australia as it is in the US.⁵⁴⁵ We consider the Victorian Government should fund expansion and evaluation of models of therapeutic intervention for children and young people who are victims of family violence, including age appropriate group work.

In considering the evidence, we identified two existing programs that with adaptation could make a significant difference to the availability of therapeutic support for children and young people. These can be conceptualised along a spectrum of intervention—with the first less intensive.

First, the Homeless Children's Specialist Support Service, which is unique because the child or young person is the primary client, has been positively reviewed.⁵⁴⁶ The Commission considers this model has merit in terms of providing multi-faceted assistance, both directly to the child and in supporting other services such as schools to provide a better response. This one-on-one case management support, group work and psychological support is the sort of assistance that many submissions spoke of as lacking—yet the program is only funded in four service locations.

Second, the Take Two program—which is a more intensive therapeutic program—is achieving good results. However, at the moment it is only available to children and young people in the child protection system. The Commission considers that the therapeutic basis of the program and its mode of delivery can and should be made available for children and young people dealing with the trauma of family violence regardless of their status inside or outside the statutory child protection system. This does not mean that every child who has experienced family violence needs this program. But for those whose level of trauma is such that an intensive intervention is required, a program with these types of features should be made available.

In implementing the Commission's recommendations, there should be a recognition that many children and young people display great resilience in the face of family violence, with the majority neither growing up to be perpetrators nor victims in their adult relationships. Interventions should therefore preserve and strengthen protective factors that might mitigate the effects of family violence and, in turn, interrupt the cycle of intergenerational violence. For example, as mothers play a vital role in mitigating the short and long-term effects of family violence, programs that focus on rebuilding and strengthening the mother-child bond are valuable.

The Commission considers that priority should be given to programs, such as the Turtle Program, that work to rebuild mother-child relationships. Outcomes of the research being led by Professor Humphreys on the experience of children whose fathers have used family violence will also be useful to inform any future investment in programs for fathers.⁵⁴⁷

The Commission recognises that not all children and young people will need programs. In some cases other options will be more appropriate. Some simply need help with practical items such as having clothing, books and toys and getting to school. Currently some brokerage money is held for these purposes by the children's resource worker positions across the state (the Regional Children's Resource Program). However, this is not a significant fund. In order to overcome long waiting lists for places in publicly funded programs, additional brokerage funds should be made available to enable the purchase of a wide range of services to assist children and young people to maintain their education and access social, recreational and support opportunities within their communities.

The Commission notes that Family Violence Flexible Support Packages may also be used to support children and young people. In Chapter 9 the Commission recommends a significant expansion of those packages. Within this, a clear focus on the specific needs of children and young people will be required.

Parenting programs for vulnerable families

Early parenting programs for women experiencing issues that may be affecting their parenting, including family violence, are also worthy of investment where such interventions have been evaluated or otherwise proven to work. Examples include Cradle to Kinder (currently being evaluated). Elsewhere in this report we discuss positive initiatives with young Aboriginal mothers including Aboriginal Cradle to Kinder and local programs such as from Bumps to Babes and Beyond—again these are only available in certain locations.⁵⁴⁸

In relation to Cradle to Kinder, the Commission notes that many of its features, such as the level of intensity, duration, focus on the whole family, and multi-disciplinary team, would be of assistance to some women who are experiencing family violence but are not in the target group. Without wishing to pre-empt the outcome of the evaluation, the Victorian Government may wish to expand the program to ensure greater access to services with these features, such as for women who are older than 25 and/or for those with older children.

Recommendation 23

- ▶ The Victorian Government give priority to funding therapeutic interventions and counselling—including age-appropriate group work—for children and young people who are victims of family violence [within two years]. In particular:
- ▶ The Homeless Children's Specialist Support Service (or a program with similar features) should be extended beyond four service areas to be available statewide and be available to specialist family violence services.
- ▶ Eligibility for the Take Two program and similar intensive therapeutic programs should be introduced for children and young people affected by trauma associated with family violence who are not in the statutory child protection system.

Engaging and supporting young people

Evidence before the Commission indicated that not only are adolescents less likely than other age groups to seek assistance when experiencing family violence, but they are prone to 'invisibility' in the child protection and specialist family violence sectors.

In addition to the need for family violence services to provide more youth-focused services, youth services need to be more family violence-focused. Youth services' capacity to provide a soft entry point to assist young people experiencing family violence should be strengthened. The Commission was told about a number of initiatives by youth services aimed at supporting young people experiencing family violence. These should be evaluated and assessed for their scalability.⁵⁴⁹

In view of young peoples' reluctance to seek support outside their own networks, assertive outreach to attract young people who have experienced family violence should be explored.

Addressing gaps in accommodation

The Commission heard that demand for youth refuge beds greatly exceeds supply, and that the lack of crisis accommodation for young people in rural, regional and remote areas is even more extreme. The maximum stay at a youth refuge is usually six weeks, but the lack of long-term accommodation options for young people leads to these stays being extended, or to young people being placed in sub-standard or adult-based accommodation or becoming homeless again.

Even if there were sufficient beds in youth refuges staffed by workers trained to deal with children and young people who have experienced family violence, this would be only one part of the solution. Provision of stable long-term accommodation for young people is important to preserve the protective factors that mitigate the negative effects of family violence; it can also reduce the risk of children and young people entering the trajectory of poverty. There is an urgent need for viable accommodation options for young people escaping family violence, as they are too old for Child Protection but too young to gain access to family violence services, government housing or private rental accommodation.

The features of such accommodation must include youth-appropriate settings, a rapid response, and the provision of support integrated with a continuing participation in education and learning.

Recommendation 24

The Victorian Government support and fund youth homelessness and other youth services providers in developing and implementing a broader range of supported accommodation options for young people experiencing family violence [within two years].

Endnotes

- 1 Melbourne Research Alliance to End Violence Against Women and their Children (Cathy Humphreys et al)—01, Submission 840, Briefing Paper 4, 9. See also Victorian Council of Social Service, Submission 467, 60.
- 2 Association of Child and Family Development, Submission 221, 4.
- 3 Ibid 2.
- 4 See, eg, Royal Australian and New Zealand College of Psychiatrists, Submission 395, 13–14.
- 5 *Charter of Human Rights and Responsibilities Act 2006* (Vic) s 3. This is consistent with the definition of child in the *Age of Majority Act 1977* (Vic) s 3.
- 6 *Charter of Human Rights and Responsibilities Act 2006* (Vic) s 17 (2).
- 7 Convention on the Rights of the Child, opened for signature 20 November 1989, 1577 UNTS 3 (entered into force 2 September 1990).
- 8 *Family Violence Protection Act 2008* (Vic) s 5(1)(b).
- 9 *Children, Youth and Families Act 2005* (Vic) Part 1.2—Principles.
- 10 Ibid. See Department of Human Services, 'Child Protection and Integrated Family Services: State-wide Agreement (Shell Agreement)—2013', 10.
- 11 *Child Wellbeing and Safety Act 2005* (Vic) ss 4–5.
- 12 Ibid s 5(3)(b).
- 13 State of Victoria, Submission 717, Attachment 2, 4; Kelly Richards, 'Children's Exposure to Domestic Violence in Australia' (Trends & Issues in Crime and Criminal Justice No 419, Australian Institute of Criminology (Cth), June 2011) 2.
- 14 National Children's Commissioner, 'Children's Rights Report 2015' (Australian Human Rights Commission, 14 October 2015) 164.
- 15 Ibid 152.
- 16 Ibid 120.
- 17 Australian Bureau of Statistics, 'Personal Safety, Australia, 2012' (Catalogue No 4906.0, Australian Bureau of Statistics, December 2013) Table 28.
- 18 Crime Statistics Agency, An Overview of Family Violence in Victoria: Findings from the Victorian Family Violence Database 2009–10 to 2013–14 (January 2016), Table 10: Number of family incidents where a child/children were present—Victoria Police, July 2009 to June 2014, 35, provided to the Commission by the Crime Statistics Agency, 8 January 2016.
- 19 Ibid.
- 20 Note that these are not 'unique' children, as the data is incident based, and it is possible that the same children may be present at more than one incident in any one year: ibid Victoria Police data source, Table 21: Family incidents where children were present and the number of children present, July 2009 to June 2014.
- 21 Ibid Table 10: Number of family incidents where a child/children were present—Victoria Police, July 2009 to June 2014, 35.
- 22 Victoria Police, 'Code of Practice for the Investigation of Family Violence—Edition 3' (2014) 17.
- 23 Ibid 10.
- 24 In such cases, the number of children present will be recorded, but the age and gender of those children will not be recorded.
- 25 Crime Statistics Agency, above n 18, Victoria Police data source, Table 5: Affected family members by sex and youth-adult age group, July 2009 to June 2014.
- 26 Crime Statistics Agency, above n 18, 31.
- 27 In 2013–14, of 3341 child affected family members there were 1860 female child affected family members (56 per cent) compared with 1481 male child affected family members (44 per cent): ibid.
- 28 Ibid.
- 29 The number of affected family members aged under 18 has increased 20.5 per cent from 20,575 in 2009–10 to 24,802 in 2013–14, and the number of affected family members aged 18 and over has increased 28.9 per cent from 23,706 to 30,548: ibid Magistrates' Court of Victoria data source, Tab 7, Table 7: Affected family members on original FVIO applications by gender and age group, July 2009 to June 2014, Children's Court of Victoria data source, Tab 8, Table 8: Affected family members on original FVIO applications by gender and age group, July 2009 to June 2014.
- 30 Respondents were 21.3 per cent (n=5177) female in 2009–10, 21.7 per cent (n=5749) female in 2010–11, 22.1 per cent (n=6481) female in 2011–12, 22.3 per cent (n=6899) in 2012–13 and 22.5 per cent (n=7128) female in 2013–14. Ibid Magistrates' Court of Victoria data source, Tab 6, Table 6: Respondents on original FVIO applications by gender and age group, July 2009 to June 2014; Children's Court of Victoria data, Tab 6, Table 6: Respondents on original FVIO applications by gender and age group, July 2009 to June 2014.
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- 32 A 20.6 per cent increase from 19,353 in 2009–10 to 23,332 in 2013–14. Of these, just under half were male (11,574) and just over half were female (11,758). Ibid Magistrates' Court of Victoria data source, Tab 7, Table 7: Affected family members on original FVIO applications, July 2009 to June 2014.
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- 35 Increased from 1222 in 2009–10 to 1470 in 2013–14: ibid 58.
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- 38 15–19 years (n=387). Those aged between five and 19 years made up 48 per cent (n=808) of all female affected family members applying for intervention orders in the Children's Court that year (2013–14): ibid Children's Court of Victoria data source, Tab 8, Table 8: Affected family members on original FVIO applications by gender and age group, July 2009 to June 2014.
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- 40 Transcript of Newman, 14 July 2015, 114 [6]–[29].
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243 The Department of Education and Training funds 142 Secondary School Nurses and 7.5 Nurse Managers: *ibid* 44 [180.3].

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11 Family violence and the child protection system

Introduction

In Chapter 5 we describe the various systems that respond to family violence, including Child FIRST and Integrated Family Services, and Child Protection. As discussed in Chapter 10, children may be direct targets of family violence or may be harmed by seeing or experiencing the effects of violence suffered by a parent (usually a mother).

Professor Leah Bromfield, Deputy Director, Australian Centre for Child Protection, University of South Australia and Professorial Fellow at the Royal Commission into Institutional Responses into Child Sexual Abuse, gave evidence that:

[I]n households where there is intimate partner violence children are at heightened risk of experiencing neglect, of experiencing physical abuse, of experiencing sexual abuse and of experiencing emotional abuse. Exposure of children to intimate partner violence is itself a form of abuse for children.¹

Children who are exposed to family violence may come into contact with Child FIRST and Child Protection. The child protection system is a statutory scheme administered by the Department of Health and Human Services. DHHS is the responsible government department for Victoria's child protection system and Child Protection is a specific unit within that department, to which the Secretary of DHHS delegates certain functions and powers under the *Children, Youth and Families Act 2005* (Vic).

Child FIRST and Integrated Family Services may provide support to families who come to their attention because of family violence or other matters. In some cases, children who are reported to Child Protection may not meet the statutory threshold for protective intervention and may be referred to other services, including specialist family violence services, Child FIRST and Integrated Family Services.

This chapter describes how the statutory child protection system can apply to children who are victims of family violence, when other family support services cannot adequately protect them. It does not deal with all aspects of the child protection system but focuses on the intersection between Child Protection and family violence.

We discuss concerns expressed in submissions and evidence about the way family violence is taken into account in the child protection system and discuss the findings of the former State Coroner, Judge Ian Gray, in the coronial inquest into the death of Luke Batty.² We also refer to some of the recommendations and findings of the 2012 report of the Protecting Victoria's Vulnerable Children Inquiry³ (Cummins Inquiry), which made recommendations for improving the child protection system and related service systems, including both universal systems and systems provided by community service organisations. We have taken that report into account to the extent that it bears directly on children who are exposed to family violence.

The Commission acknowledges the complex role of child protection practitioners. Given the critical nature of their role, they must be effectively supported in their difficult task. At the end of this chapter, the Commission recommends policy and practice changes to guide the child protection system's response to children who are victims of family violence.

Data

This chapter relies upon data that was provided to the Commission by DHHS. It is important to note that this data is inconsistent with police data, verified by the Crime Statistics Agency. There are also inconsistencies between the data provided by DHHS to the Commission, and the data provided in witness statements.

For the purpose of this chapter, we rely on DHHS data to illustrate pathways through the child protection system.⁴ Data provided in this chapter focuses on reports to Child Protection, not cases, and does not necessarily identify the number of individuals affected, the number of children or families who were subject to Child Protection reports, or the number of families who have had multiple reports to Child Protection.

Victoria's child protection response

Government-funded support services for families are provided through three systems:

- ▶ the universal and primary service system (maternal and child health, and education services) which delivers services to all Victorian children
- ▶ the secondary service system (Integrated Family Services and services provided to children and parents such as mental health, drug and alcohol services, specialist family violence services and counselling services). This provides targeted supports upon request or referral
- ▶ the statutory system (Child Protection) which intervenes only when the primary and secondary systems are unable to ensure the safety and wellbeing of a child.⁵

Child FIRST and Integrated Family Services

The establishment of Child and Family Information, Referral and Support Teams (Child FIRST) created a point of entry 'to an integrated network of family services'.⁶ Child FIRST and Integrated Family Services are community-based service providers within the meaning of the Children, Youth and Families Act and are funded by DHHS.

There are 23 Child FIRST catchments⁷ in Victoria, of which each provide 'a central referral point to a range of community-based family services and other supports within each of the Child FIRST catchment areas'.⁸ Child FIRST receives referrals from the community, including police L17 referrals, where a person 'has a significant concern for the wellbeing of a child'.⁹ Upon receiving a referral, Child FIRST undertakes assessments of need and risk to a child; may make referrals to other agencies; provide on-going support to a child;¹⁰ and may provide advice or assistance to the child or the family, or refer a family to Integrated Family Services.¹¹

Integrated Family Services comprises a diverse range of service providers, 'including community service organisations, community health, local government, Aboriginal community controlled organisations, culturally and linguistically diverse and specialist services'.¹² Integrated Family Services also has the role of facilitating connections with 'universal services, drug and alcohol services, mental health services, housing and homelessness services and family violence services'.¹³ As at 2013–14, there were 96 community-based family services.¹⁴

There is a Child and Family Service Alliance at each of the 23 Child FIRST catchments, to assist with integration and coordination of services. Representatives include Child FIRST, Integrated Family Services, DHHS and Child Protection, and where possible, Aboriginal community controlled organisations.¹⁵

A 2011 evaluation found that Child FIRST and Integrated Family Services were successfully intervening earlier than statutory-based interventions with vulnerable children and families, and reducing the extent of Child Protection involvement.¹⁶

The Commission heard that between 2009–10 and 2013–14, demand for Child FIRST and Integrated Family Services has seen:

- a 30 per cent increase in new referrals to Integrated Family Services
- a 94 per cent increase in referrals to Integrated Family Services from Child Protection
- an 89 per cent increase in the number of families with children aged 0 to 5 years who have been referred to Integrated Family Services by Child Protection.¹⁷

More detail about Child FIRST and Integrated Family Services is in Chapters 10 and 13.

Child Protection

The child protection system in Victoria intervenes when the primary and secondary systems, described above, are unable to ensure the safety and wellbeing of a child.¹⁸

In their statements to the Commission, Ms Beth Allen, Assistant Director, Child Protection Unit, Statutory and Forensic Services Design Branch, DHHS, and Ms Leeanne Miller, Director Child Protection West Division, DHHS, set out the main roles of Child Protection:

- receive and review reports concerning the wellbeing or protection of children under 17 years
- investigate allegations that children have been harmed or are at risk of harm
- refer children and families to services (including Child FIRST providers and other community-based child and family services) that assist in providing for the safety and wellbeing of children
- initiate applications before the Children's Court where children are in need of protection because their parents have not protected, or are unlikely to protect, them from harm
- provide care for, and make decisions in respect of, children who are the subject of custody and guardianship orders granted by the Children's Court, and supervise the care of children who are the subject of other orders granted by the Court
- provide and fund accommodation services, specialist support services, and adoption and permanent care services to children and adolescents in need of such services.¹⁹

Under the Children, Youth and Families Act, a child or young person may be found to be in need of protection when the child has suffered, or is likely to suffer, significant harm as a result of physical injury, sexual abuse, or psychological harm, and the child's parents have not protected, or are unlikely to protect the child from harm.²⁰ As discussed in Chapter 10, a child's exposure to family violence, whether as the direct victim or as a witness to violence against another family member, can have a long-term effect on a child or young person.

Family violence has different effects on children at different ages. For example, family violence during pregnancy may cause the miscarriage of a developing foetus, or bring on premature birth or disability. For a young child experiencing family violence, this can impact on their physical and psychological development and may lead to behavioural problems.²¹

Family violence is not defined as a specific harm justifying state intervention under Victorian law, but where a child is directly affected by family violence or is exposed to it, this may constitute grounds under the Children, Youth and Families Act for a child to be considered in need of protection.

Child Protection policy and procedure phases are as follows:

- ▶ **Intake**—Children who may be in need of protection can come into contact with DHHS through a report from a family member, member of the public, community or other organisation, some of whom are mandatory reporters. Child protection practitioners receive and review reports and assess whether an investigation is required.
- ▶ **Investigation**—Child protection practitioners obtain more detailed information about the child who is the subject of a report and determine whether the grounds for the report are substantiated, that is, they meet the statutory threshold for protective intervention.
- ▶ **Protective intervention**—If concerns for a child are substantiated, Child Protection may continue its involvement with the family through an appropriate level of continued involvement and referrals, during what is referred to as a 'protective intervention' phase. Child Protection may close substantiated cases where concerns have been addressed without the need for court intervention.
- ▶ **Protection order**—If a matter is substantiated and statutory involvement is needed to ensure a child's safety and wellbeing, Child Protection may file an application for a protection order in the Family Division of the Children's Court of Victoria. If the Court considers it necessary to protect a child from harm, there are a number of orders that can be made, including orders placing a child in out-of-home care.²²
- ▶ **Case closure**—Where protective concerns have been addressed or the matter has been referred to other services to address the concerns, Child Protection may close a case.²³

The vast majority of reports do not result in an investigation being undertaken, or substantiation. An overview of the stages in the child protection system is outlined below.

Figure 11.1 Overview of stages in the Victorian child protection system 2013–14



Source: Based on Department of Health and Human Services, 'Data Request Summary' (9 June 2015), Worksheet 1, produced by the State of Victoria in response to the Commission's notice to produce dated 5 June 2015, clarified on 4 February 2016.²⁴

Child Protection policy and procedure phases are discussed in turn below.

Intake

Child Protection receives reports from a number of sources. Anyone in the community may make a report to Child Protection if they are concerned about the wellbeing of a child,²⁵ or if they believe a child is in need of protection.²⁶

The Children, Youth and Families Act also provides for mandatory reporting of children at serious risk of harm. Certain people, including registered medical practitioners, nurses, midwives, teachers, school principals and police, are required to report to Child Protection when they believe on reasonable grounds that a child is in need of protection.²⁷

When a report is made to Child Protection, it is registered and, after an intake assessment process, the report is classified as either a 'protective intervention report', a 'child wellbeing report' or a report which is 'inappropriate/insufficient', in which case no further action is considered necessary or possible.²⁸ Classification of reports can be described as follows:

- If Child Protection determines that a child, who is the subject of a report, may be in need of protection, they may determine that the report is a 'protective intervention report' and investigate as soon as practicable.²⁹
- When reports are classified as child wellbeing reports, contact may be made with the family, child or the reporter to provide them with advice or a referral to an appropriate service and/or refer them to Child FIRST.³⁰

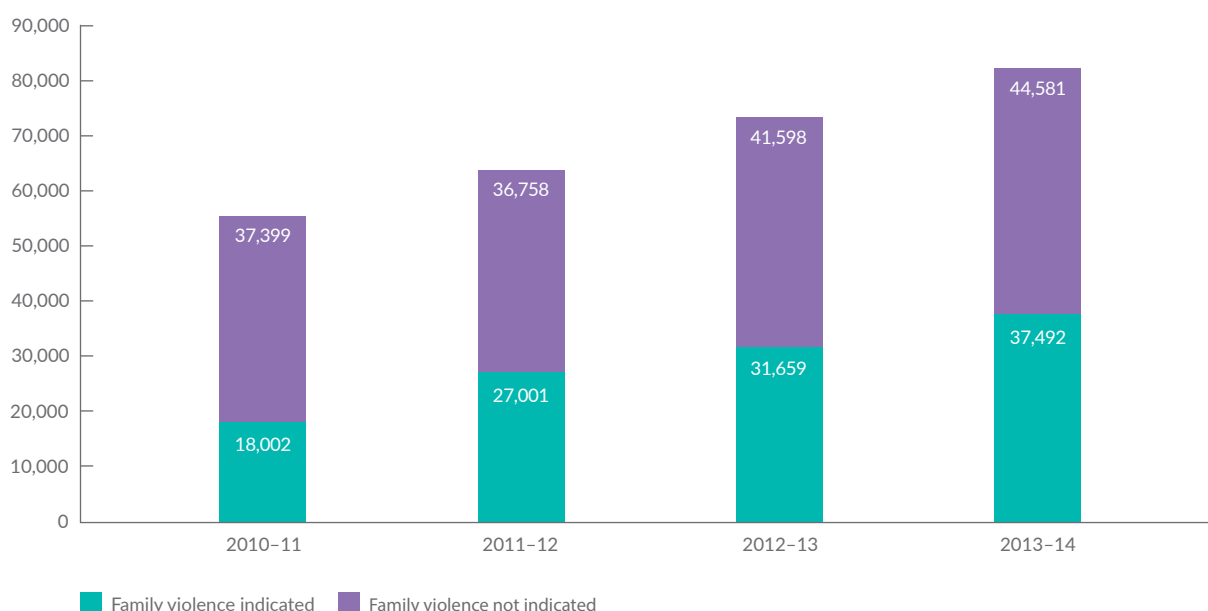
Ms Allen told the Commission that it generally takes up to three days for Child Protection to gather information and classify a report to determine whether a further investigation is required.³¹

Data from DHHS indicates that in 2013–14:³²

- Child Protection received 82,073 reports.
- 29.4 per cent ($n=24,139$) of those reports came from police, 23.1 per cent ($n=18,931$) from friends and family including extended family, 18.9 per cent ($n=15,510$) from education notifiers such as school teachers and pre-school teachers, 10.3 per cent ($n=8,491$) from a range of community services such as Community Health and Child FIRST, and 9.4 per cent ($n=7,697$) from medical notifiers.
- A total of 24,139 reports to Child Protection were made by police. Of those reports, 14,032 (approximately 58 per cent) were made to Child Protection via the police family violence L17 process.³³

There is some evidence that family violence is a driver for growth in Child Protection reports. In 2013–14, 37,492 reports to Child Protection had family violence indicated at the time of the report.³⁴ Data showing the trend of growth from 2010–11 to 2013–14 is set out in the figure below.

Figure 11.2 Reports to Child Protection where family violence was indicated at the time of the report, 2010–11 to 2013–14



Source: Based on Department of Health and Human Services, 'Data Request Summary' (9 June 2015), 1, produced by the State of Victoria in response to the Commission's Notice to Produce dated 5 June 2015, clarified on 4 February 2016.

Investigation

Reports classified as 'protective intervention reports' are investigated by Child Protection. The aim of an investigation is to obtain more detailed information about a child who is the subject of a notification, to determine whether the notification is 'substantiated' or 'not substantiated'.³⁵

Child Protection undertakes its investigation by collecting information and interviewing relevant people, professionals and services who are involved with a family or child.³⁶ For example, they may interview parents and caregivers, schools, police and family services.

Child Protection analyses the information gathered during the investigation, based on the Best Interests Case Practice Model³⁷ and makes a recommendation within 28 days of the report as to whether the report is substantiated.³⁸ A Child Protection investigation will be substantiated where there is sufficient reason to believe a child is in need of protection,³⁹ after which a level of risk is determined.⁴⁰

According to DHHS data, of the total 82,073 reports to Child Protection in 2013–14, approximately 26 per cent ($n=21,222$) were investigated. For that same period, of the reports to Child Protection where family violence was indicated at the time of the report, approximately 30 per cent ($n=11,404$) were investigated.⁴¹

Substantiation

Of the reports where family violence was indicated that were investigated, approximately 73 per cent ($n=8278$) were substantiated and approximately 27 per cent ($n=3126$) were not substantiated.⁴² It is important to note that where a report is 'not substantiated', it does not mean that family violence did not occur or that a child is not at risk. Substantiated cases are those where Child Protection considers that a case has met the statutory test for protective intervention.⁴³

Cases that do not move to the protective intervention phase may still receive referrals to other services, such as specialist family violence services and/or Child FIRST as part of the Child Protection case closure procedure.

In 2013–14, of the 3126 reports where family violence was indicated that were *not* substantiated following investigation, by the point of case closure:

- ▶ 1320 (42.2 per cent) had no referrals made but other services were involved
- ▶ 656 (21.0 per cent) had no referrals made and no services involved
- ▶ 585 (18.7 per cent) had other referral or arrangements in place such as school monitoring
- ▶ 240 (7.7 per cent) were referred to Child FIRST (and a further 84 [2.7 per cent] to family services other than Child FIRST)
- ▶ 165 (5.3 per cent) were referred to another service or agency
- ▶ 53 (1.7 per cent) were referred to a family violence service
- ▶ eight cases (0.3 per cent) were referred to a disability service
- ▶ five (0.2 per cent) were referred to a drug and alcohol service
- ▶ seven (0.2 per cent) were referred to a mental health service
- ▶ three (0.1 per cent) had the case closure referral status of not stated.⁴⁴

Protective intervention

Once the threshold for Child Protection statutory intervention has been reached, a report is considered 'substantiated'. Child Protection must then attempt to ensure the safety of the child or children through an appropriate level of continued involvement, including the provision of support services to the child and family.⁴⁵

Protective intervention is the period of intervention with a family, following substantiation of a report to Child Protection.⁴⁶ After an investigation has substantiated child protection concerns, Child Protection has 90 days from the time of the report (or 150 days in exceptional circumstances) to work with families to address the substantiated concerns in an effort to strengthen protection for the child, and prevent the need for court intervention.⁴⁷ The Commission understands that these timelines are rarely met because of the increased number of reports.⁴⁸

Child Protection has a number of options available, including referring the family to a support service, taking no further action, or seeking a protection order application in the Children's Court of Victoria.⁴⁹

Many cases are closed following substantiation, without the need for a court order. In her statement to the Commission, Ms Allen said:

It is common for Child Protection to close substantiated cases without the need for court intervention. This most often occurs where the parents acknowledge the substantiated concerns and the need for change, or are actively involved in addressing the concerns or have addressed the concerns, or the concern for the child's safety and well-being is not significant and does not warrant court intervention.⁵⁰

The Australian Institute of Health and Welfare reported that in 2013–14 the national average of children receiving child protection services is 27.2 per 1000 children.⁵¹ The rate of Victorian children receiving child protection services was lower than in most other Australian states and territories. Nearly 23 (22.9) children per 1000 receive child protection services in Victoria, compared with 71.3 in the Northern Territory, 31.7 in New South Wales and 26.6 in Queensland.⁵²

Protection order

Where concerns for a child's safety have not been adequately addressed, Child Protection may consider an application to the Family Division of the Children's Court of Victoria for a protection order when a child is considered in need of protection.⁵³

The Children's Court can make a protection order under the Children, Youth and Families Act where at least one of six grounds have been made out, including abandonment or incapacity of parents, or where a child has suffered, or is likely to suffer significant harm as a result of physical injury or sexual abuse, or emotional or psychological harm.⁵⁴ Protection orders are regarded as a last resort and cannot be made by the court unless it is satisfied that all reasonable steps have been taken by the Secretary of DHHS to provide necessary services.⁵⁵ The court must make orders based on the best interests of the child.⁵⁶

Of the 17,405 new protective orders issued during 2013–14,⁵⁷ family violence was indicated in 68.6 per cent of cases ($n=11,933$). The Commission notes that this does not mean that family violence was the sole ground indicated.

If the grounds for a protection order are made out,⁵⁸ the court has the jurisdiction to make a range of protective orders, including:

- ▷ an order requiring a person to give an undertaking to do, or not to do, certain things⁵⁹
- ▷ a supervision order granting the Secretary of DHHS responsibility for the supervision of a child and placing the child in the day-to-day care of one or both of the parents, with the possible imposition of conditions made in the best interests of the child⁶⁰
- ▷ an order granting custody of a child to a third party (for example, an extended family member) which may include conditions considered to be in the best interests of the child⁶¹
- ▷ a supervised custody order, granting the custody of a child to a third party⁶²
- ▷ an order granting custody and/or guardianship of a child to the Secretary of DHHS⁶³
- ▷ an interim protection order where a child is in need of protection⁶⁴ but the testing of the appropriateness of a particular course of action before making a final protection order is desirable.⁶⁵

The Commission notes that the protective orders as listed above are subject to legislative amendments that will come into operation on 1 March 2016.⁶⁶

Children's Court conciliation conferences

As part of Children's Court proceedings, conciliation conferences are convened in the Family Division of the Children's Court when ordered by a Children's Court judicial officer.⁶⁷ The current conference process was established in 2010.⁶⁸ 2500 conferences were held in 2013–14.⁶⁹ Conciliation conferences are a form of informal dispute resolution or alternative dispute resolution.

Anecdotal information suggests that the vast majority of conciliation conference cases involve family violence.⁷⁰ The court requires that, prior to a conference, they are informed of the existence of any orders under the *Family Violence Protection Act 2008* (Vic) by the parties or their lawyers.⁷¹

A risk assessment is conducted with each of the parties⁷² prior to the conference by a conference intake officer. A shuttle conference—where the parties do not come into direct contact with each other but only the convenor moves between the parties—may be held if there are safety risks due to family violence.⁷³ Officers have the power to determine that a conference is unsuitable in a particular case, meaning the matter will be listed for hearing by a judicial officer.⁷⁴ The Conciliation Conference Risk Assessment form asks specific questions so as to undertake a family violence assessment.⁷⁵ The Commission notes that this form does not comply with the Family Violence Risk Assessment and Risk Management Framework (also known as the Common Risk Assessment Framework or the CRAF).

Parents in conciliation conferences at the Children's Court do not necessarily negotiate directly with each other. Nevertheless, parents are required to attend the conference jointly and negotiate the care of their children (unless exempted by an intake officer). Given the prevalence of family violence cases in conciliation conferences,⁷⁶ it might be expected that the presence of a victim and perpetrator of family violence at a conference would impact upon the ability of the victim of family violence to advocate for herself and for her children. The presence of lawyers may mitigate the impact of family violence upon the conciliation conference process.⁷⁷

Legal representation of children

In the Family Division of the Children's Court, children aged 10 or above must be legally represented.⁷⁸ Children under the age of 10 are not independently legally represented unless the court identifies that there are special circumstances to warrant representation.⁷⁹

A lawyer for the child will act on the child's instructions⁸⁰ unless the court decides that the child is not mature enough to provide instructions.⁸¹ Where that is the case, the lawyer must communicate the child's wishes to the court, but make submissions based on what he or she believes is in the child's best interests.⁸² Children's lawyers in the Family Division are funded by Victoria Legal Aid.⁸³

A teenage victim of family violence who was removed from her parents' care described her experience of her lawyer to the Commission as the only time an adult had done something constructive for her over the period of the abuse she suffered.⁸⁴

Out-of-home care

Where a child or young person is assessed at risk of significant harm, Child Protection may take steps to remove the child from the care of their parents and place them in out-of-home care.⁸⁵ Child Protection may place a child in an out-of-home care service,⁸⁶ having regard to the best interests of the child and other factors set out in the legislation.⁸⁷

As at 30 June 2014, there were 7070 children or young people in out-of-home care placements in Victoria. Of those children or young people, family violence was indicated in approximately 48 per cent of cases ($n=3400$).⁸⁸

A 2007 summary of Australian research found that the outcomes for children and young people in out-of-home care 'demonstrated a worrying trend of increasingly complex behavioural problems and extensive placement instability. Collectively, the studies found that problems increased the longer the children spent indefinite periods in care'.⁸⁹

Given the timeframes of the Commission, we were unable to inquire fully into experiences of children and young people in out-of-home care due to family violence. However, this is an important issue worthy of a more detailed investigation to determine the impact that out-of-home care has on children who have already been exposed to family violence.

Case closure

Where Child Protection intervention is considered no longer necessary or not possible, a case may be closed. Prior to case closure, Child Protection may make referrals to link families in with family services and relevant support agencies.

As an example, in 2013–14, DHHS data shows that of the 8278 reports that had family violence indicated and were investigated and substantiated, by the point of case closure:

- ▷ 2753 (33.3 per cent) had no referrals made but other services were involved
- ▷ 1621 (19.6 per cent) had the case closure referral status of 'not stated'
- ▷ 1092 (13.2 per cent) reports had other referral or other arrangements in place
- ▷ 906 (10.9 per cent) were referred to Child FIRST
- ▷ 778 (9.4 per cent) had no referrals made and no services were involved
- ▷ 564 (6.8 per cent) were referred to another service or agency
- ▷ 311 (3.8 per cent) were referred to a family service other than Child FIRST
- ▷ 166 (2.0 per cent) were referred to a family violence service
- ▷ 52 (0.6 per cent) were referred to a mental health service
- ▷ 18 (0.2 per cent) were referred to a disability service
- ▷ 17 (0.2 per cent) were referred to a drug and alcohol service.

Based on that data, only about 2.0 per cent of reports were referred to a family violence service for that period. The Commission notes that the data indicates many cases already had other services involved, which may include family violence services.

Similarly, of the total number of reports to Child Protection for the same year where family violence was indicated at the time of the report ($n=37,492$ reports), approximately 2.0 per cent ($n=737$) were referred to a family violence service by Child Protection.⁹⁰

The Commission is unable to establish whether referrals should have been made in cases where this did not occur. Nor could we ascertain whether the services involved were appropriate. The Commission notes that, in cases that are referred to Child Protection by police as part of the L17 process, police may have already referred the parent to a specialist family violence service. When police formally refer an affected family member (victim) to a specialised family violence service, they state if there were any children present at an incident and children will be considered as part of that formal referral.⁹¹

Aboriginal and Torres Strait Islander children in the child protection system

Aboriginal and Torres Strait Islander children are over-represented in Victoria's child protection system. Aboriginal and Torres Strait Islander families experience family violence at far higher rates than the population generally.⁹²

In Victoria, Aboriginal and Torres Strait Islander children are around seven to eight times more likely to be the subject of a report to Child Protection than non-Aboriginal children,⁹³ and are almost 10 times more likely than non-Aboriginal children to be the subject of a Child Protection substantiation (68.6 compared with 7.3 per 1000 children).⁹⁴ Across Australia, Aboriginal and Torres Strait Islander children now account for almost 35 per cent of all children in care, despite comprising only 4.4 per cent of Australia's child population.⁹⁵

A preliminary finding of Taskforce 1000, a collaborative project between DHHS and the Commission for Children and Young People, indicates that family violence is the number one factor for Aboriginal and Torres Strait Islander children in Victoria being placed in out-of-home care, closely followed by, and often related to, alcohol and substance abuse, and neglect.⁹⁶

Adjunct Professor Muriel Bamblett AM, Chief Executive Officer, Victorian Aboriginal Child Care Agency, told the Commission that family violence and the over-representation of Aboriginal and Torres Strait Islander communities must be understood within the context of earlier government policies, including the forced removal of Aboriginal and Torres Strait Islander children from their families and assimilation, together with 'structural inequalities of poverty and systemic racism'.⁹⁷ She said that family violence is predominately prevalent in Aboriginal and Torres Strait Islander families 'experiencing poverty and other issues including drug and alcohol abuse and homelessness'.⁹⁸

In his evidence to the Commission, Commissioner Andrew Jackomos, Commission for Aboriginal Children and Young People, said:

The cause of family violence I believe is to do with the breakdown of our society's values and norms, traditions and culture that has increased over the past 30 or 40 years and its cumulative harm and dysfunction is happening for many families in generation to generation.⁹⁹

Commissioner Jackomos further told the Commission that:

The impact of past government policies and programs have had a devastating effect on my community that continues to this day, but there is no, and will never be, any justification for family violence, family violence that is ripping apart families and ripping apart children from their culture and heritage. From my perspective I'm looking at family violence from the perspective of Koori children in Victoria. In my families under threat from family violence, the offender is not always Koori and the victim is not always Koori, but the constant is that our children, our Koori kids, are always the victim.¹⁰⁰

The Commission consistently heard that a fear of intervention by Child Protection deters Aboriginal and Torres Strait Islander women from disclosing family violence¹⁰¹ and data shows that fewer families and children are accessing services.¹⁰²

Under the Children, Youth and Families Act, there are additional decision-making principles for Aboriginal and Torres Strait Islander children who are referred to Child Protection.¹⁰³ Child Protection is required to consult with the Aboriginal Child Specialist Advice and Support Service about all reports regarding Aboriginal and Torres Strait Islander children, and prior to making significant decisions in all phases of Child Protection intervention.¹⁰⁴

The Act also includes the Aboriginal child placement principle, which requires regard to be given to a range of criteria and principles when deciding if it is in the best interests of an Aboriginal and Torres Strait Islander child to be placed in out-of-home care.¹⁰⁵ To give effect to those principles when considering to place an Aboriginal or Torres Strait Islander child in out-of-home care, the Child Protection Best Interests Case Practice Model and the Act set out that practitioners *must* consult with an Aboriginal agency, the Aboriginal Child Specialist Advice and Support Service, to provide advice, support and advocacy.¹⁰⁶

The Aboriginal Family Violence Prevention and Legal Service Victoria (FVPLS Victoria) believes that greater investment needs to be made in culturally targeted early intervention, including ensuring that Aboriginal and Torres Strait Islander families receive legal education and advice, when there is a risk that a protection order may be made.¹⁰⁷

In its submission, FVPLS Victoria states:

In the case of child protection and the removal of Aboriginal children, FVPLS Victoria believes early referral to specialist, culturally safe legal assistance is fundamental. Sadly, however, too many Aboriginal people in Victoria do not recognise child protection intervention as a legal issue until it is too late. Indeed, FVPLS Victoria routinely hears of clients being advised by Child Protection workers and other support workers that they do not need legal advice.¹⁰⁸

DHHS refuted this claim, referring to Child Protection's legal mandate and information sheets which child protection staff are expected to provide to parents.¹⁰⁹ In particular DHHS drew the Commission's attention to Practice Advice 1340, stating that in proceedings by notice, child protection practitioners should 'encourage and assist' parents to seek legal advice prior to the first mention date and that parents may be directed to Aboriginal Legal Services. In emergency cases, child protection staff are told to direct parents to Victoria Legal Aid or the court registry to obtain legal representation on arrival at court, and that practitioners should also alert the Victoria Legal Aid Coordinator of any new matters at court and the need for children and parents to be seen by a solicitor.¹¹⁰

The practice guidance does not require that a formal referral or notification be made to an Aboriginal legal service provider. FVPLS Victoria recommends implementing a child protection notification referral system for Aboriginal families 'which ensures that upon a child protection notification being received for an Aboriginal family the primary parent is immediately referred to FVPLS Victoria (or another appropriate legal assistance provider).'¹¹¹

Issues relating to child removal and family violence are further discussed in Chapter 26.

Challenges for Child Protection

A number of key themes emerged during the Commission's processes regarding Child Protection's response to family violence. These include:

- ▶ the invisibility of perpetrators of family violence in the child protection system
- ▶ the pressures placed on parents (typically mothers) identified as 'protective parents' and a lack of attention to post-separation violence
- ▶ a lack of support provided to 'protective parents' by Child Protection and the lack of written advice so as to better support parents in court proceedings
- ▶ victims being reluctant to report family violence because of the fear that Child Protection will remove their children
- ▶ concerns with the 'failure to protect' offence and how it can affect victims of family violence
- ▶ the increase in the number of referrals to Child Protection and difficulties with the differential response model in Victoria and the pressure placed on Child Protection
- ▶ concerns with the current family violence risk assessment within Child Protection.

These themes, and others, are discussed below.

The ‘protective parent’

The concept of a ‘protective parent’ is central to the child protection system, including in family violence cases.¹¹²

Under section 162 of the Children, Youth and Families Act, the state has a legislative mandate to intervene in family life only where a child has suffered or is likely to suffer significant harm *and* his or her parents have not protected or are unlikely to protect the child from harm.¹¹³ In cases of family violence, in practical terms, victims may be unable to fully protect their child from harm because of the level of risk posed by the perpetrator. As we discuss below, this may make victims fearful of reporting family violence.

Separation (or attempted separation) is a period of heightened risk and danger for family violence.¹¹⁴ In exploring protective factors, consideration needs to be given to a victim’s decision to move away from the perpetrator as this may ‘significantly increase the level of risk and must be carefully examined, because it is truly protective only if there is no chance of the perpetrator locating the victim’.¹¹⁵

The Commission heard that separation from a perpetrator of violence could result in Child Protection classifying a victim as a protective parent and withdraw their involvement with a family:

When a mother is acting protectively and leaves a perpetrator, Child Protection services withdraw their involvement; this is in spite of the fact separation is a high-risk time which carries a heightened threat of perpetrators killing women and children. This is the [very] time that Child Protection needs to be further involved, as it one of the few agencies that has a statutory mandate to protect.¹¹⁶

Professor Cathy Humphreys, Professor of Social Work at Melbourne University, explained:

... the child protection system is not designed to intervene effectively where there is a protective mother (or father), but the child and often the mother are continuing to be subjected to post-separation violence and stalking. Much of the abuse occurs when the child moves from time with their father to time with their mother.¹¹⁷

The dynamics of family violence are such that it requires a complex analysis and risk assessment. In determining a parent’s capacity to protect a child, Child Protection applies their Best Interests Case Practice Model. The model includes principles of gender analysis in responding to family violence¹¹⁸ and risk assessment¹¹⁹ together with ‘stages of professional practice: information gathering, analysis and planning, action and reviewing outcomes’.¹²⁰

Using separation from an abusive relationship as a marker of being a protective parent was a strong focus in the literature and in expert evidence provided to the Commission.¹²¹ This was identified as a problem in many jurisdictions. Dr Katreena Scott, Associate Professor and Canada Research Chair, Department of Applied Psychology and Human Development, University of Toronto, Canada, stated:

Where Child Protection authorities become involved, rather than engage with the perpetrator of the violence, they tend to assess and monitor mothers’ capacity to protect their children. There is often an implicit (and sometimes explicit) expectation that, to effectively protect their children, mothers should leave their violent partners (Jenney, Mishna, Alaggia and Scott, 2014). This focus on mothers’ capacity to protect *over fathers’ need to change* is inappropriate and unjust. It is especially problematic in the context of family courts, which often order children (and therefore mothers) to have ongoing contact with their fathers.¹²²

In her statement to the Commission, Ms LEEANNE MILLER explained how the concept of a protective parent is translated into Child Protection practice in Victoria:

In investigating child protection matters, Child Protection considers whether or not there is a protective parent. This involves considering the parent's attitudes and response to substantiated concerns concerning the child, as well as the parent's willingness and capacity to protect the child. Assessment of the parent's capacity to protect the child requires sound information-gathering and an analysis of parental attitudes, past behaviours that may be predictive of future behaviours, parental strengths, support systems and the parent's willingness and capacity to engage with support services to achieve change.¹²³

The Commission heard the focus on the protective parent's ability to protect their children from family violence tends to make perpetrators largely invisible to the child protection system. Professor HUMPHREYS explained that 'women are still urged to separate but without the necessary supports to keep themselves and their children safe'. She stated that effective support needs to include: extensive discussion to assess 'readiness'; the evidence to demonstrate the child's father is a danger to the child; proactive links to the family violence support services; and leverage provided with housing services, Centrelink and legal proceedings to ensure there is accommodation (beyond a couple of nights in a refuge), money to live on and legal protection that is enforceable.¹²⁴

Burden placed on protective parents

The Commission heard that relying on a victim of family violence to be the protective parent may expose that parent and the child to further violence. In the inquest into the death of Luke Batty, Judge Gray heard that Luke's mother, Ms ROSIE BATTY, was assessed by her child protection worker as 'protective' because she had twice notified the police of breaches of the family violence intervention order she had taken out, she had herself sought Child Protection assistance from DHHS, and she was willing, and intended to protect her son.¹²⁵

After discussion with a child protection worker, Ms Batty signed an undertaking in which she agreed to supervise contact between her son Luke, and Gregory Anderson, the perpetrator of family violence. She agreed to prevent Mr Anderson from photographing Luke and keep Luke in her line of sight while he was with Mr Anderson.¹²⁶ The child protection worker in that case gave evidence that the undertaking worked as a safety plan and that she had considered that Ms Batty was the appropriate person to implement the agreement and ensure it was followed.¹²⁷

Under the Children, Youth and Families Act, the Children's Court of Victoria can, with the consent of a parent,¹²⁸ make an order for a person to enter into an undertaking to do, or not to do, certain things. A statutory undertaking normally lasts for six months, and in exceptional circumstances can last for 12 months.¹²⁹ The undertaking Ms Batty signed was not made under the Act.

DHHS practice directions, manuals and training materials do not require a 'protective parent' to sign a non-statutory undertaking,¹³⁰ however:

It is apparent that in the absence of specific policy advice a practice has emerged in parts of the State where undertakings are prepared by child protection practitioners to support safety planning discussions with families, including families experiencing family violence.¹³¹

When asked for information on the number of non-statutory undertakings which DHHS had required from victims of family violence in 2013–14 and 2014–15, DHHS told the Commission that it 'does not have systems in place to generate reports on the number of such undertakings made'.¹³² The extent of their use is unknown.

In the inquest into the death of Luke Batty, Judge Gray observed that requiring victims of family violence to enter into informal undertakings shifts too much responsibility onto protective parents and in that case, required too much of Ms Batty.¹³³ Judge Gray also noted that the undertaking conflicted with the family violence intervention order in place at the time, and that the agreement was not legally enforceable.¹³⁴ Judge Gray recommended that DHHS discontinue the practice of asking women who are victims of family violence, to enter into such undertakings.¹³⁵

The Victorian Government, in its response to Judge Gray's findings in the Luke Batty Inquest, advised that they have commenced implementation of this recommendation and DHHS will communicate to all Child Protection staff, 'that it is not appropriate to require protective parents to manage or supervise the perpetrator of family violence' and will amend the Child Protection Practice Manual accordingly.¹³⁶ This was expected to be done by 31 January 2016.¹³⁷

Lack of support

The Commission heard that women felt unsupported by Child Protection when they went to them for help and this could lead to confusion about what was expected of them by Child Protection.

The Peninsula Community Legal Centre told the Commission that:

Many of the Centre's clients who seek support from DHS, or who have come to the attention of DHS in order to keep their child/ren safe, are not only left with unclear verbal requirements, but are also expected to deal with the perpetrator, who may constantly be drug or alcohol affected or mentally ill, on their own. They frequently present with no written indication of what DHS expects of them, yet are at risk of losing their child/ren if they do not comply, or are unable to ensure that the perpetrator does not have contact with the child/ren as they have had no assistance from DHS to negotiate an appropriate order at the court.¹³⁸

Lack of support to obtain a court order

The Commission was told that women were often informed by Child Protection that they should obtain an FVIO to protect themselves and their children, or risk further involvement by Child Protection.

Throughout our community engagement process, the Commission heard that women who were victims of family violence felt unsupported by DHHS because there was no DHHS practitioner in court to help them navigate the court process, and because DHHS did not always provide information to the court to clarify their views regarding safety:

She was told by DHHS to get an Intervention Order. Violence was against both her and her children. DHHS said either she got an Intervention Order or they would take the children. She went to court by herself—very unhelpful experience, no idea what she was doing. Registrar did not explain anything and DHHS didn't help her.¹³⁹

Child Protection can take a long time and without the supports to be able to take that step you don't have the courage and then you lose your children. DHHS use a bargaining tool—apply for an Intervention Order and leave or lose your children.¹⁴⁰

DHHS tells you what you should do but they don't really help you.¹⁴¹

In her evidence to the Commission, Ms Allen said:

Any stage of Child Protection involvement, if we believe that the mother would require support for an intervention order we can do that through the Children's Court or the Magistrates' Court to support the mother and child in that process.¹⁴²

Ms Allen said that DHHS is encouraging its workforce to offer greater levels of assistance to mothers who are required to seek an intervention order. When asked about whether this assistance happens in practice, Ms Allen responded:

It does, yes. Probably I would say not as much as it could or should. Often what will happen is that mothers will initiate that process independently. What we are encouraging the workforce to do is to be engaging with mothers more frequently to offer greater levels of assistance where we are involved, to say, "Would you like us to go or, if not, have you got a family violence worker you are already engaged with," or, "Do you understand how to navigate the Magistrates' Court. This is what it looks like. This is what you need to do when you get to the registrar. These are the courts to go to where there's family violence specialists" and so forth. So as part of all of the training that we referred to earlier, a lot of that is covered in the training to promote better engagement of Child Protection practitioners with women who are trying to navigate what is a really very, very complex service system.¹⁴³

The Commission also heard that parents may be told by Child Protection practitioners to obtain parenting orders in the federal family courts in order to prevent the other parent from having unsafe contact with the child. However, if a Child Protection case is closed because the mother is regarded as a protective parent, she may not receive any support from Child Protection in applying for a parenting order.¹⁴⁴

In 2010, the Australian and NSW Law Reform Commissions recommended that where Child Protection workers assess a family violence victim as an adequately protective parent and refer the parent to a family court to apply for a parenting order, DHHS should:

- provide written information to a family court about the reasons for the referral
- provide reports and other evidence
- intervene in the proceedings.¹⁴⁵

Intervention in proceedings means that DHHS becomes a party to the proceedings in the federal family courts.

In the Luke Batty inquest, Judge Gray considered that in cases where Child Protection considers whether the other parent still poses a risk of harm, and thus a child is in need of protection within the meaning of the Children, Youth and Families Act,¹⁴⁶ then:

DHS ought supply evidence and/or support to the protective parent in family violence and family law proceedings where the right of the other (non protective parent) to have contact with the child is in issue.¹⁴⁷

Judge Gray considered that in cases where a parent is willing to protect a child, but is unable due to 'surrounding circumstances', that it should be DHHS' mandate to intervene in these circumstances.¹⁴⁸ He also canvassed the importance of ensuring a proper safety plan for the child rather than relying on the protective parent's ability to protect a child.¹⁴⁹

Judge Gray also recommended that:

... where the DHHS assess one parent to be 'protective' but the other is not, that the DHHS provide support to the protective parent, including in court proceedings, to manage the risk posed by the non-protective parent including, (where relevant and appropriate) by recommending that the other non protective parent have no contact with the child.¹⁵⁰

In their response to Judge Gray, the Victorian Government has said that this recommendation will be implemented so as 'to offer as much support as practicable to protective parents including during court proceedings'.¹⁵¹ However, they have confirmed that Child Protection intervention is limited to that necessary under the Act.¹⁵² The Commission has not had the benefit of reviewing the work proposed by DHHS to implement this recommendation but notes the existence of the current Child Protection specialist practice resource guide, *Working With Families Where an Adult is Violent* (2014). This provides some guidance to practitioners on providing information and support to a parent both in FVIO and family court proceedings. The practice guide includes guidance to child protection practitioners when supporting a woman going back to the family court as a result of family violence:

Practical support such as transport, child care and emergency financial assistance are important when you are supporting women to go back to the family court to vary the parenting order. Your emotional support and physical presence is very important as women negotiate the often confusing court experience. Keep in mind that court action of itself can increase dangers and some perpetrators will escalate at this point. If you are concerned about the risk factors, notify the registrar of the court to advise them of the risk and specific circumstances.¹⁵³

In Victoria, there is a protocol between DHHS, the Family Court of Australia and the Federal Magistrates' Court (now known as the Federal Circuit Court), the purpose of which is to facilitate contact between the Department and the courts, to enable cooperation, clarification of procedures, improve decision making and aid effective communication.¹⁵⁴

Information sharing between DHHS and the federal family courts is further discussed in Chapter 24.

Closing Child Protection cases

As we have explained above, a Child Protection case can be closed at any point of the process described above.

The Commission heard of the need for Child Protection to provide better support for families as part of the process of closing a Child Protection case. Berry Street told the Commission that 'a level of safety planning and service referral should be routine' wherever Child Protection is involved and 'whether family violence is disclosed or not'.¹⁵⁵ Research suggests that good Child Protection practice should involve supporting 'the non-abusing parent (normally the mother) and help her to strengthen the mother-child relationship, which will in turn protect the child'.¹⁵⁶

The Commission heard that where a person is considered to be a protective parent, Child Protection frequently decides to take no further action to protect the child. This can result in Child Protection ceasing to be involved with the family at the point of separation, although this can be a time of high danger for family violence.¹⁵⁷

The inquest into the death of Luke Batty found that Child Protection closed its file after Ms Batty signed an undertaking. Judge Gray recommended that in family violence cases, 'such as where one parent is believed to be non-protective' a professional case conference should be convened before closing a Child Protection case,¹⁵⁸ whereby DHHS should, among other things, exhaust best efforts to:

- engage all agencies involved with the family to remediate the issue of services working in isolation and risk assessments being made with insufficient information
- develop a comprehensive and robust safety plan with clear roles and responsibilities as required.

Judge Gray also made a related recommendation regarding a requirement for Child Protection to exhaust all best efforts to interview the alleged perpetrator of family violence.¹⁵⁹ That recommendation is discussed separately below.

The Victorian Government's response to Judge Gray's recommendations in the Luke Batty inquest stated that new legislation will be introduced from 1 March 2016 that will require the development of a case plan for substantiated Child Protection cases.¹⁶⁰ The response was limited to these cases because:

DHHS considers that the recommendation relates to substantiated reports of child abuse, and notes that there is a very large number of unsubstantiated allegations of child abuse and neglect made to Child Protection each year. Direct contact with parents occurs at investigation, and it is from the point of substantiation onwards that the new requirements will have effect.¹⁶¹

The relevant recommendations from Judge Gray would also feature in DHHS case planning processes for all substantiated cases from 1 March 2016. Given the timeframe, the Commission is unable to access or consider either the proposed legislation or new practice processes.

Fear of reporting family violence

The Commission heard that the focus on the behaviour of the protective parent can heighten the fear of some parents that if they report family violence, Child Protection may remove their children from their care:

[H]e was attending the Men's behavioural change program in [removed], the workers had made contact with me as part of the partner support program and I had a couple of meetings with them. They were very supportive and unbeknown to me reported my ex to child protection based on some of the things I was disclosing to them about his behaviour. I also linked in with the social worker at the [removed] hospital for support, and the enhanced care maternal health nurse. Despite these supports, I daren't disclose the extent of what he was saying or doing for fear of my baby being taken into care and away from me. After all I had previously been employed by [removed] ... so I knew this was entirely possible.¹⁶²

Another witness said:

[Y]ou know when you are in so much fear 24 hours a day, it is just a huge thing to deal with, and I'm frightened of not only my safety, my children's safety, trying to do the right thing. I was scared that Child Protection would try and take my children away from me if I couldn't show that I was protecting them, and obviously I couldn't stop him from breaching the orders. So it was pretty horrible ... I was also really scared that if Child Protection found out how much he was breaching the order, that they would try and take my kids.¹⁶³

I was frightened that if Child Protection knew how frequently X was breaching the IVO they would determine I could not protect my children and I would lose custody. In my first meeting with Child Protection, they told me explicitly that they were not interested in me or my circumstances, their only concern was whether my children were protected by me or not. This made me feel highly anxious.¹⁶⁴

An anonymous submission to the Commission articulated similar pressures:

The child services officer informed me that if I didn't kick him out immediately, I would probably be investigated for being a non-protective parent. After that advice, I had no choice, even though, knowing him, it would have been safer to 'make up' with him that evening and leave when I'd done some proper planning and got some money. I tried to explain this to the counsellor, but she kept overriding me, saying the money wasn't important. I realised that if I chose to [go] against their advice and something happened to me and the children, I would be blamed and the kids could be taken away from me.¹⁶⁵

Professor Humphreys has observed that state surveillance of single mothers is most marked for Aboriginal and Torres Strait Islander women.¹⁶⁶ Child Protection intervention has been a significant deterrent for Aboriginal and Torres Strait Islander families to disclose family violence¹⁶⁷ and as a consequence, Aboriginal and Torres Strait Islander women may be unable or unwilling to access support services for family violence. This is further discussed in Chapter 26.

‘Failure to protect’ laws

The Commission received a number of submissions calling for the repeal or amendment of the failure to disclose offence in section 327 of the *Crimes Act 1958* (Vic).¹⁶⁸

Background to Victoria’s ‘failure to protect’ offences

‘Failure to protect’ laws are laws that make it an offence for adults to fail to take action when they are aware a child in their care is at risk of abuse or other violence. These laws exist, in broader and narrower formulations, in various jurisdictions including Victoria, South Australia, the Northern Territory, the United Kingdom, United States and New Zealand.¹⁶⁹ These laws can include a failure to report or disclose.

In 2011, as part of its pre-election commitments, the Victorian Government commenced consultation on the introduction of more stringent failure to protect laws.¹⁷⁰ Many organisations cautioned against this approach because of the possibility they could be used against victims of family violence. The Protecting Victoria’s Vulnerable Children Inquiry (Cummins Inquiry) noted that caution should be exercised about the enactment of such laws. If they were to be introduced, the prosecution should be required to prove that the accused was not exposed to family violence.¹⁷¹

The Cummins Inquiry also recommended that the Crimes Act should be amended to create a separate reporting duty where there is a reasonable suspicion that a child is being, or has been, physically or sexually abused by an individual within a religious or spiritual organisation, and that this offence should attract a suitable penalty having regard to existing offences in the Crimes Act and the Children, Youth and Families Act.¹⁷²

In 2012, in response to another recommendation in the Cummins Inquiry that a formal investigation be conducted into the process by which religious organisations respond to the criminal abuse of children by religious personnel within their organisations,¹⁷³ the Victorian Government requested that the Family and Community Development Committee (Committee) undertake an inquiry into these processes. In November 2013, the Committee recommended, among other things, that a ‘failure to report’ offence in relation to child abuse should be introduced into the Crimes Act.¹⁷⁴ It also recommended that this offence should apply not only to religious and spiritual organisations, as recommended in the Cummins Inquiry, but to the community at large.¹⁷⁵ The Committee stated that all adults have a moral responsibility to report any reasonably held suspicions about someone who may be committing acts amounting to criminal child abuse, and that encouraging people to report actual or suspected criminal child abuse was vital.¹⁷⁶

Accordingly, the Victorian Government introduced the Crimes Amendment (Protection of Children) Bill 2014 (Vic) which enacted a ‘failure to disclose’ offence in the Crimes Act for failing to disclose child sex abuse to the police. Section 327(2) of the Crimes Act, which took effect in October 2014, provides that:

a person of or over the age of 18 years (whether in Victoria or elsewhere) who has information that leads the person to form a reasonable belief that a sexual offence has been committed in Victoria against a child under the age of 16 years by another person of or over the age of 18 years must disclose that information to a police officer as soon as it is practicable to do so, unless the person has a reasonable excuse for not doing so.

The Victorian Government did not take up the suggestion made in the Cummins Inquiry that any ‘failure to protect’ offence should require the prosecution to prove that family violence is not present.

However, section 327(3) provides a defence if a person has a 'reasonable excuse' for their failure to disclose, including where the person fears on reasonable grounds for the safety of any person (other than the person reasonably believed to have committed the offence) if the information was disclosed to police, and the failure to disclose the information to police was a reasonable response in the circumstances.¹⁷⁷

The maximum penalty for the offence is three years' imprisonment.

Comparison with other offences

In Victoria, there is an existing failure to protect offence in section 493(1)(b) of the Children, Youth and Families Act. This section provides that a person who has a duty of care in respect of a child who intentionally fails to take action that has resulted, or appears to result, in the child's physical development or health being significantly harmed, is guilty of an offence. Sub-section (2) provides that proceedings for an offence may only be brought after consultation with the Secretary of DHHS. The maximum penalty for the offence is 50 penalty units¹⁷⁸ or 12 months' imprisonment.

This offence existed in substantially identical terms in the previous legislation, the *Children and Young Persons Act 1989* (Vic).¹⁷⁹ There have only been 13 incidents recorded against this offence by Victoria Police since 2000¹⁸⁰ and the Commission is not aware of any prosecutions to date.

There are important differences between many of the failure to protect offences that exist (both in other jurisdictions and in Victoria) and the offence in section 327 of the Crimes Act. Some of the key differences between section 493 of the Children, Youth and Families Act and section 327 of the Crimes Act are shown in Table 11.1.

Table 11.1 Section 327 of the Crimes Act and section 493 of the Children, Youth and Families Act

Section 327 Crimes Act	Section 493 Children, Youth and Families Act
The offence applies to the whole community (over the age of 18), not just those persons that have a duty of care in respect of a child	The offence applies to those who have a duty of care in respect of a child
The conduct required by the offence is limited to reporting to a police officer, not a general duty to 'take action'	The conduct required by the offence is to 'take action'. The appropriate action that should be taken in any particular case would depend on the facts of the case
The subject matter of the required disclosure is limited to disclosing information regarding sexual offences that have been committed against a child under the age of 16	This offence applies to any conduct that has resulted in the child's physical development or health being significantly harmed
There is no express element of intention	There is an express element of intention
There is a defence of 'reasonable excuse' under section 327 which may apply to victims of family violence	There is no specific defence that applies. However, as noted above, proceedings for an offence may only be brought after consultation with the Secretary of DHHS.

It has been argued that failure to protect laws should be drafted clearly to lessen their potentially negative effect.¹⁸¹ This may require defining when the duty of care to protect children exists, delineating the steps a person must take when they become aware of the abuse and adopting an affirmative defence to excuse persons who fear for their safety or the safety of abused children.¹⁸² Arguably, the section 327 offence has been drafted to meet some of these suggested criteria.

Concerns about section 327

Those who supported an amendment to the law argued that the Victorian Government should amend the offence to limit it to a failure to disclose by a person in authority within a relevant organisation.¹⁸³

The Commission was told that failure to disclose offences are problematic for a number of reasons. These include:

- ▶ the 'chilling effect' on rates of voluntary reporting
- ▶ the detrimental effect to women who are experiencing family violence because of the high co-occurrence of child abuse and family violence against others (for example, the child's mother)
- ▶ their disproportionate impact on women
- ▶ their relative ineffectiveness.

The Commission heard that failure to disclose laws place responsibility for abusive behaviour on the non-abusive parent, which is inconsistent with recent reforms regarding perpetrator accountability.¹⁸⁴

Several of the submissions argued that the 'failure to disclose' offence is unnecessary, particularly as it applies to individuals. In cases where, for example, a mother has voluntarily participated in the abuse of her children, this conduct would be adequately covered by the law on complicity.¹⁸⁵ The Commission notes that such laws may not cover every situation; for example, where a person had no involvement in the offence and merely had information suggesting that an offence had been committed against a child.

Finally, in relation to the offence under section 327, we were told that the offence is unnecessary because of the existence of section 493 of the Children, Youth and Families Act and that the 'reasonable excuse' defence is inadequate (discussed in detail below).¹⁸⁶

None of the submissions raised concerns in respect of section 493 of the Children, Youth and Families Act, which can also be characterised as a failure to protect offence. Some of the criticisms that were levelled at section 327 of the Crimes Act also apply to section 493 of the Children, Youth and Families Act.

There are clearly competing policy considerations that exist in respect of the offence under section 327 (and section 493 of the Children, Youth and Families Act). On the one hand, it is important to protect vulnerable children from sexual abuse and encourage the reporting of potential abuse. On the other hand, it is also critical to protect victims of family violence from prosecution for failing to take an action that they were arguably powerless to take and which may actually increase the risk to them and the child. It appears the provision has been drafted with these competing considerations in mind.

Invisible perpetrators

In her 2007 issues paper on family violence and Child Protection, Professor Humphreys noted a range of Child Protection practices that contribute to making perpetrators, often fathers, invisible to the system. These include formal Child Protection reports that fail to mention family violence; serious family violence being described by Child Protection as 'family conflict'; family violence being attributed to mental illness or substance abuse; and a failure by Child Protection to engage violent men in assessments.¹⁸⁷

The Commission heard multiple accounts of experiences within the Victorian child protection system on this issue.¹⁸⁸ As described by the Australian Association of Social Workers:

Child protection systems often emphasise the behaviour of the mother as the issue that puts children at risk, rather than it being the abusive behaviour of the perpetrator that places the children at risk. Women victims of violence often bear the full force of official surveillance and judgement of their competence as a parent, with the perpetrator of that violence disappearing from public scrutiny. The perpetrator is not held accountable for his violence, escaping any scrutiny or accountability. Rather than taking this opportunity to engage with the perpetrator and hold him to account for his violence the system misses a unique window to intervene and force him to deal with his behaviour and return the family to safety.¹⁸⁹

Cobaw Community Health argued that failing to engage with perpetrators is partly due to inadequate training of child protection workers who are 'often themselves intimidated by perpetrators and are not skilled enough to address issues of power inequities'.¹⁹⁰

In the Luke Batty inquest, Judge Gray highlighted the need for Child Protection to intervene with the alleged perpetrator when they closed their file. He recommended that DHHS:

exhaust (all best) efforts to:

- (a) interview the alleged perpetrator of the violence to determine whether harm in relation to a child has been substantiated;¹⁹¹

The Commission notes that where the perpetrator has no interest in opposing a Child Protection court order, there is no way of compelling him to participate in a DHHS interview.¹⁹² Dr Robyn Miller,¹⁹³ social worker and family therapist, told the Commission that this is sometimes known as the 'invisible man syndrome'. She said:

This is at times unavoidable because, through no fault of child protection, the perpetrator has made himself scarce and in some cases I've been involved with, has even been hidden by the women because of her fear of his retribution.¹⁹⁴

However, the Commission was made aware of a number of ways that Child Protection could take more proactive steps to engage perpetrators. It was also informed of a number of practice models for working with families where the perpetrator remains in the home or remains connected through children, for example where family court parenting orders allow him contact.

The Caledonian model from Scotland was mentioned in a number of submissions.¹⁹⁵ The model has three elements: a men's program to assess and address men's risks and build on their strengths; women's and children's services to understand and address women's and children's vulnerabilities and strengths; and effective protocols between relevant agencies.¹⁹⁶ The men's program is usually of two years duration and involves 14–20 one-on-one sessions, a 26 week group program and a maintenance phrase delivered on a one-on-one or group basis.¹⁹⁷ The model includes a module on children and fathering and identifies that for many fathers, the desire to be a good father is a motivating factor for change. The child-centred module is designed to help men acknowledge the impact and damage the violence has on their children.¹⁹⁸

The Safe and Together Model, prepared by American Mr David Mandel, was drawn upon by No To Violence, which suggested to the Commission that DHHS adopt a 'perpetrator-pattern, child-centred, survivor strength-based approach to improve outcomes with children and families exposed to domestic violence perpetrator's behaviour'.¹⁹⁹ The model is based on the principle that it is in the best interests of a child to remain 'safe and together' with the non-offending family violence survivor, and that a partnership between child welfare/protection agencies and the non-offending parent is the most effective and efficient way to promote the safety and wellbeing of the child.²⁰⁰ This model was also supported in a number of other submissions to the Commission.²⁰¹

The Commission heard that Mr Mandel's approach has been successful in several US states, and is used in the United Kingdom and parts of Australia.²⁰² It is a 'violence-informed' model which focuses on an assessment of the perpetrator and moves away from child protection system 'failure to protect' approaches to child protection practice.²⁰³ It is underpinned by three factors:

- ▷ first, an understanding that the source of risk to the child is the perpetrator's behaviour
- ▷ secondly, a comprehensive articulation of the nexus between the perpetrator's behaviour pattern and child and family functioning
- ▷ thirdly, an assessment of the man as a parent and a more comprehensive assessment of the protective capacity of the victim of family violence.²⁰⁴

Programs for men under this approach involve co-location and joint training of family violence and child protection workers. DHHS has indicated that Mr Mandel has been engaged to train a small number of practitioners in his approach.²⁰⁵ A key finding in a recent report by ANROWS (Australia's National Research Organisation for Women's Safety) report was that evidence suggests that training alone has little impact upon supporting a major culture and service system change.²⁰⁶ Models such as the Safe and Together Model include 'long-term technical and implementation support rather than one off training days'.²⁰⁷

The evaluation of the Safe and Together model in Ohio found the program led to a greater focus among

Child Protection workers on the entire family, including the perpetrator, less victim blaming, and better screening, assessment and evidence-based practices on the ground.²⁰⁸

Child and Family Services in Ballarat recommended a more coordinated response to provision and referral to men's behaviour change programs, including in the child protection context. It remarked that service demand was being driven by an uncoordinated service referral to the programs from Child Protection, the courts and corrections:

With the ever increasing demands on the MBC [men's behaviour change] services being made by departments that include the Magistrates Court of Victoria, DHHS and Corrections Victoria (CV) from a systems response it now feels like there are at least three bodies (DHHS, Magistrates Court & CV) fighting for their space in the service system. While there maybe discussions occurring at senior levels, at a service system response level there appears to have been little or no obvious communication occurring.²⁰⁹

Dr Robyn Miller told the Commission that a key area for improvement in child protection practice was engaging the perpetrator and holding him accountable for changing his behaviour.²¹⁰ Dr Miller told the Commission that effectively engaging with perpetrators would require partnership with other agencies during both risk assessment and management phases:

The partnership with police is crucial in these cases as at times it is simply unsafe for child protection, family services or family violence practitioners to engage with the perpetrator. Worker safety issues are of critical concern and there are some cases where a social work response is not the answer and the perpetrator requires a targeted police response to manage the criminal behaviour and disrupt the likelihood of further harm.²¹¹

The Commission notes that Child Protection is beginning to place greater emphasis on the ways in which a violent parent may endanger the safety of a child and the parent caring for that child. Since 2014, Child Protection practitioners in Victoria have been guided by a June 2014 DHHS practice guide, *Working With Families Where an Adult is Violent*, which stresses the importance of keeping the perpetrator in the picture and avoiding mother blame.²¹² Domestic Violence Victoria remarked that this resource was 'an important step in building this capacity' of the child protection workforce to work with violent offenders.²¹³

Judge Gray in the Luke Batty Inquest made recommendations in relation to this practice resource. He recommended that DHHS require their staff comply with the practice guide, *Working With Families Where an Adult is Violent* (2014), to ensure:

- when assessing the protective capacity of the non-offending parent, by analysing the protective factors and ensuring they have been weighted against the history
- assessing pattern and severity of harm perpetrated against them
- undertaking a comprehensive risk assessment of the perpetrator and their behaviour and that the department can demonstrate a robust approach to locating perpetrators that are evading service involvement or have no fixed address.²¹⁴

The Victorian Government has confirmed the commencement of the implementation of these recommendations and has indicated that 'DHHS's implementation of this recommendation will include a review of how to strengthen training approaches to mandate child protection participation in family violence training, based on the resource guide'.²¹⁵

There is further discussion on risk assessment in Child Protection practice below and is described in more detail in Chapter 6. Intervention and engagement with perpetrators of family violence so as to better protect victims of family violence, is described in Chapter 18.

Increased reports to Child Protection

The 2012 Cummins Inquiry found that a key challenge for the child protection system was the difficulty of deciding whether 'the right level of statutory child protection services was being provided to the Victorian community'.²¹⁶

Victoria's statutory child protection services ... must therefore address the inherent tension arising from the broadened community view of what places a child at significant risk of harm.

They get criticised for not doing enough to protect some children, whilst at the same time being criticised for being too intrusive or not managing demand.²¹⁷

A 'two-doorway' or 'differential response' system²¹⁸ has been operating in Victoria since 2005. A referral can either be made to the statutory child protection system or to family services through Child FIRST. The key principle behind this system is that children and their families should not be referred to Child Protection except in the most serious cases. Diversion away from Child Protection is intended to direct vulnerable families and children to support services and to encourage increased family cooperation with these services.²¹⁹

The Commission heard that in Victoria there has been a tendency to make blanket referrals to Child Protection when children are exposed to family violence.

The default position in Australia, the United Kingdom (UK) and North America has tended to be to refer all children living with family violence to statutory child protection. Sometimes this is through legislation on mandatory notification, at other times through practice guidance. Hitching children who are living with family violence to 'the child protection juggernaut' fails to acknowledge the differential response that may be needed and more appropriate.²²⁰

The Commission heard that this 'net-widening' approach brings some families experiencing family violence into contact with the child protection system when it may have been more appropriate to provide other forms of support to them. It also has the effect of swamping the child protection system. By swamping the system and expending finite resources on investigations to determine whether a child protection response is required, welfare resources are diverted from family support and prevention services.²²¹

Data on reports to Child Protection where family violence is indicated, is set out above. According to this data, in 2013–14 approximately 70 per cent ($n=26,088$) of these reports were not investigated. As we discuss below, of the police L17 reports sent to Child Protection in 2013–14, approximately 84 per cent ($n=11,764$) were not investigated.²²²

In the Luke Batty inquest, Judge Gray recommended that DHHS provide greater guidance to family violence agencies about when a report to Child Protection should be made.²²³ The Victorian Government has confirmed that they will implement this recommendation.²²⁴ However, the Commission notes that DHHS data provided to the Commission shows that the highest percentage of reports to Child Protection come from police.

Referrals from police

In 2013–14, DHHS data indicates that 24,139 reports to Child Protection were made by police, making up approximately 29 per cent of the total number of reports to Child Protection. Of the reports from police, 14,032 reports were made via the L17 process.²²⁵

Over the last four years, the number of reports by police to Child Protection where family violence is indicated have more than doubled. This is shown in Figure 11.3.

Figure 11.3 Total police reports to Child Protection, 2010–11 to 2013–14



Source: Based on Department of Health and Human Services, 'Data Request Summary' (9 June 2015), Worksheet 4, produced by the State of Victoria in response to the Commission's Notice to Produce dated 5 June 2015, clarified on 4 February 2016

Police L17 reports to Child Protection and referral pathways

Despite growing numbers of reports to Child Protection, many police reports do not result in an investigation.

DHHS data shows that, in 2013–14, of the 14,032 reports made to Child Protection by police which were made as part of the police family violence L17 process, approximately 84 per cent ($n=11,764$) were not investigated by Child Protection.²²⁶

Following attendance at a family violence incident where a child or young person is present, or has witnessed, or has been affected by family violence,²²⁷ police must make a decision about the most appropriate pathway for their referral. Possible pathways include a referral to the statutory child protection system or to family services through Child FIRST.

The Victoria Police Code of Practice for the Investigation of Family Violence requires that:

- ▶ police *may* make a report to Child Protection or to Child FIRST where they have significant concerns for the wellbeing of an unborn child, child or young person—they should not refer to both systems²²⁸
- ▶ police, as mandatory reporters to Child Protection, *must* make a report to Child Protection if they believe that a child or young person is in need of protection from significant harm as a result of physical injury or sexual abuse,²²⁹ or where they have reasonable grounds to suspect a child or young person has suffered, or is likely to suffer, significant harm as a result of physical injury, sexual abuse, or psychological harm, and the child's parents have not protected, or are unlikely to protect the child from harm.²³⁰

As part of the L17 process, Victoria Police also make formal or informal referrals to specialist family violence services. Police can formally refer an affected family member (usually a parent) to specialist family violence services at the same time they make a report to Child Protection or a child-specific referral to Child FIRST.²³¹ Where police make a formal referral to a specialist family violence service they will state if a child was present at an incident and the child will be considered as part of that formal referral.²³² Police can also make informal referrals for families, which involves them providing the family with contact details for the service.²³³

A police referral to a specialist family violence service means that a family may have already been formally referred to specialist services at the same time they are referred into the child protection system. Further discussion regarding police referrals to specialist family violence services can be found in Chapter 13.

The choice about whether circumstances require a Child FIRST referral or a Child Protection referral requires the exercise of police judgment. Victoria Police told the Commission that, in practice, police L17 referrals are most frequently sent to Child Protection rather than to Child FIRST:

This two-doorway system means Child Protection may receive a large volume of referrals that require their assessment before being deemed below their service threshold and that divert their resources from responding to cases that do merit their intervention (there is a high rate of reports that do not proceed to investigation, suggesting there are a number of reports that are not meeting the child protection threshold). By comparison, police refer relatively few matters to Child FIRST and there is potential to improve referrals to this non-statutory pathway

...

At present, police are expected to make decisions about this pathway in the field, sometimes with limited information.²³⁴

Elsewhere in this chapter, the Commission has relied on DHHS data. To determine police practice in sending L17s, we have used Victoria Police data, which identifies a lower number of police referrals than the DHHS data described above. In 2013–14, police data specified that 11,042 family violence L17 referrals were made by police to Child Protection and 1901 referrals were made to Child FIRST.²³⁵ For that same period, there were 51,628 L17 referrals sent by police to specialist family violence services.²³⁶

During the Commission's community consultation process, the Commission was told that, at least in some areas, duplicate referrals to both pathways into the child protection system were being made by police:

A lot of police are choosing to send the L17 to Child FIRST and Child Protection as they don't know the right agency to send it to. Sending it to the wrong service can provide delays for DHHS. Police need guidelines about who to send it to. Child FIRST are not a crisis service so the L17 can sit there for days before they are sent on to Child Protection.²³⁷

Ms Allen noted that the effect of police reporting most family violence matters involving children to Child Protection was that the differentiated pathway was not being effectively used.²³⁸ She described the impact of this on the child protection system:

This is burdensome for Child Protection as Child Protection must record every L17 report in the Department's Client Relationship Information System, assess each report and classify each report to identify those that require action and those that do not. Sometimes the detail on the forms does not indicate that a child is at risk or in need of protection or even that a support response or investigation is required.²³⁹

Dr Robyn Miller explained:

Child Protection resources are finite, and careful assessment is required so that only the most extreme cases where children are at significant risk and where other interventions have not mitigated that risk, are referred and dealt with by child protection.²⁴⁰

Victoria Police told the Commission that police may be reluctant to refer to Child FIRST as they understand that parental consent is a requirement for a family to engage with Child FIRST and they know that parents may not consent to engage.²⁴¹

The Commission acknowledges that assessing risk can be a balancing act for service providers. The 2012 Cummins Inquiry commented on this point in relation to intervention by Child Protection:

'False-positive' risk assessments occur when DHS, for a number of reasons, over-estimates the risk presenting for a particular child or young person and unnecessarily responds with statutory intervention when this is not required for a given family situation. A 'false-negative' assessment occurs when DHS underestimates the risk presenting for a given report and fails to detect the risk of significant harm of abuse or neglect ... [C]hanging decision-making practices with the objective of reducing false positive assessments will inevitably increase the rate of false negative assessments and vice versa, other things being equal.²⁴²

The Cummins Inquiry commented that Child Protection risk assessments tend to be dominated by a risk-averse approach to avoid the terrible consequences of a false negative involving the death or serious injury of a child who was missed or unprotected by the child protection system.²⁴³ The inquiry concluded that the statutory child protection system had an important role to play in responding to child abuse and neglect but that child protection services must be better connected to a broader government and community response to vulnerable children.²⁴⁴

Improving referral pathways for police

The Commission was made aware of a number of ways that police use of the current 'two-doorway' system could be improved.

Anglicare Victoria argued for a model based on the L17 triaging panels trialled in the Hume Moreland and Metropolitan North East regions, which are located in family violence services.²⁴⁵ Under that model, new referrals would be assessed by a panel comprising of police, family violence workers, Child FIRST workers and Child Protection staff.²⁴⁶ Anglicare Victoria stated: 'our view is that this was much more successful than the process of police or Child Protection simply forwarding L17s to Child FIRST'.²⁴⁷

Other proposals for reform to the present 'two-doorway' system included a single police referral point for child victims of family violence, including a triage and subsequent redirection of each case to Child Protection or Integrated Family Services, as appropriate. This approach was supported by Victoria Police:

Victoria Police ... suggests a single entry point for the referral of child victims, enabling Child FIRST and Child Protection workers to apply their respective powers and expertise to jointly assess the needs of each child victim and determine the most appropriate service pathway. This would ensure all child victims receive a timely initial assessment and are more likely to be directed appropriately in the first instance, and that a family does not end up with a Child Protection record that is not warranted. Importantly, a 'single doorway' approach would enable both services to refer the child to the other so that interventions can be escalated or downgraded as appropriate.²⁴⁸

Professor Humphreys argued that the premise of any new system should be a differential response, with the service response tailored to the varied needs of children who live with family violence.²⁴⁹ Such a system would involve initial rapid risk screening of all police family violence incident reports involving adult victims, perpetrators and children.²⁵⁰ The researchers also recommended that the triage could take place within defined geographic areas to maximise referral pathways.²⁵¹

Other suggestions included mandatory joint visits by police and Child Protection following a police call-out to a family violence incident.²⁵²

The Aboriginal Family Violence and Prevention Legal Service Victoria recommended a review of the L17 process relating to Aboriginal and Torres Strait Islander victims of family violence 'to ensure that culturally targeted and localised referral pathways are implemented in consultation with FVPLS Victoria and other local Aboriginal and Torres Strait Islander organisations across Victoria'.²⁵³ The Victorian Aboriginal Child Care Agency recommended that all Aboriginal and Torres Strait Islander people should be given the option of whether they want to access mainstream services or Aboriginal and Torres Strait Islander services.²⁵⁴

In her statement to the Commission, Ms Allen signalled that DHHS and Victoria Police were engaged in a process of reviewing the L17 form.²⁵⁵ Ms Allen suggested that the redesign of the form, together with further police training, would better assist police in directing their L17 referral to the most appropriate pathway.²⁵⁶

Further discussion regarding pathways in the Victorian family violence system, can be found in Chapter 13.

Response to family violence

Understanding family violence

One of the key issues identified in submissions received by the Commission is that family violence services focus predominantly on the risk to the mother, while Child Protection focuses predominantly on the risk to the child, despite the close relationship between these matters. In its submission to the Commission, Domestic Violence Resource Centre Victoria explained:

Specialist family violence services are primarily funded to work with adult victims and most do not receive dedicated funding for case management of children. Child Protection services, on the other hand, focus on children. However, they generally do not undertake specific family violence risk assessment and risk management for children, nor do they have the specialist knowledge for responding to women and children experiencing family violence.²⁵⁷

The Commission heard that the different philosophies that guide specialist family violence and child protection services can hinder collaboration between the two systems,²⁵⁸ and that a lack of collaboration is 'a significant barrier to effectiveness' in responding to family violence.²⁵⁹

Domestic Violence Victoria submitted:

The historically divergent philosophical and practice responses of the family violence and child protection sectors have developed quite independently of each other resulting in significant barriers for collaboration. The child protection system is statutory, child-focused and involuntary and family violence services are woman-centred and voluntary. Over time these different practice frameworks have created a tension characterised by distrust, poor communication and poor collaboration that can undermine what should be the mutual goal of meeting both mother and children's safety and wellbeing.²⁶⁰

In its submission, the Integrated Family Violence Partnership, Southern Melbourne, suggested that having Child Protection assess the risk to the mother and child concurrently may contribute to improving this problem.²⁶¹

The Commission received many submissions that emphasised the need for child protection workers to better understand the dynamics of family violence.²⁶² The Victorian Council of Social Services submitted that:

... many examples of mistrust and poor practice in the interface between child protection and specialist family violence services have been identified, including:

- the failure of child protection to understand the dynamics of family violence
- holding women, rather than perpetrators, responsible for the protection of children in family violence situations
- inadequate training for child protection workers
- the use of inappropriate ultimatums to women to leave their abusive relationships and keep their children, or stand and lose their children
- lack of cultural awareness regarding Aboriginal and CALD women in family violence situations.²⁶³

Domestic Violence Victoria submitted that:

Current practice within child protection indicates that the lack of understanding of the dynamics and nature of family violence can limit workers' ability to respond effectively where family violence is present.²⁶⁴

The Commission heard that the lack of understanding of the effects of family violence can sometimes result in victim blaming. Cobaw Community Health Service said they believed that child protection workers were insufficiently skilled to address power inequalities between victims and perpetrators and tended to place responsibility for the perpetrator's behaviour upon mothers.²⁶⁵

The Aboriginal Family Violence Prevention and Legal Service Victoria (FVPLS Victoria) said that its clients routinely recount that child protection workers adopt punitive approaches to Aboriginal and Torres Strait Islander women experiencing family violence, and that child protection workers do not abide by statutory obligations towards Aboriginal and Torres Strait Islander children and their families.²⁶⁶

This includes Child Protection workers responding to Aboriginal women as though they are to blame for being victims of family violence and making decisions about their capacity to care for their children on the basis of this misinformed view. This re-victimisation contributes to victims' reluctance to seek help which can contribute to victims/survivors' isolation and vulnerability putting them and their children at greater risk of family violence – and Departmental intervention.²⁶⁷

FVPLS Victoria recommended that a 'fundamental attitudinal shift is required within the Department to reform the way the system responds to Aboriginal [and Torres Strait Islander] victims/survivors of family violence'.²⁶⁸

The Commission heard other examples of Child Protection practice where a better understanding of family violence could have assisted the victim and her children. In an anonymous submission, the Commission heard that a victim's former husband, as part of his continued control over her following their separation, made malicious reports to Child Protection.²⁶⁹ The victim was subjected to repeated investigations and home visits by DHHS staff. The submission states, 'As my sons are happy, loved and well-cared for, these investigations have been a waste of CPS's valuable time and effort'.²⁷⁰

Another woman explained to the Commission that she felt Child Protection staff who were working with her did not have sufficient experience or length of involvement in her case to assess the risk to her and her newborn child from the family violence committed by her partner:

I feel that the issue here is that inexperienced DHS staff was put to supervise access, our case workers who were changed several times for unknown reasons, were all in their 20's and often women. I do not think that they had the experience nor the competence to assess things correctly as, a couple of well-behaved meetings were sufficient for DHS to state that there were no concerns in spite of all the history and past happenings.²⁷¹

Training and support

The 2012 Cummins Inquiry recommended that family violence training should be provided for those who are required to report child abuse to DHHS, including doctors, nurses, midwives, teachers, school principals and police.²⁷²

Submissions received by the Commission also focused on the need for training to increase awareness of family violence among child protection workers. Cobaw Community Health recommended enhanced training for child protection workers around understanding the gendered dynamics of family violence.²⁷³ FVPLS Victoria stated that along with 'family violence sensitivity training', '[w]orkforce development must include widespread, compulsory training for all child protection workers in order to improve cultural respect and awareness' of the experience of family violence for Aboriginal and Torres Strait Islanders.²⁷⁴

Shakti Migrant and Refugee Support Group Melbourne told the Commission that child protection workers should undertake cultural sensitivity training with an emphasis on picking up culturally-specific forms of family violence, such as under-aged or forced marriage, dowry abuse and female genital mutilation.²⁷⁵

Dr Robyn Miller told the Commission that since 2006, child protection practitioners have been trained 'to understand the cumulative harm to children of family violence and also to be able to talk about this in ways with women that do not further diminish their self-esteem or make them feel blamed for the impact on their children'.²⁷⁶ Dr Miller recognised that:

Sometimes child protection saying 'you need to separate from this man or we'll need to become involved' can also result in some women keeping the relationship secret and therefore diminishing her capacity to seek help where needed. This may have devastating consequences for children.²⁷⁷

In 2012, the Office of Professional Practice was established as a result of a departmental restructure which brought together the Office of the Principal Practitioner and the former Office of the Senior Practitioner – Disability.²⁷⁸ Its role within DHHS is to 'build practice and to create an environment which fosters the continual improvement of workforce capability to meet the needs of the Department's clients'.²⁷⁹ The Office of Professional Practice comprises a chief practitioner and director, a senior practitioner disability, an assistant director and two statewide principal practitioners, among others including two co-located child protection practitioners at Victoria Police and the federal family courts.²⁸⁰

The functions of the Office of Professional Practice includes providing practice leadership across DHHS, including making authoritative decisions and recommendations for Child Protection.²⁸¹ The Office fulfils its leadership role by:

- supporting front line practitioners and programs through direct involvement with case work
- monitoring and reviewing practice
- providing practice research and evaluation
- promoting professional development and training
- being the expert spokesperson on professional practice
- influencing policy and program design.²⁸²

Child protection practitioners are able to contact the Office to obtain advice and support in relation to cases they are working on, and a key function of the office has been to consider emerging issues in child protection practice, including family violence.²⁸³ Professional development and training regarding family violence has been provided to child protection practitioners, as well as Youth Justice, Disability Services and Services Connect programs.²⁸⁴

The Commission heard that in recent years DHHS has introduced training to improve understanding of family violence among child protection practitioners. During a four-week long program known as Beginning Practice, practitioners are introduced to family violence legislation; possible Child Protection responses to family violence are canvassed; and family violence case studies are used to teach interview skills and provision of evidence in the context of family violence.²⁸⁵

Targeted programs have been offered to child protection practitioners, Child FIRST and Integrated Family Services, and select Victoria Police members on working with men who use violence. In addition, senior child protection practitioners received training on risk assessment and decision making where there are threats to harm children, partners or other family members. There has also been a number of other training programs to Child Protection practitioners on effective responses to family violence.²⁸⁶ This included training which was delivered by No To Violence and the Office of Professional Practice within DHHS.²⁸⁷ Professor Humphreys noted that '[c]ontinuing to support this professional development will begin to address the shift in "culture" which is required to change the focus of child protection work'.²⁸⁸

The Commission heard evidence about the current Child Protection Operating Model, which commenced in November 2012 and was designed to improve the quality and effectiveness of Child Protection practice by improving supervision of frontline child protection practitioners. This model resulted in the introduction of 'advanced practitioner' roles and is credited with increasing the proportion of child protection practitioners who continue working in that area.²⁸⁹

In addition to the common integrated case model known as the Best Interests Case Practice Model,²⁹⁰ which is used by DHHS staff who work with children,²⁹¹ there are also a number of internal DHHS documents which can be consulted by child protection practitioners. The 2014 specialist practice resource, Working With Families Where an Adult is Violent (noted above in relation to better engaging perpetrators) sets out key legislation relating to family violence, examines the impact of family violence on children, identifies issues faced by women with disabilities, culturally and linguistically diverse women, and Aboriginal and Torres Strait Islander women, and includes sections on risk assessment and child protection and family law.²⁹²

This resource has formed the basis of family violence education offered by DHHS across Victoria.²⁹³ The Commission understands that the Cumulative Harm Specialist Practice Resource also provides practical advice for workers in the area of Child Protection.²⁹⁴

In the Luke Batty inquest, Judge Gray commended DHHS for developing Working With Families Where an Adult is Violent, but noted that there was a failure to follow that guide.²⁹⁵ As discussed above, he recommended that DHHS ensure that all child protection staff comply with the practice resource by ensuring that they take a full history of the violence when determining whether the victim could act protectively, assess the pattern and severity of harm perpetrated against the victim, and undertake a comprehensive risk assessment of the perpetrator.²⁹⁶

The Commission notes that the 2015–16 Victorian Budget allocated \$3.9 million for Child Protection Flexible Responses, a project to co-locate family violence specialist workers in child protection offices.²⁹⁷ The aim of this project is to improve the capacity of child protection practitioners to respond appropriately to cases of family violence and to assist them to navigate the adult family violence service system.²⁹⁸ The money will enable the recruitment of an additional twelve child protection workers and seventeen family violence workers statewide.²⁹⁹

Service collaboration

The Australian Law Reform Commission and NSW Law Reform Commission identified inter-agency collaboration as an important issue in its inquiry into a national legal response to family violence.³⁰⁰ Similarly the Cummins Inquiry noted the presence of 'siloed service systems' and, in a family violence and child protection context, stated that greater clarity is required over which service system is responsible for coordinating and case managing a child or young person and their parents.³⁰¹ The inquiry recommended that there should be improved collaboration and pathways between statutory Child Protection services, Integrated Family Services and other services such as family violence and disability services.³⁰²

The DHHS Strategic Framework for Family Services 2007 acknowledges the need for 'Integrated Family Services to work collaboratively with Child Protection to develop effective diversionary responses that try to prevent families' progression into the statutory child protection system'.³⁰³ The Child Protection and Integrated Family Services State-Wide Agreement (Shell Agreement) 2013 provides a high-level framework setting out the responsibilities of Child Protection and Child FIRST.³⁰⁴ Ms Allen said in her evidence that there are 'high levels of collaboration and mutual understanding of respective roles' between Child Protection and family services such as Child FIRST.³⁰⁵

By contrast, in 2015 the Victorian Auditor General noted that the documented arrangements between Child Protection and Integrated Family Services system are continually being tested because of changes in the external environment, such as the significant increase in demand and complexity of cases, partly due to family violence.³⁰⁶ Numerous weaknesses in communication between DHHS and family service providers were identified. The Auditor-General recommended that DHHS undertake a comprehensive and urgent review of its current approach to early intervention including how it 'investigates and implements ways of improving the effectiveness of its communications about operational and strategic issues between and across the department centrally, regionally and locally, and with community service organisations'.³⁰⁷

One of the key links is the placement of community-based child protection advanced practitioners at each Child FIRST site to facilitate referrals from Child Protection, provide advice on specific cases including safety planning, and manage cases moving from Child Protection to Child FIRST, amongst other activities.³⁰⁸ The role was established in 2006 so as to improve information sharing between Child Protection and family services, enable consultation, assessment of children and families, and 'enable collaborative practice'.³⁰⁹

Dr Robyn Miller, told the Commission that, '[i]n my experience, the role is greatly valued by the family services sector'.³¹⁰ Dr Miller stated that:

the embedding of a specialist child protection practitioner in family services platforms such as Child FIRST is crucial to early intervention and ensuring better outcomes for children. It would be further improved by bridging the knowledge and skill held in the family violence service sector by co-locating family violence specialists in the Child FIRST teams and family services alliances.³¹¹

The 2011 KPMG review of Integrated Family Services found that the placement of child protection practitioners at each Child FIRST site had been critical to developing a service continuum between family services and Child Protection and was the 'lynchpin' between the two sectors.³¹² However, the same review noted that beyond the placement initiative, there were inconsistent links between Child FIRST and Integrated Family Services on one hand and Child Protection on the other. The authors cautioned against over-reliance on one scheme for service connection and suggested a greater focus on improving linkages across the entire workforces of both sectors.³¹³ The review also noted a lack of a shared practice framework, limited shared governance with inconsistent engagement by child protection leadership and challenges presented by workforce turnover and varied workplace cultures.³¹⁴

The 2015 Auditor-General's report into Integrated Family Services found that the role of community-based child protection advanced practitioners had been diluted over time with the assigned child protection workers increasingly required to take on Child Protection cases rather than being available to support Child FIRST and Integrated Family Services with case referrals and risk assessment.³¹⁵

The research project, the Patricia Project, looked at 'what processes or practices do child protection services and specialist domestic violence services or family law engage in so that they can work better together to improve service responses for women and children living with and separating from family violence'.³¹⁶ The project looked at a 24 'models of interagency working between child protection and/or family law'³¹⁷ used both in Victoria, in Australia and around the world. The November 2015 key findings included:

- A stronger knowledge base is needed.
- Quality monitoring of interagency joining up is needed.
- Evidence for underlying practice is as important as evidence for interagency working.
- A common feature of the interagency models was the establishment of formal agreements.
- Training is a frequently used starting point in interagency working.
- Working with the court requires additional formal agreement considerations.
- Further consideration is needed regarding infrastructure to support models.
- There is an apparent lack of child protection presence.
- Evidence may be available in other fields of sectors.³¹⁸

Collaboration with perpetrator interventions is further discussed in Chapter 18. Further discussion on the separation of referral pathways in Victoria and service collaboration can be found in Chapter 13.

Shared principles

In its submission, the Centre for Excellence in Child and Family Welfare proposed legislative amendments to support a shared understanding of family violence between child protection practitioners and other services that provide support to victims and/or perpetrators of family violence.³¹⁹

The Child Wellbeing and Safety Act 2005 (Vic) established the Victorian Children's Council, which independently advises the Minister on policies and services to enhance the health, wellbeing, development and safety of children³²⁰ and the Children's Services Coordination Board. The Children's Services Coordination Board consists of Secretaries of key departments³²¹ and is required to monitor administrative arrangements to support coordination of government actions relating to children, and to report annually to the Minister on outcomes of these actions.³²²

Section 5 of the Child Wellbeing and Safety Act sets out a series of principles which frame the design, development and provision of all services for children in Victoria. It contains a mixture of broad statements about the safety and wellbeing of children and the importance of family,³²³ as well as more specific directives for service provision³²⁴ including the principle that providers of services should cooperate with other services or professionals, work in the interests of the child and family.³²⁵

The Centre For Excellence suggested there might be merit in amending section 5 of the Child Wellbeing and Safety Act, or introducing new principles in the Family Violence Protection Act to create a set of explicit legislative principles that would mandate a consistent approach to family violence across child protection, family services and the family violence specialist service system.³²⁶

Risk assessment

The current Victorian Family Violence Risk Assessment and Risk Management Framework (referred to as the Common Risk Assessment Framework or the CRAF) does not contain comprehensive guidance on assessing the safety of children exposed to family violence. Child protection practitioners have had CRAF training since 2008.³²⁷

The CRAF notes that all interventions with children and families across the family services sector, including Child Protection, are guided by the Department of Health and Human Services' Best Interests Framework for Vulnerable Children and Youth.³²⁸ Additionally, the Working with Families Where an Adult is Violent: Best interests case practice model, provides child protection practitioners with direction and advice in relation to assessing risks to children.³²⁹

Child Protection does not mandate the use of CRAF. The best interests model, which sets out multiple risk indicators, is considered to be the most 'appropriate framework for risk assessment for children'.³³⁰ This model is premised on the view that risks to children are best assessed through professional judgment rather than by use of a particular tool.³³¹

In her statement to the Commission, Ms Allen explained:

Use of the Best Interests Model was a deliberate decision taken by the Department after considerable debate and evaluation of the available literature. The consensus was that the actuarial risk assessment models have too many false positives and false negatives.³³²

She told the Commission that DHHS had decided to invest in workforce training, support and professional development, rather than in a particular risk assessment tool.³³³ She noted that CRAF is 'not instructive about the management' of risks to children³³⁴ and that in the absence of an empirically validated risk assessment tool for children, DHHS considered the Best Interests Case Practice Model was the most appropriate risk management framework to support Victorian child protection practice.³³⁵

The Commission heard there was widespread agreement that the guidance which the CRAF provides on risk assessment for children needs review.³³⁶ The Commission received multiple submissions recommending the development of a specific risk assessment and management tool for children as a priority.³³⁷ Professor Nicky Stanley and Professor Humphreys recommended that child-focused risk assessment processes in the family violence context need to engage with mothers as partners in the assessment, and with men as fathers. Engagement with fathers should avoid collusion in claims that the violence is mutual or minimal by making the harm that family violence causes children much more explicit.³³⁸

In the Luke Batty inquest, Judge Gray recommended that it should be a priority of the Victorian Government to empirically evaluate the current CRAF. Judge Gray noted that the particular risk assessment conducted by the child protection practitioner in that case was not rigorous enough and was weakened by a lack of engagement with the perpetrator.³³⁹

The Child Protection risk assessment carried out for Ms Batty and her son Luke was just one of six family violence risk assessments conducted by various agencies, with each risk assessment performed in a 'silo' without the information received being shared or updated.³⁴⁰ The Victorian Government acknowledged to the Commission that in relation to risk assessment and family violence, 'the culture of "silos" and barriers to information sharing continues'.³⁴¹

Judge Gray found that the consequence of DHHS using a different risk assessment process for child protection purposes from that used by other agencies, was that women and children affected by family violence might experience multiple inconsistent risk assessments from various service providers, each of which assessed only part of the risk posed by family violence. Judge Gray recommended that all state agencies operating within the integrated family violence system should use the CRAF, or risk assessment aligned to the CRAF.³⁴²

There were a number of recommendations from Judge Gray directed to DHHS regarding the use of a proposed revised CRAF:

- I recommend that the DHHS incorporate in its Intake Phases practice where family violence services report family violence, that Child Protection requests a completed CRAF as part of its risk assessment and analysis.
- I recommend that the DHHS introduce a requirement that CRIS notes include the full text of all CRAF risk assessments undertaken in relation to children for whom files are opened.
- I recommend that the DHHS introduce a requirement that prior to, or when, undertaking a CRAF risk assessment, the DHHS obtain from Victoria Police all L17s relating to the child and their parents and any CRAF risk assessment undertaken by a specialist family violence service.
- I recommend that the DHHS introduce process whereby all CRAF risk assessments which include high risk family violence to a child be provided to Victoria Police for consideration of bringing an application for a FVIO.³⁴³

The Victorian Government, in its response to the Luke Batty inquest, has confirmed that they will implement the above recommendations and will finalise the implementation of those recommendations following the completion of this Commission's report and the evaluation of the CRAF,³⁴⁴ which is being undertaken by DHHS.³⁴⁵

Further discussion regarding the CRAF and risk assessment in Victoria is in Chapter 6 where the Commission recommends that the revised CRAF include evidence based risk indicators that are specific to children.

Information sharing

The barriers to effective information sharing emerged as a theme during the course of the Commission's work. Effectively assessing risk relies upon the timely and continuous sharing of information between key agencies dealing with families experiencing violence.

Unsurprisingly, one of the most common developments for interagency working lay with the development of protocols and agreements for ways of working together and information sharing. Given that child protection is a statutory service, any interface in relation to others in the DFV [domestic and family violence] service system will require this foundational development.³⁴⁶

The complexity of the confidentiality provisions in the Children, Youth and Families Act and in other legislation, as well as the existence of numerous information sharing protocols and policies, can lead to confusion and difficulty for both child protection practitioners and other services which support adults and children who are affected by family violence.³⁴⁷

The Act provides for the disclosure of information, in certain circumstances, for the purpose of sharing information with Child Protection. This includes requiring defined professionals, such as police, teachers and early childhood teachers, and registered medical practitioners who may have contact with vulnerable children, to provide information to DHHS.³⁴⁸ There are additional information-sharing provisions to allow DHHS to consult with other community services and agencies, and vice versa, regarding confidential reports.³⁴⁹

Ms Allen told the Commission:

The Department is currently reviewing the information sharing provisions in the [Children, Youth and Families] Act, with a view to simplifying the existing information sharing provisions of the Act and introducing greater clarity and confidence about when, and with whom, information can be shared. The Department recognises that in addition to legislative reform attention must also be given to cultural, leadership and systems issues.³⁵⁰

In addition to legislative and policy complexities, the Commission heard that the level of demand placed on the Child Protection system, coupled with the flaws in the Victoria Police LEAP database system, further discussed in Chapter 15, means that there are significant limitations on the sharing of information, including in relation to feedback loops after an L17 has been sent to Child Protection or family services:

The LEAP database cannot report on the follow up action systemically of the agency that received the L17 referral thereby we cannot report on the follow up action taken by the agency receiving the L17 referral.

Information from the agency regarding the outcome of the referral may be received by members and updated manually into the free text section of LEAP as part of the family incident, however this is not searchable or reportable in terms of being a data set.³⁵¹

Similarly, the Commission heard evidence about a number of issues relating to information exchange between DHHS (and its funded service providers) and courts. Specifically, the Commission heard that Child Protection workers have difficulty accessing information about family violence intervention orders from the Magistrates' Court and that magistrates may not be aware of Child Protection's involvement with a family during an intervention order application.³⁵² The Commission understands that similar issues arise in relation to the Children's Court. These issues are discussed in detail in Chapter 16.

In Victoria, as discussed above, there is a protocol between DHHS and the Family Court of Australia and the Federal Circuit Court of Australia. This protocol, among other things, provides guidance on the sharing of information between DHHS and the courts.³⁵³ Information sharing between DHHS and the federal family courts is further discussed in Chapter 24.

The Commission discusses the above issues, and information sharing more broadly, in Chapter 7 and makes recommendations that will help to improve information sharing between relevant bodies, including Child Protection, the courts and specialist family violence services.

Amendments to the Children, Youth and Families Act

The *Children, Youth and Families Amendment (Permanent Care and Other Matters) Act 2014* (Vic)³⁵⁴ received Royal Assent on 9 September 2014, and the majority of amendments came into effect on 1 March 2016.

Among other things, the Amendment Act imposes a time limit on parents resolving protective concerns before their children are placed on permanent care orders. This time limit is one year, or two years in exceptional circumstances.³⁵⁵

While the Commission heard several areas of concern about the Amendment Act, one of the key concerns was that complex issues, such as the impact of family violence and intergenerational trauma on families, may not be resolved within the one or two year timeframe proposed by the Amendment Act. In particular, the Aboriginal Family Violence Prevention and Legal Service Victoria stated that it is:

... deeply concerned that the 2014 reforms ... will disproportionately impact Aboriginal children and families who are statistically more likely to experience complex trauma – such as family violence – that cannot be quickly resolved according to an abbreviated timeline.³⁵⁶

On 6 August 2015, the Victorian Legal and Social Issues Committee handed down a report on, among other things, the Amendment Act. DHHS advised the Committee that there will be a review of the Amendment Act, scheduled to occur six months after the provisions come into effect on 1 March 2016.³⁵⁷ In evidence given to the Committee, Ms Allen stated that:

It is correct that the Minister has announced a review six months following the introduction of the [Amendment Act] and is very keen to understand the implications and impact of implementation, including any unintended consequences, of the Act.³⁵⁸

The way forward

Children and young people may be the direct target of family violence or may be harmed by being exposed to family violence against a parent. In cases involving physical or sexual violence, police may investigate the matter and charge the perpetrator with criminal offences.

Child Protection has the defined statutory role of protecting a child if he or she has suffered, or is likely to suffer, significant harm.³⁵⁹ The Commission heard that people affected by family violence sometimes look to Child Protection for support. Unless the statutory threshold is met, it is not the role of Child Protection to provide assistance for the adult of the child to address family violence issues or to provide direct assistance to children such as counselling or a therapeutic response. Nevertheless, Child Protection must take account of the close relationship between the safety of the child and the parent caring for the child (usually the mother) and must be aware of the ways which family violence may prevent a parent exposed to family violence from protecting their children. It must not place responsibility on the protective parent to protect a child from the other parent where it is not possible to do so.

Where a parent (usually a mother) seeks help, or Child Protection is otherwise informed that a child is being affected by family violence, it is vital that the parent and the children are referred to other services, including specialist family violence services, so that they can receive appropriate support. Child Protection should take active steps to engage families with specialist family violence services and other services, even where it has no statutory responsibility to intervene to protect the child.

Family violence may only be one of the factors indicated in a referral to Child Protection, as some of the children and families who come to the attention of Child Protection have complex problems, including substance misuse and mental illness. Child Protection can play an important role in linking families into family violence support system and wider services. These services may include Child FIRST, Integrated Family Services, and family violence services. Throughout the processes of intake, investigation and, where necessary, protective intervention, it is important for child protection practitioners to understand the implications for children and families of family violence. Their response must be informed by specialist knowledge on the direct and indirect effects of that violence.

Child Protection should also work with Victoria Police and family violence service providers to ensure that it is better informed about the risks posed by perpetrators when making decisions about whether protective intervention is required or a referral to other services is more appropriate.

Both Child Protection and the broader human services system have experienced increased reporting of family violence. There has been growth in reports to Child Protection, including reports which identify the presence of family violence. DHHS has already done considerable work to improve its response to the needs of children who have been affected by family violence. Recent measures include establishment of the Office of Professional Practice, the placement of child protection practitioners in Child FIRST, co-located child protection practitioners in Victoria Police and the federal family courts, the introduction of specialist practice resources, including Working With Families Where an Adult is Violent, and various other practice resources. Various training programs on family violence have been offered to practitioners. We consider that involvement in such programs should be mandatory for child protection practitioners. The aim of such training should be to increase their understanding of the dynamics of family violence and to encourage a culture of collaboration between child protection practitioners, police and specialist family violence services. Providing leadership on these issues will be an important role for senior child protection practitioners, including supervisors, team managers, practice leaders and the Office of Professional Practice.

Introduction of the Support and Safety Hubs (further discussed in Chapter 13) will bring together Child FIRST and specialist family violence expertise and help to break down the culture of service separation which exists between those who have a statutory responsibility for protecting children and those who assist families experiencing family violence. As part of the transfer of Child FIRST teams into the hubs, existing community-based child protection practitioners will also form part of the hub.

In the meantime more emphasis must be placed on the role which Child FIRST, Integrated Family Services and family violence services can play in supporting families, either while parents remain together or after separation. In the Commission's view an effective response to family violence requires greater investment in Child FIRST, Integrated Family Services and specialist family violence services to support families and children who are victims of family violence. We envisage that Child Protection will, over time, increase its understanding of family violence and its ability to work more effectively with other services, particularly family violence services. Such changes must be accompanied by a number of changes in child protection practice.

Recommendations made should be read in conjunction with matters are covered in other Chapters. We discuss the role of Child FIRST and Integrated Family Services in Chapter 10. Revision of the CRAF is dealt with in Chapter 6, improvements to information sharing are recommended in Chapter 7 and recommendations regarding pathways in the family violence system can be found in Chapter 13.

Supporting 'protective parents'

Discontinuing the use of non-statutory undertakings in family violence cases

In the past a protective parent, who was a victim of family violence, could be required to undertake that their children were not exposed to further family violence by the other parent. This may place victims of family violence in a position where they feel responsible for policing the behaviour of the perpetrator, even when this is impossible. Undertakings of this kind may conflict with the terms of an intervention order, confuse victims about their obligations, and place a victim and their child at further risk of family violence.

Judge Gray recommended that Child Protection discontinue the practice of 'asking women at risk of family violence to enter into undertakings requiring them to supervise or manage the behaviour of the perpetrator'.³⁶⁰ We support this view and support the Victorian Government and DHHS' intention to implement Judge Gray's recommendation and update the Child Protection Practice Manual accordingly.

DHHS should monitor whether the discontinuation of the use of non-statutory undertakings results in an increase in children being made subject to protection order applications.

Ceasing involvement with a family affected by family violence

We heard that once a 'protective parent' is identified in a case where family violence has occurred, Child Protection may close a case because it is no longer considered necessary to remain involved with the family where they are convinced that the child can be kept safe from harm.

However, the identification of a 'protective parent' may be insufficient. The parent may need support and services to address family violence as well as to keep their child safe from harm. We have proposed that Child Protection should strengthen their practice guidelines and procedures to make formal referrals for families to relevant services, including specialist family violence services, during the course of their involvement. If services are already engaged with a family, it is important to consider whether those are the most appropriate services to meet a particular family's needs.

In the Luke Batty inquest, Judge Gray recommended that DHHS adopt a standard practice of convening of a case conference before a Child Protection file was closed and that this should involve exhausting all best efforts to interview the alleged perpetrator, and engaging all agencies involved with the family to work together, share information, and develop robust safety planning. The Victorian Government and DHHS' response to those recommendations foreshadowed a process in which a case conference would precede the closing of a file, 'where the report has been substantiated by Child Protection'.³⁶¹ We understand that this recommendation will be reflected in a legislative amendment that requires the preparation of a case plan for all substantiated cases, with the convening of a case conference to be required as part of the preparation of that case plan.³⁶²

Substantiation of a report made to Child Protection is a statutory test as to whether a child is at sufficiently high risk of harm to be in need of protection and the child's parents are unable or unwilling to protect the child.³⁶³ When a case is 'not substantiated' by Child Protection, it does not mean that family violence did not occur or that the child was not at any risk. We have not had the benefit of reviewing the proposed legislation and it is not clear what DHHS regards as 'substantiation' in this context. It will be recalled that in Luke Batty's case, there was no substantiated need for Child Protection intervention.

It is our view that parents will often require support in these circumstances. The possible limitation on implementation of the Judge Gray's recommendation may be based on resource implications and a concern for 'net-widening'.³⁶⁴ However, we believe that good practice includes ensuring that families who are affected by family violence are provided with appropriate and formal referrals and safety planning, even though the statutory threshold for Child Protection intervention has not been met.

Where family violence has been reported, but the threshold for Child Protection protective intervention has not been satisfied, the case should not be closed without ensuring a safety plan will be prepared and the family is engaged with support services (if they agree). This could be done without requiring the convening of a formal case conference, although a case conference may be appropriate in some situations. Formal referrals and ensuring the preparation of a comprehensive safety plan for a woman and her children, should always be made prior to Child Protection closing their file. However, the referral process should not await the decision to close a case but should be made throughout the course of Child Protection's engagement with a family, as need arises.

We envisage that when the Support and Safety Hubs are established, referrals could be to the relevant hub, which will undertake the safety assessment and make referrals for family members to appropriate supports and services.

We note that by the time of case closure, Child Protection already make referrals for some families. As discussed earlier in this chapter, referrals can be made by Child Protection to other services to better support a family. However, 2013–14 data shows that where family violence is indicated in a report, Child Protection refers only about 10.9 per cent of reports to Child FIRST and 2.0 per cent of reports to family services. We are unable to comment on whether a referral in those cases would have been appropriate or possible, or whether other such services were already engaged with families.

However, we consider that it is important to further develop, strengthen and standardise child protection practice in regard to making formal referrals, linking families with supports, and strengthening safety planning for women and children. The recommendations made below do not require case conferences but are intended to ensure that families who require support are engaged with appropriate services.

Our recommendations about formal referral processes do not affect the recommendations made in the Luke Batty inquest relating to the convening of case conferences as part of Child Protection's case closure procedure, or the decisions of the Victorian Government to implement those recommendations in 'substantiated' cases only.

Legal advice for Aboriginal and Torres Strait Islander families

Given the high number of child removal rates of Aboriginal and Torres Strait Islander families in Victoria, and the high proportion of cases involving family violence where children have been removed from their family, we note the value of a culturally appropriate service being involved when Child Protection is considering intervening with Aboriginal and Torres Strait Islander children.

We support the current legislative requirement obligating Child Protection services to consult with the Aboriginal Child Specialist Advice and Support Service for all reports involving Aboriginal and Torres Strait Islander children. ACSASS provides advice, information and assistance to Child Protection regarding significant decisions and actions concerning Aboriginal children throughout all phases of Child Protection intervention. This includes providing an Aboriginal perspective on risk assessment and safety assessments for Aboriginal children and young people. This would be particularly relevant in the case of reports where family violence is indicated.

So far as parents are concerned, Child Protection staff are required to advise of the availability of legal assistance, encourage parents to seek legal advice, and direct them to services such as FVPLS Victoria and Victoria Legal Aid. However, this is not a formal referral or notification and requires the parent to initiate contact.

We consider that DHHS, together with ACSASS and FVPLS Victoria, should investigate ways of ensuring that parents receive legal assistance and formal referrals to culturally appropriate legal service providers.

Supporting protective parents to obtain court orders

We have considered whether a requirement should be imposed on DHHS to support a protective parent to obtain an intervention order in the magistrates' court. Ultimately, we decided that it would be impracticable to require this in all cases where a report has been made to Child Protection. Such a requirement would be financially costly and would duplicate services provided by duty lawyers or community legal services funded by Victoria Legal Aid. Support for victims of family violence in court proceedings can be achieved by other means such as providing written information and advice to the court.

We make recommendations to better facilitate information sharing between DHHS and the Magistrates' Court of Victoria, so that if Child Protection holds information about a child and family, it should provide information relevant to an FVIO application to the Magistrates' Court. The same should apply to situations where a parent needs a new or amended family law parenting order in the Magistrate's Court of Victoria, as a means to protect a child.

Additionally, police now make the majority of applications for intervention orders, and more systematic provision of information by Child Protection to Victoria Police about children at risk should ensure that the application for an order is made by the police rather than by the parent.

After the establishment of the Support and Safety Hubs, further discussed in Chapter 13, Child Protection should develop practice guidelines to ensure that parents, who are advised to seek an FVIO or a *Family Law Act 1975* (Cth) order to protect their children, are formally referred to the hub. The hub should provide families who need to navigate the court process, with a formal referral to Victoria Legal Aid or a community legal centre to assist the affected family member to obtain legal advice and support in the court processes. In the meantime similar practice guidance will be needed to ensure victims who are advised to seek an FVIO or Family Law Act order are formally referred to family violence services.

Further information regarding information-sharing protocols between DHHS and the federal family courts, is discussed in Chapter 24.

Shifting the focus to perpetrators

Evidence before the Commission, including our own research,³⁶⁵ supports the view that Child Protection must do more to ensure that the risks created by perpetrators are assessed and managed, rather than simply assuming that if a victim is acting as a protective parent, the children will be kept safe.³⁶⁶ We note that there has been ongoing debate about how Child Protection authorities should take account of perpetrator behaviour and, where appropriate, support them to change their behaviour.³⁶⁷

Engaging with perpetrators creates challenges for Child Protection workers, who cannot require perpetrators to attend an interview or participate in a discussion of how to keep children safe. In this area Child Protection needs to work with Victoria Police, who have the capacity to investigate alleged offences.

We recommend that, so far as possible, DHHS ensure that Child Protection investigations involving allegations of family violence, take account of the risks posed by the behaviour of the perpetrator. The fact that the other parent or family member is acting protectively should not be regarded as sufficient in itself to protect the child. Recommendations made below, coupled with the use of the revised CRAF to assess the child and the protective parent's risk of harm and the sharing of information relevant to risk between all agencies, will assist DHHS to focus on the behaviour of the perpetrator where possible.

Further, any risk assessment process which is undertaken by DHHS should take account of the risk posed by the perpetrator's behaviour and the views of the protective parent about that risk. The risk assessment processes recommended in Chapter 6 of this report should facilitate that process.

If a perpetrator of family violence is not interested in maintaining contact with the children in his family, Child Protection cannot compel him to attend a parenting or behaviour change program. However, where there has been a substantiated Child Protection report, a perpetrator who wishes to have a continuing relationship with a child may voluntarily agree to attend such a program. If an agreement that the perpetrator attend a program was made at a conciliation conference to which the parties were referred by the Family Division of the Children's Court,³⁶⁸ the requirement to attend a behaviour change program could be included in a Children's Court order.³⁶⁹ Further discussion about various program models suggested to the Commission is set out in Chapter 18.

DHHS should also ensure that programs are made available to assist violent men to understand the effects of violence on their children, and to become better fathers by, among other things, no longer using family violence against their partners or former partners and children. We make recommendations to that effect in Chapter 18.

Amend the 'failure to protect' offence

We have some concerns about the application of the failure to protect offence in the Crimes Act 1958, section 327, including the 'family violence defence' under section 327(3)(a), in cases where the alleged offender has been subjected to family violence.

There are two key elements to this offence:

- ▶ the person must have feared on reasonable grounds for their own or another person's safety, if they were to disclose the information to police
- ▶ the failure to disclose must have been a reasonable response in the circumstances.

A number of submissions expressed the view that the defence is an inadequate safeguard.³⁷⁰ A victim of family violence may be charged with the offence even though they may not ultimately be convicted.³⁷¹ This may be unfair to victims who cannot protect themselves and their children.

Further, although the person's fear for safety is assessed subjectively (that is, it must be reasonable from their perspective),³⁷² the court must decide whether the failure to disclose the information is a reasonable response in the circumstances. This could expose victims of family violence to the risk that insufficient weight is given to the dynamics of family violence and that unrealistic expectations are imposed on them.³⁷³ While victims of serious and imminent physical violence might be able to satisfy the reasonableness test, 'there are other family violence situations where the perpetrator's tactics of entrapment are more multi-faceted and subtle':

It then becomes harder to explain to a court how her partner's coercive controlling tactics undermine a mother's parenting capacity, and her sense of confidence, capacity and judgment, to such an extent that even when he is not threatening her and has not used overt tactics of violence against her recently, she is still far too constrained to be able to report the abuse of her child.³⁷⁴

The understanding of the nature and dynamics of family violence—within the courts, the police and in the community generally—has not yet reached a point where we can be confident that the defence will operate as intended.

There are a number of ways in which the offence could be amended to protect family violence victims who failed to take steps to protect a child because of their fear of the perpetrator. As discussed earlier, the Cummins Inquiry suggested adding an element to any failure to protect offence such that the prosecution must prove that the person accused was not subject to family violence perpetrated against them by the alleged perpetrator of the child sexual offence.

Other suggested approaches include:

- ▷ inserting a statement of intention that section 327 is not intended to apply to victims of family violence into the Crimes Act
- ▷ requiring approval by the Director of Public Prosecutions before prosecution of an offence under section 327 can commence and/or
- ▷ developing prosecutorial guidelines relating to the exercise of the Director's approval.

The current defences contained in section 327 should also be retained, in order to protect other family members who may not be the direct victim of the family violence (for example, the child's grandparents), who may have fears on behalf of another person (for example, their daughter, the child's mother) if they were to report.

So far it appears that both section 327 of the Crimes Act or section 493 of the Children, Youth and Families Act serve largely symbolic purposes. We are unaware of any prosecutions under section 327 of the Crimes Act. It is undesirable to have offences on the statute book that serve little practical purpose, particularly when there are other offences that could be used to prosecute a person who was actively involved in the abuse of a child by their partner.

However, because section 327 has only been in force since 27 October 2014, it would be premature to repeal it. In the meantime we recommend that approval of the Director of Public Prosecutions should be required before the offence is prosecuted and that there should be guidelines for the exercise of the discretion which make it clear that a person who has been subjected to family violence should not be prosecuted.

It is unnecessary and unsatisfactory to retain both section 327 of the Crimes Act and section 493 of the Children, Youth and Families Act, which overlap to a considerable extent. If the Victorian Government retains an offence of this kind the provisions should be rationalised. We recommend below that the Department of Justice and Regulation reviews and considers rationalising these offences.

Referrals to Child Protection

During the Commission's community consultation processes, we heard that Child Protection's intake processes were in danger of being overwhelmed and that resources which should have been spent on protecting children were being wasted on determining whether intervention was necessary. We were told that DHHS and the Integrated Family Services were not equipped to manage the significant increases in demand which had occurred over recent years.

In 2013–14, approximately 84 per cent of reports to Child Protection from police that were made via the family violence L17 process, were not investigated by Child Protection. This data might mean that police take a cautious approach, erring on the side of reporting to Child Protection in family violence cases because of their role as mandatory reporters. We are unable to determine whether police are unnecessarily referring too many children to Child Protection, rather than to Child FIRST. We are also unable to determine whether the Child Protection threshold for investigation is too high. However, the disparity between the high number of police reports, including L17s, and the high proportion of cases which are not investigated may well be a cause for concern.

The referral pathways to Child Protection, Child FIRST and to specialist family violence services are an important part of the system response to family violence. Specialist family violence services are also an important part of the intervention system for children. Capacity building within the family violence workforce to respond to the needs of children and risk to children is an important part of the referral system. We make recommendations in Chapter 10 regarding building the capability of specialist family violence services to respond to the needs of children and young people living in refuges and crisis accommodation. We also make recommendations regarding the intake processes in family violence cases in Chapter 13.

Referrals from police to Child Protection are also an important part of the family violence system response. The question for the Commission is how this benefit can be achieved without requiring Child Protection involvement where this is not necessary.

There are a number of ways in which police members could be supported in exercising their discretion to refer appropriate cases to Child FIRST rather than to Child Protection. In Chapter 14 of this report ³⁷⁵ we make recommendations relating to police training about family violence. Involving child protection workers and family violence specialist services in police training about nature, dynamics and the effects of family violence, and building professional relationships between police, Child Protection and Child FIRST workers within regions, may support police to make appropriate judgments about whether a report to Child Protection is necessary.

We have also made other recommendations which we believe will, over time, increase police confidence that referral of families to Child FIRST rather than Child Protection will result in families receiving appropriate support. In Chapter 13 we recommend establishing Support and Safety Hubs in the 17 local DHHS areas. These will provide an area-based entry point into family violence services and Integrated Family Services, consolidating the current L17 police referral points for victims, perpetrators and Child FIRST intake. Once the hubs are established police will only need to send one L17, except in circumstances where they have assessed that a referral to Child Protection is required because they believe a child has suffered or is likely to suffer significant harm as a result of physical injury or sexual abuse, and the child's parents are unable or unwilling to protect the child.³⁷⁶

Child FIRST will be part of the hub, along with their community-based child protection practitioner. Police will have increased confidence when making an L17 referral to the hub, as that practitioner can escalate a matter to a formal referral to Child Protection if required. This will ease some of the decision-making burden for police.

We do not recommend any change to the legislation regarding voluntary or mandatory referrals to Child Protection. It is important that referrals can be made speedily to Child Protection in urgent cases where a child is at serious risk of harm.

Improving training and support

We received many submissions supporting better training and support for child protection workers about the dynamics of family violence and the way it affects children. Child Protection and family violence services have different histories, objectives and cultures.³⁷⁷ Child Protection policy and services have developed within a paradigm of protecting children from abuse and have not always had regard to the dilemma faced by mothers experiencing violence or to the extraordinary efforts mothers go to to protect their children from the perpetrator's violence. Specialist family violence services have assumed that protecting women from violence and providing them with support will also protect the child from the effects of violence. This is not invariably the case.

Stronger links must be created between Child Protection, Child FIRST, specialist family violence services and other service providers which respond to family violence. Both Child Protection and Child FIRST must become more informed about the difficulties faced by women to protect their children from violence. Family violence providers need to have greater awareness of the ways that children can be affected by violence in their families, including violence by women who are themselves victims of violence.

Encouraging collaboration between Child Protection and family violence service providers, requires cultural change in both the child protection and family violence systems. This may be a slow and difficult process. Processes to encourage cultural change are already under way. They include:

- ▷ The use of practice guides to assist child protection workers in cases involving family violence.
- ▷ Introducing cross-sector training for workers within all the systems that come in contact with children affected by family violence.
- ▷ Appointing advanced practitioners with expertise in family violence who can be consulted by child protection workers, and vice versa.

We support the work which DHHS has done in developing practice resources for child protection practitioners, noting that these practice resources need to be supported by ongoing training. Family violence training for child protection practitioners should include embedding an understanding of the relationship between Child Protection and other service systems, including the Magistrates' Court and the federal family law system. We make recommendations below to further strengthen and support child practitioner training.

Discussed in further detail in Chapter 40 is the recommendation that the Victorian Government establish a delivery mechanism for comprehensive workforce development and inter-disciplinary learning on family violence across health, and human services and justice workforces. This should include consideration of the NSW Education Centre Against Violence model described in that chapter.

In Chapter 40 we also recommend that family violence principal practitioner positions be established in the Department of Health and Human Services, the Department of Education and Training and Department of Justice and Regulation by 31 December 2016. The role of the family violence principal practitioner in the DHHS will be to, among other things, provide advice on family violence practice issues across the department. While the location of this role would be a matter for government, it could potentially form part of the Office of Professional Practice, providing an additional resource to the Office of Professional Practice to support and build upon the work done in Child Protection to date. Liaison with the Family Violence and Sexual Assault Team would also be required.

Improving family violence risk assessment for children

We recognise the importance of the development of a CRAF that is incorporated into Child Protection intake processes to assist with identifying children and young people who are at risk of family violence.

Recommendation 1 in Chapter 6 proposes the revision of the CRAF to include an actuarial tool to provide guidance on assessing a person's risk of becoming a victim of family violence, and the risk that the perpetrator will repeat and/or escalate violence. We also recommend that the revised CRAF include evidence-based risk indicators that are specific to children. We agree with Judge Gray in the Luke Batty case that all services assisting adult victims and children experiencing family violence should take a consistent approach in assessing the risk posed by a violent perpetrator.

The development of a CRAF to better assess risks to children must recognise the different roles which various organisations have within the system, and allow room for professional judgment. For Child Protection, the application of the CRAF would mean, at a minimum, the alignment with the revised CRAF into the intake phase of the Best Interests Case Practice Model within Child Protection practice.³⁷⁸ The incorporation of the CRAF within Child Protection and Child FIRST processes would create greater consistency in the assessment of risk in family violence cases. DHHS service agreements with integrated family service providers, specialist family violence and other relevant services, should require the use of the CRAF relating to children affected by family violence.³⁷⁹

In the Luke Batty Inquest, Judge Gray recommended further staff training and professional development in CRAF based family violence risk assessments.³⁸⁰ We agree that the introduction of a new family violence risk assessment tool will need to be accompanied by a sustained program to develop the skills and knowledge of the child protection workforce about family violence. Without a thorough understanding of the nature and dynamics of family violence and training in safety planning, any risk assessment tool could simply become a tokenistic check list.³⁸¹ The resources developed by DHHS including *Working With Families Where an Adult is Violent: Best interests case practice model* (2014), and *Assessing Children and Young People Experiencing Family Violence: A practice guide for family violence practitioners* (2013) should be supported with ongoing training and practice guidance to support their application.

Assessing risk at the intake stage

We referred above to Judge Gray's recommendations in the Luke Batty inquest relating to the use of the revised CRAF before Child Protection decides that the matter should not proceed to investigation.³⁸² We support Judge Gray's recommendations regarding risk assessments as part of Child Protection intake processes, though we note that the particular recommendation was limited to cases where family violence services report to Child Protection. We understand that the Victorian Government and the DHHS are taking steps to implement those recommendations.

We make recommendations that build upon those made by Judge Gray, to develop and strengthen DHHS' use of the revised CRAF as part of its intake process in all cases where family violence is alleged and make recommendations that support the sharing of risk assessment information between police, DHHS and specialist family violence services.

In line with recommendations made elsewhere in this report, where reports to Child Protection were initiated by a police L17, relevant information necessary for risk assessment will have been provided to DHHS. As some reports will come to Child Protection from bodies other than police, it is important that assessments made by DHHS which identify that a child is at high risk of harm be provided to Victoria Police for assessment as to whether an application should be made for an FVIO. This was recommended by Judge Gray,³⁸³ and we support that recommendation. When police receive a risk assessment from DHHS, police should inform DHHS of the steps they have taken in response.

Data collection

As discussed earlier, we received inconsistent data from DHHS, both directly and data provided in witness statements. DHHS data was also inconsistent with police data, verified by the Crimes Statistics Agency.

In Chapter 39 we make recommendations to improve the Victorian Family Violence Database. We consider that the addition of Child FIRST, Integrated Family Services and Child Protection data to that database should be a priority.

Development of Child Protection data collection methods and identification of family violence-related events will be important to ensure that that Child Protection data is commensurate with the Family Violence Database standards and definitions.

Amending principles

The Centre for Excellence in Child and Family Welfare suggested that we consider recommending amendments to the Family Violence Protection Act or the Child Wellbeing and Safety Act to mandate a specific approach to family violence across child protection and family violence services.

We note that the harm that family violence can cause children is acknowledged in the preamble to the Family Violence Protection Act, which recognises among other things that:

children who are exposed to the effects of family violence are particularly vulnerable and exposure to family violence may have a serious impact on children's current and future physical, psychological and emotional wellbeing.³⁸⁴

Neither the Children, Youth and Families Act nor the Child Wellbeing and Safety Act refer to specific forms of child abuse. However, the principles set out in section 9 of the Children, Youth and Families Act, which are to be taken into account in considering the best interests of the child, include a requirement that Child Protection and the Children's Court take account of 'the effects of cumulative patterns of harm on a child's safety and development'. It is our view that this provision sufficiently acknowledges the need for Child Protection and, where relevant, the Children's Court to take account of the effects of family violence on children. An amendment of the kind proposed could alter the balance between the various matters which section 9 requires be considered in determining the best interests of a child. There is also a risk that a specific reference to family violence affecting children might have a perverse net-widening effect by increasing mandatory notifications to Child Protection.

It is our view it is unnecessary to amend either of these Acts.

Amending the Children, Youth and Families Act

We acknowledge that the changes made by the *Children, Youth and Families Amendment (Permanent Care and Other Matters) Act 2014* (Vic), imposing a one-year limit on families to resolve protective concerns, has been raised as a concern by service providers experienced in assisting families in complex situations. We suggest that Victorian Government consider the concerns raised as part of its six-month review of the Amendment Act.

Recommendations

Recommendation 25

The Department of Health and Human Services, together with Victoria Police, develop and strengthen its current practice guidelines to facilitate further engagement with perpetrators of family violence [within 12 months] with the aim of:

- ▷ exhausting all efforts to interview the alleged perpetrator of the violence
- ▷ protecting the safety of child protection practitioners who must work with alleged perpetrators of family violence
- ▷ developing 'feedback loops' with Victoria Police and other relevant agencies—including the recommended Support and Safety Hubs, once established—in order to obtain and share information about family violence perpetrators and so assist with risk assessment and risk management.

Recommendation 26

The Department of Health and Human Services develop and strengthen practice guidelines and if necessary propose legislative amendments to require Child Protection—in cases where family violence is indicated in reports to Child Protection and is investigated but the statutory threshold for protective intervention is not met—[within 12 months] to:

- ▷ ensure the preparation of a comprehensive and robust safety plan, either by Child Protection or a specialist family violence service
- ▷ make formal referrals for families to relevant services—including specialist family violence services, family and child services, perpetrator interventions, and the recommended Support and Safety Hubs, once established
- ▷ make formal referrals for children and young people to specialist services—including counselling services—if children or young people are affected by family violence or use violence.

Recommendation 27

The Department of Health and Human Services revise and strengthen its risk management practice guidelines and procedures for circumstances when a report to Child Protection has indicated the presence of family violence [within 12 months]. Practice and procedural guidelines should be updated to require the child protection practitioner to:

- ▷ without delay, obtain from Victoria Police and any specialist family violence service all police referrals (L17 forms) and the results of any risk assessments that have been performed in relation to the child who is the subject of the report and their parents or other relevant family members
- ▷ ensure that the full text of any risk assessment is recorded in the Child Protection Service's Crisis Referral Information System notes
- ▷ without delay, provide to Victoria Police, the results of any risk assessment completed by the department that indicates a risk of family violence to a child or young person, so as to support Victoria Police in bringing an application for a family violence intervention order in the Magistrates' Court of Victoria. The department should ask that police provide feedback on whether an application to the court has been made.

Recommendation 28

Pending finalisation of the recommended information-sharing regime, the Department of Health and Human Services liaise with the Magistrates' Court of Victoria to develop an information-sharing protocol to ensure that, when a parent seeks a new or amended family violence intervention order or *Family Law Act 1975* (Cth) order in the Magistrates' Court of Victoria, information held by the department in relation to family violence risk is provided to the court [within 12 months]. Where necessary, a child protection practitioner should be made available to give evidence.

Recommendation 29

The Department of Health and Human Services require child protection practitioners to participate in training and professional development about the nature and dynamics of family violence and the department's practice guidelines dealing with family violence.

Recommendation 30

The Victorian Government amend section 327 of the *Crimes Act 1958* (Vic) to require the Director of Public Prosecutions to approve a prosecution for the offence in cases where the alleged offender is a victim of family violence and consider legislative amendments to reconcile section 327 of the *Crimes Act* and section 493 of the *Children, Youth and Families Act 2005* (Vic) [within 12 months].

Endnotes

- 1 Transcript of Bromfield, 12 October 2015, 3357 [28]–3358 [3].
- 2 Coroners Court of Victoria, 'Finding into Death with Inquest: Luke Geoffrey Batty' (28 September 2015).
- 3 Victoria, Inquiry into Protecting Victoria's Vulnerable Children, *Full Report* (2012).
- 4 It is noted that in the data provided to the Commission by the Department of Health and Human Services regarding reports to Child Protection where family violence is indicated, family violence may be present but not necessarily evident at the time of report or the reason for the protective intervention and may have been identified in later stages of involvement with Child Protection. It is also noted that where family violence is present this may not be the reason for the substantiation and that action-causation cannot be imputed.
- 5 Statement of Allen, 13 July 2015, 3 [10.1]–[10.3].
- 6 *Ibid* 4 [14].
- 7 *Ibid* 4 [15].
- 8 Department of Human Services, Child and Family Services Information, *Referral and Support Teams* (3 June 2014) <<http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/family-and-parenting-support/family-services/child-first-child-and-family-information,-referral-and-support-teams>>.
- 9 *Children, Youth and Families Act 2005* (Vic) ss 31–2.
- 10 Statement of Allen, 13 July 2015, 5 [18.2]–[18.5]; *ibid* s 22.
- 11 *Children, Youth and Families Act 2005* (Vic) s 33.
- 12 Statement of Allen, 13 July 2015, Attachment 4, 5–6; Department of Human Services, 'Child Protection and Integrated Family Services State-wide Agreement (Shell Agreement)' (2013) 5–6.
- 13 Statement of Allen, 13 July 2015, 7–8 [32].
- 14 Victorian Auditor-General's Office, 'Early Intervention Services for Vulnerable Children and Families' (May 2015) 6.
- 15 Statement of Allen, 13 July 2015, 6 [22].
- 16 KPMG, 'Child FIRST and Integrated Family Services: Final Report' (Department of Human Services, February 2011) 2.
- 17 Statement of Allen, 13 July 2015, 8 [34].
- 18 *Ibid* 3 [10.3].
- 19 *Ibid* 9–10 [41]; Statement of Miller, 26 July 2015, 4–5 [15].
- 20 *Children, Youth and Families Act 2005* (Vic) s 162(1).
- 21 Victoria, above n 3, 35.
- 22 This summary of processes is developed from Kristy Raithel and Rachel Kilo, 'Child Protection Australia 2013–14' (Child Welfare Series No 61, Australian Institute of Health and Welfare, 2015); Statement of Allen, 13 July 2015, 13–16; Department of Human Services, *Child Protection Practice Manual* (30 November 2015) <<http://www.dhs.vic.gov.au/cpmanual>>. A case can be closed for a number of reasons. A list of reasons is detailed in the Child Protection Manual.
- 23 Department of Health and Human Services, *Closure Policy* (27 November 2015) Child Protection Manual <<http://www.cpmanual.vic.gov.au/policies-and-procedures/phases/closure/closure-policy>>.
- 24 The figures in this pyramid differ from those provided in the DHHS witness statements to the Commission by Ms Allen and Ms Miller and the 2013–14 Annual Report, Victorian Department of Human Services. The pyramid does not include the number of protection applications made to the Children's Court or the number of 'protective orders' made by the court for that period. 2013–14 DHHS data provided to the Commission states that there were 17,405 protective orders. It is not possible to compare the DHHS data with the data contained in the Children's Court of Victoria, Annual Report 2013–14.
- 25 *Children, Youth and Families Act 2005* (Vic) ss 28–30.
- 26 *Ibid* s 183.
- 27 *Ibid* ss 162, 182, 184.
- 28 Department of Health and Human Services, *Receiving, Registering and Classifying a Report, Child Protection Manual* (3 March 2016) <<http://www.cpmanual.vic.gov.au/policies-and-procedures/phases/intake/receiving-registering-and-classifying-report>>.
- 29 *Children, Youth and Families Act 2005* (Vic) ss 34, 187, 205. See also Statement of Allen, 13 July 2015, 12–13 [57]–[58].
- 30 Department of Health and Human Services, above n 28.
- 31 Transcript of Allen, 15 July 2015, 331 [2]–[25].
- 32 Police data, verified by the Crimes Statistics Agency, specified that in 2013–14 there were 11,042 reports made by police to Child Protection via the L17 process: Crime Statistics Agency, 'An Overview of Family Violence in Victoria: Findings from the Victorian Family Violence Database 2009–10 to 2013–14' (January 2016), Table 16: Total referrals made following a family incident—Victoria Police, July 2009 to June 2014, 40, provided to the Commission by the Crime Statistics Agency, 8 January 2016. This data is inconsistent with the data provided by DHHS. However, for the purposes of this Chapter, the Commission will use DHHS data when describing the pathway through the Victorian child protection system.
- 33 Department of Health and Human Services, 'Data Request Summary' (9 June 2015), Worksheet 3, produced by the State of Victoria in response to the Commission's Notice to Produce dated 5 June 2015, clarified on 4 February 2016.
- 34 *Ibid* Worksheet 10. The Commission notes that these figures relate to family violence that is indicated at the time of the report to Child Protection. Later investigation may determine that family violence may also be a factor in a greater or lesser number of reports. The Commission cannot comment on how 'family violence' is imputed and the internal processes within DHHS, when recording family violence as an identifying factor at the point of intake.
- 35 Raithel and Kilo, above n 22, 2–3.
- 36 Department of Health and Human Services, *Investigation* (27 November 2015) Child Protection Manual <<http://www.cpmanual.vic.gov.au/policies-and-procedures/phases/investigation>>.
- 37 Department of Health and Human Services, *Decision Making after Investigation* (27 November 2015) Child Protection Manual <<http://www.cpmanual.vic.gov.au/policies-and-procedures/phases/investigation/decision-making-after-investigation>>.
- 38 Department of Health and Human Services, above n 28.
- 39 A child is in need of protection if the grounds in the Act exist: *Children, Youth and Families Act 2005* (Vic) s 162.
- 40 Department of Human Services, above n 37.
- 41 Department of Health and Human Services, above n 33, Worksheet 9.
- 42 *Ibid*.
- 43 See *Children, Youth and Families Act 2005* (Vic) s 162.
- 44 Department of Health and Human Services, above n 33, Tab 2.
- 45 Raithel and Kilo above n 22, 3.
- 46 Department of Health and Human Services, *Protective Intervention Policy* (29 February 2016) Child Protection Manual <<http://www.cpmanual.vic.gov.au/policies-and-procedures/phases/protective-intervention/protective-intervention-policy>>.
- 47 Statement of Allen, 13 July 2015, 14 [67]–[68]. This period is known as the protective phase.

48 Department of Health and Human Services, 'DHHS Response to Item 3 of the Request for Materials in Relation to the Royal Commission into Family Violence (Day 20)' (8 October 2015), 3 [16], produced by the State of Victoria in response to the Commission's Notice to Produce dated 14 August 2015 (as varied on 20 August 2015 and 20 October 2015).

49 Transcript of Allen, 15 July 2015, 331 [26]–332 [6]. See also Department of Health and Human Services, *Case Management in Protective Intervention* (1 March 2016) Child Protection Manual <<http://www.cpmanual.vic.gov.au/policies-and-procedures/phases/protective-intervention/case-management-protective-intervention>>.

50 Statement of Allen, 13 July 2015, 14 [69].

51 Raithel and Kilo, above n 22, 11.

52 Ibid. This rate does not include children who were the subject of a notification which was not subsequently investigated. The AIHW defines children receiving child protection service as 'one or more of the following occurring within the reporting period: an investigation of a notification, being on a care and protection order, or being in out-of-home care. It is not a total count of these 3 areas; it is a count of unique children across the 3 areas': at 7–8, 11.

53 Raithel and Kilo, above n 22, 3. The court hears a number of primary applications including protection applications (the most common), irreconcilable difference applications, permanent care applications, temporary assessment applications and therapeutic treatment order applications: *Children, Youth and Families Act 2005* (Vic) s 515(1). Secondary applications, including breaches, extensions, variations and revocations, constitute a significant part of the court's work. Primary applications to the Court are usually a last resort—for example, where the families or extended families are unable to provide safe care or where other avenues for resolution of the situation have been exhausted.

54 *Children, Youth and Families Act 2005* (Vic) s 162(1).

55 And no such order can be made without having received and considered a disposition report: *ibid* s 276.

56 Ibid s 10(1). Best interests principles and factors which must be considered are set out in ss 10(2)–(3).

57 Department of Health and Human Services, above n 33, Tab 2. Reports may result in more than one Protection Application during the same period. Protective Orders may relate to court orders other than initiating protection applications.

58 Or if there is a substantial and irreconcilable difference between the person who has custody of the child, and the child, to such an extent that the care and control of the child is likely to be seriously disrupted: *Children, Youth and Families Act 2005* (Vic) s 274.

59 Ibid s 278.

60 Ibid ss 280–2.

61 Ibid s 283.

62 Ibid ss 284–5.

63 Ibid ss 287, 289–90.

64 Or where there is a substantial and present irreconcilable difference between the person who has custody of the child, and the child, to the extent that care and control of the child is likely to be seriously disrupted: *ibid* s 291(1)(a).

65 Ibid s 291(1)(b).

66 See *Children, Youth and Families Amendment (Permanent Care and Other Matters) Act 2014* (Vic) ss 15, 20–31.

67 *Children, Youth and Families Act 2005* (Vic) s 217.

68 Magistrates' Court of Victoria and Children's Court of Victoria, Submission 978, 16.

69 Ibid 17.

70 Ibid 16.

71 Magistrates' Court of Victoria and Children's Court of Victoria, 'Children's Court of Victoria: Guidelines for Conciliation Conferences' (2013) 2, produced in response to the Commission's request for information dated 5 June 2015.

72 This does not apply to children or young people: *Ibid*.

73 Magistrates' Court of Victoria and Children's Court of Victoria, above n 71, 2, 5.

74 Ibid 3.

75 Magistrates' Court of Victoria and Children's Court of Victoria, 'Conciliation Conference Risk Assessment' (2015), produced in response to the Commission's request for information dated 5 June 2015.

76 Magistrates' Court of Victoria and Children's Court of Victoria, Submission 978, 16.

77 In relation to lawyers assisting victims of family violence in the family mediation (family dispute resolution) context, see R M Field and A Lynch, 'Hearing Parties' Voices in Coordinated Family Dispute Resolution (CFDR): An Australian Pilot of a Family Mediation Model Designed for Matters Involving a History of Domestic Violence' (2014) 36(4) *Journal of Social Welfare & Family Law* 392.

78 *Children, Youth and Families Act 2005* (Vic) s 525.

79 Ibid s 524(4).

80 Ibid s 524(10).

81 Ibid s 524(1B).

82 Ibid s 524(11).

83 Victoria Legal Aid, Submission 919, 62.

84 Anonymous, Submission 533, 5.

85 *Children, Youth and Families Act 2005* (Vic) s 173.

86 Ibid s 173(2)(a).

87 Ibid s 174.

88 Department of Health and Human Services, above n 33, Tab 2.

89 Alexandra Osborn and Leah Bromfield, 'Outcomes for Children and Young People in Care' (Australian Institute of Family Studies (Cth), Research Brief No 3, 2007) 1, 12.

90 Department of Health and Human Services, above n 33, Tab 2.

91 Victoria Police, 'Code of Practice for the Investigation of Family Violence—Edition 3' (2014) 45 [6.4].

92 Aboriginal Family Violence Prevention and Legal Service Victoria, Submission 941, 13.

93 Statement of Jackomos, 9 July 2015, 4 [21].

94 Statement of Bamblett, 14 July 2015, 8 [38]. See also Aboriginal Family Violence Prevention and Legal Service Victoria, Submission 941, 16.

95 Aboriginal Family Violence Prevention and Legal Service Victoria, Submission 941, 16.

96 Transcript of Jackomos, 14 July 2015, 185 [10]–[13].

97 Statement of Bamblett, 14 July 2015, 7 [30].

98 Ibid 8 [37].

99 Transcript of Jackomos, 14 July 2015, 170 [22]–[27].

100 Ibid 170 [28]–171 [8].

101 Aboriginal Family Violence Prevention and Legal Service Victoria, Submission 941, 17.

102 Statement of Bamblett, 14 July 2015, 9 [40].

103 *Children, Youth and Families Act 2005* (Vic) s 12.

104 Ibid ss 12–13. See Department of Human Services, *Aboriginal children* (26 August 2015) Child Protection Manual <<http://www.cpmanual.vic.gov.au/policies-and-procedures/aboriginal-children>>.

105 *Children, Youth and Families Act 2005* (Vic) s 13. Further principles are contained in s 14 of the Act.
 106 The Best Interests Case Practice Model, summary guide, sets out a number of additional steps practitioners must undertake when considering an out-of-home placement to give effect to the principles under the Act: Department of Human Services, 'Best Interests Case Practice Model: Summary Guide' (2012) 4. See also *ibid* s 323.
 107 Aboriginal Family Violence Prevention and Legal Service Victoria, Submission 941, 17.
 108 *Ibid* 40.
 109 These include: Practice Advice Number 1192 'Conducting the first visit' (1 December 2013); Practice Advice Number 1199 'Circumstances for immediate removal of a child' (1 December 2013); Family-Led Decision-Making Program Guidelines (November 2013); 'Information for parents relating to a child being placed in emergency care'; 'When Child Protection workers visit- information for parents' and 'The Children's Court- Information for parents'. See Department of Health and Human Services, 'Response by the Department of Health and Human Services (the Department) to the following oral evidence of Ms Antoinette Braybrook, Aboriginal Family Violence Prevention and Legal Services, during day 6 of the public hearings' produced by the State of Victoria in response to the Commission's Notice to Produce dated 14 August 2015 (as varied on 20 August 2015 and 20 October 2015).
 110 See Practice Advice Number 1340, 'Legal Aid representation for parents' (1 May 2013) 2. Department of Health and Human Services, above n 109, 3.
 111 Victorian Aboriginal Family Violence Prevention and Legal Service Victoria, Submission 941, 7.
 112 Statement of Allen, 13 July 2015, 22 [110].
 113 *Children, Youth and Families Act 2005* (Vic) s 162(1).
 114 Department of Human Services, 'Family Violence: Risk Assessment and Risk Management Framework and Practice Guides 1–3—Edition 2' (April 2012) 19.
 115 *Ibid* 84.
 116 Integrated Family Violence Partnership—Southern Melbourne, Submission 224, 9.
 117 Statement of Humphreys, 7 July 2015, 9 [31].
 118 Statement of Allen, 13 July 2015, Attachment 7, 8.
 119 *Ibid* 9.
 120 Statement of Allen, 13 July 2015, 23 [115].
 121 See, eg, Statement of Humphreys, 7 July 2015, 9–10 [32].
 122 Statement of Scott, 15 July 2015, 3 [8] (emphasis in original).
 123 Statement of Miller, 26 July 2015, 6 [21] See also Statement of Allen, 13 July 2015, 22 [111].
 124 Statement of Humphreys, 7 July 2015, 10 [33].
 125 Coroners Court of Victoria, above n 2, 59.
 126 *Ibid*.
 127 *Ibid*.
 128 *Children Youth and Families Act 2005* (Vic) s 278. The court may require that the child, the child's parent or the person with whom the child is living, to enter into an undertaking with their consent.
 129 *Ibid*.
 130 Department of Health and Human Services, 'DHHS Response to Items 15(a) and 15(b) of the Royal Commission into Family Violence Notice to Produce dated 13 October 2015' (2015) produced by the State of Victoria in response to the Commission's Notice to Produce dated 13 October 2015.
 131 *Ibid*.
 132 *Ibid*.
 133 Coroners Court of Victoria, above n 2, 60.
 134 *Ibid* 91.
 135 Coroners Court of Victoria, above n 2, 109.
 136 Letter from The Hon. Daniel Andrews MP, Premier of Victoria to Judge Ian Gray, State Coroner, 23 December 2015, 11 <http://www.coronerscourt.vic.gov.au/resources/68cf6ac7-e998-468d-a4c4-5ae4b7461378/20140855+response+premier+of+vic_luke+batty.pdf>.
 137 *Ibid* 10–11.
 138 Peninsula Community Legal Centre, Submission 447, 13.
 139 Community consultation, Bendigo 1, 5 May 2015.
 140 *Ibid*.
 141 Community consultation, Ravenhall, 11 May 2015.
 142 Transcript of Allen, 15 July 2015, 393 [19]–[23].
 143 *Ibid* 393 [25]–394 [10].
 144 Domestic Violence Resource Centre Victoria, Submission 945, 47; Peninsula Community Legal Centre, Submission 447, 13; Cathy Humphreys, 'Crossing the Great Divide: Response to Douglas and Walsh' (2010) 16(5) *Violence Against Women* 509, 511–12.
 145 Australian Law Reform Commission and New South Wales Law Reform Commission, 'Family Violence—A National Legal Response: Final Report' (ALRC Report No 114, NSWLRC Report No 128, Commonwealth of Australia, 2010) 31.
 146 *Children, Youth and Families Act 2005* (Vic) s 162.
 147 Coroners Court of Victoria, above n 2, 92 [506].
 148 *Ibid* 92 [507].
 149 *Ibid* 91 [502].
 150 *Ibid* 109 [22].
 151 Letter from The Hon. Daniel Andrews MP, above n 136, 11.
 152 *Ibid* 12. See also *Children, Youth and Families Act 2005* (Vic) ss 10, 162.
 153 Statement of Allen, 13 July 2015, Attachment 8, 48.
 154 Department of Human Services, Family Court of Australia and Federal Magistrates Court of Australia, 'Protocol between the Department of Human Services, the Family Court of Australia and the Federal Magistrates Court' (May 2011) 6 [1.1]–[1.4].
 155 Berry Street, Submission 834, 40.
 156 Ellen Fish, Mandy McKenzie and Helen Macdonald, 'Bad Mothers and Invisible Fathers: Parenting in the Context of Domestic Violence' (Discussion Paper No 7, Domestic Violence Resource Centre Victoria, 2009) 39 (citations omitted).
 157 Integrated Family Violence Partnership—Southern Melbourne, Submission 224, 9; Victorian Council of Social Service, Submission 467, 65.
 158 Coroners Court of Victoria, above n 2, 109 [21].
 159 *Ibid*.
 160 Letter from The Hon. Daniel Andrews MP, above n 136, 11.
 161 *Ibid*.
 162 Anonymous, Submission 534, 21.

- 163 Transcript of '37', 23 July 2015 (Confidential) C66 [1]–[8], C68 [15]–[17]. See also Confidential, Submission 38, 3–4; Confidential, Submission 883, 4; Statement of 'Ryan', 23 July 2015 (Confidential) 8 [29.2].
- 164 Statement of 'Ryan', 23 July 2015 (Confidential) 6 [27.4].
- 165 Anonymous, Submission 682, 8.
- 166 Humphreys, above n 144, 509.
- 167 Aboriginal Family Violence Prevention and Legal Service Victoria, Submission 941.
- 168 EMR Regional Family Violence Partnership and Together for Equality and Respect, Submission 464, 3; Domestic Violence Resource Centre Victoria, Submission 945, 6; Federation of Community Legal Centres, Submission 958, 12; Women's Legal Service Victoria—01, Submission 940, 65; Domestic Violence Victoria—04, Submission 943, 21.
- 169 See, eg, *Children, Youth and Families Act 2005* (Vic) s 493; *Domestic Violence, Crime and Victims Act 2004* (UK) s 5; *Crimes Act 1961* (NZ) s 195A; *Criminal Law Consolidation Act 1935* (SA) s 14; *Domestic and Family Violence Act 2007* (NT) s 124A.
- 170 Kylie Cripps, 'Who's Failing Who? New Failure to Protect Laws in Victoria and the Impact on Indigenous Mothers and their Children' (2014) 8(13) *Indigenous Law Bulletin* 15, 16; Victoria, above n 3, 359–61.
- 171 Victoria, above n 3, 361.
- 172 Ibid 355.
- 173 Ibid 356.
- 174 Family and Community Development Committee, Parliament of Victoria, 'Betrayal of Trust: Inquiry into the Handling of Child Abuse by Religious and Other Non-Government Organisations' (2013) 502.
- 175 We note that the Committee's recommendation was specifically to amend s 326 of the *Crimes Act 1958* (Vic) to remove the element of 'gain', such that a person who failed to report a serious indictable offence involving the abuse of a child would be guilty of an offence (see Ibid Chapter 23). The Victorian Government instead created the stand-alone offence in s 327 of the *Crimes Act 1958* (Vic) (see Victorian Government Response to the Family and Community Development Committee Inquiry into the Handling of Child Abuse by Religious and Other Non-Governmental Organisations, Betrayal of Trust, 8 May 2014).
- 176 Family and Community Development Committee, above n 174, 478. We note there was subsequently some criticism of the Committee for going beyond its terms of reference, which related to institutions rather than individuals, in making a recommendation that applied to the community at large. See, eg, Jane Lee, 'Jail for Silence on Child Sex Abuse', *Domestic Violence Victoria—04*, Submission 943, 20; Federation of Community Legal Centres, Submission 958, 62; Letter from Federation of Community Legal Centres and others to The Hon. Robert Clark, Attorney-General of Victoria, 2 April 2014, 5.
- 177 *Crimes Act 1958* (Vic) s 327(3).
- 178 As at 1 July 2015, 50 penalty units was equivalent to \$7,583.50.
- 179 See *Children and Young Persons Act 1989* (Vic) s 261.
- 180 Victoria Police, *Offence recorded by offence code, 2000/01–2009/10* <http://www.police.vic.gov.au/content.asp?a=internetBridgingPage&Media_ID=60770>; Victoria Police, *Offence recorded by offence code, 2004/05–2013/14* <https://www.police.vic.gov.au/content.asp?a=internetBridgingPage&Media_ID=72209>.
- 181 Jeanne A Fugate, 'Who's Failing Whom? A Critical Look at Failure-To-Protect Laws' (2001) 76 *New York University Law Review* 272, 300–6.
- 182 Ibid. See also Brenda Midson, 'The Helpless Protecting the Vulnerable? Defending Coerced Mothers Charged with Failure to Protect' (2014) 45 *Victoria University of Wellington Law Review* 297, 317–19.
- 183 Federation of Community Legal Centres, Submission 958, 62–3; Women's Legal Service Victoria—01, Submission 940, 65; Domestic Violence Victoria—04, Submission 943, 21.
- 184 See, eg, Federation of Community Legal Centres, Submission 958, 62; Women's Legal Service Victoria—01, Submission 940, 64; Domestic Violence Victoria—04, Submission 943, 20–1; EMR Regional Family Violence Partnership and Together for Equality and Respect, Submission 464, 21.
- 185 See, eg, *Crimes Act 1958* (Vic) ss 323–6.
- 186 See, eg, Federation of Community Legal Centres, Submission 958, 62; Women's Legal Service Victoria—01, Submission 940, 64; Domestic Violence Victoria—04, Submission 943, 20–1.
- 187 Cathy Humphreys, 'Domestic Violence and Child Protection: Challenging Directions for Practice' (Issues Paper No 13, Australian Domestic & Family Violence Clearinghouse, University of New South Wales, May 2007) 8.
- 188 Women's Health West Inc, Submission 239, 36; Kildonan UnitingCare, Submission 770, 12; Jennifer Farey, Submission 747, 48–50; Anonymous, Submission 409, 2.
- 189 Australian Association of Social Workers, Submission 388, 3 (citations omitted).
- 190 Cobaw Community Health, Submission 396, 5.
- 191 Coroners Court of Victoria, above n 2, 109.
- 192 If the perpetrator is interviewed by the police in relation to a possible offence the contents of that interview could be relevant to risk assessment and should be made available to the bodies involved in assessing that risk.
- 193 Former Principal Practitioner, Children, Youth and Families Division; former Chief Practitioner, Child Protection and Youth Justice; and former Chief Practitioner, Human Services and Director of the Office of Professional Practice of what is now the Department of Health and Human Services.
- 194 Statement of Miller, 14 July 2015, 21 [79].
- 195 Bethany Community Support, Submission 434, 12; Commission for Children and Young People, Submission 790, 24.
- 196 Rory Macrae, 'The Caledonian System: An Integrated Approach to Address Men's Domestic Violence and Improve the Lives of Women and Children' (2014) (Autumn) *Ending Men's Violence Against Women and Children* 37, 40–3.
- 197 Ibid 37.
- 198 Ibid, 48–9.
- 199 No To Violence; Men's Referral Service, Submission 944, 49, 82–3.
- 200 Domestic Violence Victoria—02, Submission 943, 36. See also Ibid Attachment 4, 80–9.
- 201 Melbourne Research Alliance to End Violence Against Women and Their Children (Cathy Humphreys et al)—01, Submission 840, Attachment 4, 7–8; Family Life, Submission 758, 32; Commission for Children and Young People, Submission 790, 24.
- 202 No To Violence; Men's Referral Service, Submission 944, Attachment 4, 85. See also David Mandel & Associates LLC and Florida Coalition Against Domestic Violence, 'Safe & Together Model Advocacy Institute Summary Report 2014' (December 2014).
- 203 No To Violence; Men's Referral Service, Submission 944, Attachment 4, 82.
- 204 Ibid.
- 205 Department of Health and Human Services, above n 48, 12 [56].
- 206 Michelle Macvean et al, 'The PATRICIA Project: Pathways and Research In Collaborative Inter-Agency Working' (Landscapes: State of Knowledge Paper No 14, Australia's National Research Organisation for Women's Safety, November 2015) 56.
- 207 Ibid.
- 208 No To Violence; Men's Referral Service, Submission 944, 86.
- 209 Child and Family Services Ballarat Inc., Submission 687, 5.

210 Statement of Miller, 14 July 2015, 26 [96].
 211 Ibid 27 [98].
 212 Statement of Allen, 13 July 2015, 32 [156]. Statement of Allen, 13 July 2015, Attachment 8, 18.
 213 Domestic Violence Victoria—04, Submission 943, 16.
 214 Coroners Court of Victoria, above n 2, 109–10 [24].
 215 Letter from the Hon. Daniel Andrews MP, above n 136, 13.
 216 Victoria, above n 3, vol 2 213.
 217 Ibid vol 2 212.
 218 Victoria Police, Submission 923, 6.
 219 Bob Lonnie et al, 'Victoria's Child FIRST and IFS Differential Response System: Progress and Issues' (2015) 39 Child Abuse & Neglect 41, 42–3.
 220 Statement of Humphreys, 7 July 2015, 8 [25].
 221 Cathy Humphreys, 'Problems in the System of Mandatory Reporting of Children Living with Domestic Violence' (2008) 14(2–3) Journal of Family Studies 228.
 222 Department of Health and Human Services, above n 33, Worksheet 9. As noted earlier in this chapter, data focuses on reports to Child Protection, and does not necessarily identify the number of individuals affected or families who were subject to a Child Protection Report. The Commission is aware that know that some families and children may be reported to Child Protection multiple times in a year.
 223 Coroners Court of Victoria, above n 2, 109 [23].
 224 Letter from the Hon. Daniel Andrews MP, above n 136, 12.
 225 Department of Health and Human Services, above n 33, Worksheet 5.
 226 Ibid.
 227 Victoria Police, above n 91, 45 [6.4].
 228 Ibid.
 229 Ibid 46 [6.4.2].
 230 Ibid. See also *Children, Youth and Families Act 2005* (Vic) ss 162, 184.
 231 Victoria Police, above n 91, 44 [6.1.3].
 232 Ibid 45 [6.4].
 233 Ibid 45 [6.3]. Where children are formally referred with the affected family member to a specialist family violence service or a report to Child Protection, a duplicate referral should not be made by police to Child FIRST: at Ibid.
 234 Victoria Police, Submission 923, 6.
 235 Crime Statistics Agency, above n 32, Tab 31, Table 31: Referrals made by Victoria Police by Police Region and gender of the affected family member, July 2009 to June 2014, provided to the Commission by the Crime Statistics Agency, 30 September 2015.
 236 In 2013–14 there were 51,628 L17 referrals on behalf of affected family members. Of these 39,772 were female. In the same year another 945 L17 referrals were made to the Women's Domestic Violence Crisis Service, now called Safe Steps: Crime Statistics Agency, above n 32, Tab 31, Table 31: Referrals made by Victoria Police by Police Region and gender of the affected family member, July 2009 to June 2014, provided to the Commission by the Crime Statistics Agency, 30 September 2015.
 237 Community consultation, Benalla 2, 19 May 2015.
 238 Statement of Allen, 13 July 2015, 20 [99].
 239 Ibid 21 [100].
 240 Statement of Miller, 14 July 2015, 22 [82].
 241 Victoria Police, Submission 923, 6.
 242 Victoria, above n 3, vol 2 212.
 243 Ibid vol 2 217.
 244 Ibid vol 2 218.
 245 Anglicare Victoria, Submission 665, 14.
 246 Ibid.
 247 Ibid.
 248 Victoria Police, Submission 923, 6.
 249 Melbourne Research Alliance to End Violence Against Women and Their Children (Cathy Humphreys et al)—01, Submission 840, Attachment 4, 9. See also Statement of Humphreys, 7 July 2015, 7 [24].
 250 Melbourne Research Alliance to End Violence Against Women and Their Children (Cathy Humphreys et al)—01, Submission 840, Attachment 4, 9.
 251 Ibid.
 252 Rowena Hammond, Submission 428, 3; Centre for Excellence in Child and Family Welfare Inc., Submission 878, 15.
 253 Aboriginal Family Violence Prevention and Legal Service Victoria, Submission 941, 52.
 254 Victorian Aboriginal Child Care Agency, Submission 947, 32.
 255 Statement of Allen, 13 July 2015, 21 [105].
 256 Ibid 22 [106].
 257 Domestic Violence Resource Centre Victoria, Submission 945, 42.
 258 Linda Davies and Julia Krane, 'Collaborate with Caution: Protecting Children, Helping Mothers' (2006) 26(2) Critical Social Policy 412.
 259 Integrated Family Violence Partnership—Southern Melbourne, Submission 224, 4.
 260 Domestic Violence Victoria—04, Submission 943, 12–13.
 261 Integrated Family Violence Partnership—Southern Melbourne, Submission 224, 4.
 262 See, eg, Victorian Council of Social Service, Submission 467, 10; Melbourne Research Alliance to End Violence Against Women and Their Children (Cathy Humphreys et al)—01, Submission 840, Attachment 4, 7; Federation of Community Legal Centres, Submission 958, 8; Australian Association of Social Workers, Submission 388, 4. See also Community consultation, Bendigo 2, 5 May 2015.
 263 Victorian Council of Social Service, Submission 467, 66.
 264 Domestic Violence Victoria—04, Submission 943, 14.
 265 Cobaw Community Health, Submission 396, 5.
 266 Aboriginal Family Violence Prevention and Legal Service Victoria, Submission 941, 53.
 267 Ibid.
 268 Ibid 54.
 269 Anonymous, Submission 54, 3.
 270 Ibid.
 271 Anonymous, Submission 37, 2.
 272 Victoria, above n 3, vol 2 422.
 273 Cobaw Community Health, Submission 396, 5.
 274 Aboriginal Family Violence Prevention and Legal Service Victoria, Submission 941, 54.

275 Shakti Migrant and Refugee Women's Support Group Melbourne Inc., Submission 500, 14.
 276 Statement of Miller, 14 July 2015, 26 [97].
 277 Ibid.
 278 Statement of Beaton, 12 October 2015, 3 [17].
 279 Ibid 4 [20].
 280 Ibid 4 [21].
 281 Ibid 3 [18].
 282 Ibid 5–6 [23].
 283 Ibid 5 [24], [26].
 284 Ibid 6 [26].
 285 Statement of Allen, 13 July 2015, 26 [125]–[126].
 286 Department of Health, 'Child Protection Workforce', produced by the State of Victoria in response to the Commission's Notice to Produce dated 5 June 2015.
 287 Statement of Allen, 13 July 2015, 26 [127].
 288 Statement of Humphreys, 7 July 2015, 11 [38].
 289 Statement of Beaton, 12 October 2015, 9 [35], 10 [37].
 290 Department of Human Services, above n 106.
 291 Statement of Allen, 13 July 2015, 23–4 [116].
 292 Ibid Attachment 8, 32–53.
 293 Statement of Beaton, 12 October 2015, 8 [32].
 294 Ibid 8 [33].
 295 Coroners Court of Victoria, above n 2, 78–9 [435].
 296 Ibid 109–10.
 297 State of Victoria, '2015–16 Budget Paper No 3: Service Delivery' (Department of Treasury and Finance, 2015) 5, 7.
 298 Statement of Allen, 13 July 2015, 37–8 [190].
 299 Ibid 39 [191].
 300 Australian Law Reform Commission and New South Wales Law Reform Commission, above n 145, 1373.
 301 Victoria, above n 3, vol 2 224.
 302 Ibid vol 2 225.
 303 Statement of Allen, 13 July 2015, 3 [12.2].
 304 Ibid 5 [21].
 305 Ibid 16 [76].
 306 Victorian Auditor-General's Office, above n 14, 33.
 307 Ibid 35.
 308 Statement of Allen, 13 July 2015, 16–17 [77].
 309 Statement of Miller, 14 July 2015, 28 [104].
 310 Ibid 28 [105].
 311 Ibid 29 [108].
 312 KPMG, 'Child FIRST and Integrated Family Services: Final Report' (Department of Human Services, February 2011) 41.
 313 Ibid 42.
 314 Ibid 42–4.
 315 Victorian Auditor-General's Office, above n 14, 33.
 316 Macvean et al, above n 206, 11.
 317 Ibid 52.
 318 Ibid 55.
 319 Centre for Excellence in Child and Family Welfare Inc., Submission 878, 19–20.
 320 *Child Wellbeing and Safety Act 2005* (Vic) ss 8–10.
 321 Departments of Premier and Cabinet, Treasury and Finance, Human Services, Education and Employment, Justice and Victorian Communities: Ibid s 14.
 322 Ibid ss 13–15.
 323 These broad principles include that society as a whole shares responsibility for promoting the well-being and safety of children (ibid s 5(1)(a)), that all children should be given the opportunity to reach their full potential and participate in society regardless of their family circumstances and background (ibid s 5(1)(b)) and that government intervention in family life should be limited (ibid s 5(1)(d)).
 324 More specific directives include that children should be able to enrol in kindergarten (ibid s 5(1)(e)), that services should seek the active involvement of the local community's cultural groups, and to be accessible and responsive to the particular cultures, languages and circumstances of the community (ibid s 5(2)(b)), and that services should cooperate with other services or professionals to work in the interests of the child and family (ibid s 5(3)(e)).
 325 Ibid s 5(3)(e).
 326 Centre for Excellence in Child and Family Welfare Inc., Submission 878, 20.
 327 Statement of Allen, 13 July 2015, 27, [132].
 328 Department of Human Services, above n 114, 11–12.
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343 Ibid 109.
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 345 Ibid 2.
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 349 Ibid ss 35–6.
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 352 See Statement of Field, 31 July 2015, 10 [42].
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 355 *Children, Youth and Families Amendment (Permanent Care and Other Matters) Act 2014* (Vic) ss 27, 34, 36.
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 357 Legal and Social Issues Committee, Parliament of Victoria, Inquiry into the Children, Youth and Families Amendment (Restrictions of the Making of Protection Orders) Bill 2015 (2015) 12.
 358 Ibid Appendix 1, 4.
 359 *Children, Youth and Families Act 2005* (Vic) s 162(1).
 360 Coroners Court of Victoria, above n 2, 109.
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 362 Ibid.
 363 *Children, Youth and Families Act 2005* (Vic) s 162.
 364 Letter from the Hon. Daniel Andrews MP, above n 136, 11–12.
 365 See, eg, Jonathan Scourfield, 'The Challenge of Engaging Fathers in the Child Protection Process' (2006) 26(2) Critical Social Policy 440.
 366 See, eg, Domestic Violence Victoria—04, Submission 943, 14; Kildonan UnitingCare, Submission 770, 9; Integrated Family Violence Partnership—Southern Melbourne, Submission 224, 9; No To Violence; Men's Referral Service, Submission 944, 84.
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 369 Ibid s 224.
 370 Federation of Community Legal Centres, Submission 958, 62; Women's Legal Service Victoria—01, Submission 940, 64; Domestic Violence Victoria—04, Submission 943, 20–1.
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 374 Letter from Federation of Community Legal Centres et al to the Hon. Robert Clark MP, Attorney-General of Victoria, 2 April 2014, 4.
 375 Cross-reference to Chapter 14.
 376 Victoria Police, above n 91, 45.
 377 Commission for Children and Young People, Submission 790, 15; Marianne Hester, 'Commentary on "Mothers, Domestic Violence, and Child Protection," by Heather Douglas and Tamara Walsh' (2010) 16(5) Violence Against Women 516, 516, describes the two systems as operating on different planets.
 378 Coroners Court of Victoria, above n 2, 109. The Coroner further recommended that the full text of CRAF risk assessments are included in the DHHS information system CRIS.
 379 Ibid 104.
 380 Ibid 106.
 381 Safe Steps Family Violence Response Centre, Submission 942, 46.
 382 Coroners Court of Victoria, above n 2, 109.
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 384 *Family Violence Protection Act 2008* (Vic) Preamble (b).

12 Sexual assault and family violence

Introduction

This chapter explores the relationship between family violence and sexual assault. The true extent of sexual assault that occurs within the family violence context is unknown, as the majority of incidents go unreported. What we do know is that it is common, that women are overwhelmingly the victims, and their current or former male partners, the perpetrators. We also know that children are frequently victims of sexual assault by family members.

Often, sexual assault goes hand-in-hand with other forms of family violence:

Intimate partner sexual violence is one of the many abusive tactics that are characteristic of domestic violence and for some women it is a tactic which is central to the violence dynamic of the relationship ...¹

The Family Violence Risk Assessment and Risk Management Framework (also known as the Common Risk Assessment Framework, or the CRAF) recognises intra-familial sexual assault as being at the higher end of seriousness as a form of family violence and lists it as a risk factor for further violence, as well as a risk factor for death. Despite this, when women seek assistance for family violence, criminal justice, health and other workers often fail to ask about sexual assault.

The first section of this chapter considers the various contexts of family violence-related sexual assault. It explores the prevalence and incidence of sexual assault and the intersection between family violence and sexual assault. It also reviews current system responses to family violence-related sexual assault and the effects of family violence-related sexual assault on victims. This section also outlines the interventions available for young people displaying sexually abusive behaviour, and prevention programs aimed at young people.

The second section of this chapter discusses the main challenges emerging from evidence before the Commission relating to the response to sexual assault as a form of family violence. It explores the factors that cause sexual assault to be under-reported, and looks at why there is an apparent sector-wide 'failure to ask' victims about sexual assault. The section also discusses the increased demand for specialist sexual assault services and the need for adequate resourcing for these services, and considers the need for greater coordination between the sexual assault and family violence sectors.

In the final section of the chapter, after considering current practice and the issues raised by stakeholders, the Commission makes recommendations about ways to strengthen coordination and collaboration between the family violence and sexual assault sectors in the short term, including shared case work models and protocols for sharing information, participation in proposed Support and Safety Hubs, and joint education and training. We also recommend that the government investigate whether, in the longer term, the sexual assault and family violence service sectors should be fully integrated. We recommend in Chapter 41 that the Victorian Government complete a demand forecast for family violence that includes sexual violence as a form of family violence and that future investment decisions are based on this forecasting.

The Commission notes a gap in early intervention services for young people aged 15 to 17 with problem sexual behaviour and makes specific recommendations to address this gap.

Context and current practice

Definitions

Sexual assault

'Sexual assault' is a term commonly used to cover many types of unlawful sexual behaviour. It includes crimes involving penetration without consent (for example, rape), crimes involving sexual touching without consent and sexual acts against children, regardless of consent.

For the purposes of the Australian Bureau of Statistics' Personal Safety Survey, sexual assault is defined as:

An act of a sexual nature carried out against a person's will through the use of physical force, intimidation or coercion and includes any attempts to do this. This includes rape, attempted rape, aggravated sexual assault (assault with a weapon), indecent assault, penetration by objects, forced sexual activity that did not end in penetration and attempts to force a person into sexual activity ... Sexual assault excludes brief unwanted sexual touching.²

Academic research sometimes uses behavioural rather than legal definitions of sexual assault which includes a broad range of behaviours ranging from rape, sexual pressure or coercion, to sexualised bullying and sexual harassment.³ Although sexual bullying and sexual harassment do not necessarily involve criminal behaviour, they may fall within the definition of family violence, for example, as forms of sexually coercive behaviour or psychological abuse.

Family violence

The definition of 'family violence' in section 5 of the *Family Violence Protection Act 2008* (Vic) includes behaviour that is physically or sexually abusive. This may include 'sexually assaulting a family member or engaging in another form of sexually coercive behaviour or threatening to engage in such behaviour'.⁴ The Act also makes clear that 'behaviour may constitute family violence even if the behaviour would not constitute a criminal offence'.⁵

Sexual abuse

The term 'sexual abuse' is generally used in relation to sexualised behaviours with a person under the age of consent, where the perpetrator is older or is otherwise in a position of power or authority over the person.⁶ It may also be used in situations where a person is unable to consent to sexual activity due, for example, to cognitive impairment.⁷

Prevalence and incidence

Family violence and sexual violence are the most common types of violence perpetrated against women. The Council of Australian Governments' *National Plan to Reduce Violence Against Women and Their Children 2010–2022* reports:

One in three Australian women have experienced physical violence since the age of 15, and almost one in five have experienced sexual violence, according to the Australian Bureau of Statistics. In 2005, over 350,000 women experienced physical violence and over 125,000 women experienced sexual violence.⁸

The ABS Personal Safety Survey states that in 2012 an estimated 17 per cent ($n=1,494,000$) of all women aged 18 years and over and four per cent ($n=336,000$) of all men aged 18 years and over had experienced sexual assault since the age of 15.⁹ The majority of these people had been sexually assaulted by someone they knew: 1,310,900 women (or approximately 88 per cent) and 252,600 men (or approximately 75 per cent).¹⁰

The Horizons Report

The 'Horizons Report' of October 2015 from Australia's National Research Organisation for Women's Safety (ANROWS) provides the following additional analysis from the ABS Personal Safety Survey data:

- ▶ In the year prior to the survey, 87,800 women were sexually assaulted, which was about one in five of women who had experienced any form of violence.¹¹
- ▶ Close to 2.2 million women reported violence by a male intimate partner since the age of 15, and 800,000 of these incidents were sexual assaults.¹²
- ▶ Most women who had been sexually assaulted since the age of 15 were assaulted by someone they knew in the most recent incident—the largest category was a previous partner (24.9 per cent), followed by a boyfriend or date (23.9 per cent) or a friend, acquaintance, employer or co-worker (22.6 per cent). Only 4.5 per cent of women reported that they had been sexually assaulted by a current partner in the most recent incident.¹³
- ▶ Of the 2.2 million women who had experienced male intimate partner violence since the age of 15, 1.8 million experienced physical violence and 0.9 million experienced sexual violence,¹⁴ suggesting that a large proportion of these women experienced both physical and sexual violence at the hands of intimate partners.¹⁵

The Australian Institute of Criminology also notes that in the vast majority of sexual assaults perpetrators are known to victims¹⁶ and a large proportion are perpetrated by family members:

Sexual assault victims were most commonly victimised by 'known others' or family members. Specifically in 2012, 45 per cent of all victims were sexually assaulted by a 'known other' and 27 per cent by a family member.¹⁷

The prevalence of intimate partner sexual violence is difficult to estimate, given that much of this type of family violence goes unreported. Some commentators believe that it is higher than previously assumed.¹⁸

Victoria Police data provided to the Commission reveals that the proportion of family violence-related sexual offences has increased since 2009–10, when they comprised only 13.5 per cent ($n=957$) of the total recorded sexual offences.¹⁹ By 2013–14 this had risen to 34.8 per cent ($n=3594$).²⁰

Intersection between family violence and sexual assault

The Commission's terms of reference refer to 'family violence' rather than the broader 'violence against women', which would include all forms of sexual assault. Sexual violence in the family violence context includes:

- ▶ intimate partner sexual violence
- ▶ sexual violence by other family members
- ▶ intra-familial child sexual abuse
- ▶ sexual abuse of people in residential care settings (by co-residents and carers where a family-like relationship has formed).

The Director of Public Prosecutions, Mr John Champion SC, noted in his statement the close relationship between sexual assault and family violence:

The experience of the VPPS [Victorian Public Prosecution Service] shows the close links between sexual offending and family violence. The two are often closely intertwined. Legislative reforms and whole of government funding initiatives in the area of sexual offending have impacted on family violence prosecutions.²¹

Sexual assault and physical violence often co-occur within relationships. Intimate partner sexual abuse is frequently violent and repeated and 'forms part of a controlling pattern of behaviour, designed to dominate, humiliate and denigrate a victim'.²² In its submission to the Commission, CASA Forum, the peak body for the centres against sexual assault, commented that 'many of our clients have been sexually abused within a family violence relationship'.²³

The Eastern Centre Against Sexual Assault told the Commission that of its current caseload, 56 per cent of clients use its counselling services for sexual violence issues occurring in the family context.²⁴ The Loddon Campaspe Centre Against Sexual Assault reported a 'significant relationship' between sexual assault and family violence, with over half its current clients experiencing family violence.²⁵

Northern Centre Against Sexual Assault stated:

Many of the clients of Northern CASA have experienced sexual assault within the context of family violence. This might be as a child who experienced sexual abuse committed by a family member or as an adult who has experienced sexual assault by an intimate partner. It also includes many clients with a complex history of childhood sexual abuse and multiple instances of sexual assault within a family violence context, as an adult.²⁶

A sexual assault worker noted:

If he's verbally, emotionally, physically, and financially abusing her, it's highly unlikely he's going to ask her would she like to have sex or take any notice if she says "no".²⁷

An article published in 2011 cited several studies that identified a pattern of abusive partners demanding or forcing sex immediately after physical violence. It also found that women within an intimate relationship are more likely to be repeatedly raped than in cases of acquaintance or stranger rape.²⁸

Similarities and differences

Despite the crossover between sexual assault and family violence shown by the data, there is little research on the similarities and differences.²⁹

The Commission heard that family violence and sexual assault occur within relationships—family violence by definition and sexual assault, most often.³⁰ Sexual assault also occurs in a broader context than family violence, for example, between acquaintances, and a smaller proportion between strangers.³¹

Both sexual assault and family violence are gendered, committed largely by men against women or children (both boys³² and girls) and represent an abuse of control and power.

Deeply embedded societal beliefs—for example, the belief that the way women dress and behave cause men to sexually assault them; that men's intimate partners and children are their possessions to do with as they please; that women are inferior to men—influence not just men's choices to commit sexual and other acts of violence on women and children, but victim/survivors' perceptions of the criminality of such actions.³³

Women and children, like men, are also socialised in a world where such beliefs are embedded in language, the family and other common social institutions and practices ... often the key result is that women and children believe that the violence is their own fault. Believing this, many victim/survivors choose not to tell anyone about the violence and not formally report their experience.³⁴

The 2013 VicHealth National Community Attitudes towards Violence Against Women Survey found that although there has been some improvement in attitudes towards women in comparison with previous surveys conducted in 1995 and 2009, there are still many areas of concern. For example, since 1995 there has been a decrease in understanding that women are at higher risk of sexual assault by people they know than by strangers.³⁵ Further, nine per cent of those interviewed in 2013 believed that a woman cannot be raped by someone she is in a sexual relationship with, compared with six per cent in 2009.³⁶

Family violence (including intimate partner sexual violence) is generally characterised as an ongoing pattern of controlling and coercive behaviour whereas sexual assault outside the family sphere can be a 'one-off attack or series of incidents'.³⁷ Family violence is more likely to involve chronic or repeat victimisation in which 'perpetrator tactics and patterns of coercive control are built up over time within a close family relationship or partnership'.³⁸

Sexual violence as a risk factor for further violence or death

Sexual violence by a male intimate partner is a risk factor for either victim or perpetrator death as well as for victim suicide.³⁹

The associations between sexually abusive behaviour in relationships and lethal outcomes make intuitive sense when perceiving such violence as a feature of controlling behaviour. Sexual assault or rape is an extreme means of dominating and controlling another person (as is taking someone's life).⁴⁰

The CRAF recognises that sexual assault is at the higher end of seriousness and is to be viewed as a risk factor for further violence. It defines sexual assault as 'including rape, coerced sexual activity or unwanted sexual touching' and in the 'Explanation' column it states: 'Men who sexually assault their partners are also more likely to use other forms of violence against them'.⁴¹ The CRAF notes that sexual assault is a risk factor for 'an increased risk of the victim being killed or almost killed'.⁴² See Chapter 6 for a detailed discussion of risk assessment.

The Office of Public Prosecutions told the Commission that there is a 'considerable overlap between offences of serious and/or fatal violence and sexual offending with family violence which is reflected in the Witness Assistance Service prioritisation of cases'.⁴³

Contexts of family violence-related sexual assault

Intimate partner sexual violence

Intimate partner sexual violence is by its nature emotionally abusive, whether or not physical acts are involved: for example, through the use of threats of harm, sexual humiliation/degradation and sexual bargaining as pressure tactics.⁴⁴

Several submissions spoke about the stigma, shame and lack of support from others surrounding intimate partner sexual violence.⁴⁵

There's a lot of stigma involved with the kind of violence that was happening, especially with the sexual assault. No one wants to talk about that. Not many people understand it. A friend asked whether it was sex games gone wrong. Others blamed me for [removed] actions: 'You've been in hospital. You've got a mental health problem'. Or, 'You pushed him to do this'.⁴⁶

ANROWS (Australia's National Research Organisation for Women's Safety) reported that most women who had experienced intimate partner sexual violence did not label the incident as a sexual assault.⁴⁷ Many may not understand that what is happening to them is rape or sexual assault.⁴⁸

We find in our counselling that women often identify physical violence by their partners, however are surprised to learn that non-consensual or forced sex by their partner constitutes sexual assault.⁴⁹

The International Violence Against Women Survey found that women appear better able to identify intimate partner sexual violence by former, rather than current, partners.⁵⁰ The reasons for this may be confusion, loyalty and the desire to forgive current partners and a better understanding of the situation may only emerge after time and with 'the benefits of safety and hindsight'.⁵¹ The ABS Personal Safety Survey results suggest that 80 per cent of the Australian women who had suffered some form of physical or sexual violence from a current partner never reported this to police, compared with 58 per cent of the women who had suffered violence at the hands of a former partner.⁵²

Reluctance to speak out about intimate partner sexual assault may reflect a lack of willingness in our society generally to recognise the criminality of such behaviour:

In Australia, sexual violence by a current partner has the lowest rate of reporting of all assaults. Despite key outcomes in terms of awareness of intimate partner sexual violence (IPSV) and response through the justice system, the broader health and social environment remains resistant to the concept of the criminality of partner rape. Widespread complicity with perpetrators persists, in keeping with historic and outdated notions of 'conjugal rights'. Reluctance by practitioners and community alike to name partner rape results in neglect of women suffering this injustice.⁵³

ANROWS commented that resistance to intimate partner sexual violence must be understood in the context of the relationship, which may involve other forms of violence:

Given that IPSV [intimate partner sexual violence] may occur in relationships with substantial histories of coercive control and violence, the ability for women to 'resist' must always be understood with sensitivity to what types of actions are possible in the context of the violent relationship as a whole. As one woman interviewed for an AIFS research project commented: '... usually he probably would just pin me down. He wasn't violent, he just would hold me down. But if I tried to get away he would increase the pressure in order to keep me there so then it would hurt more'.⁵⁴

Some researchers have queried whether sex in the context of continual family violence can ever be consensual:

... in the context of continual violence, it is arguable that all sex is non-consensual as the capacity for a woman to 'freely consent' to sex may be fundamentally compromised ... As a participant in an Australian Institute of Family Studies (AIFS) research project said '... [b]ecause I was too terrified of him, that if I didn't say yes to that, he would rape me. I agreed to it. But it wasn't really agreeing, because I was agreeing under fear'.⁵⁵

Sexual abuse of children within the family

There are no reliable figures on the prevalence of sexual assault against children in Australia. A meta-analysis of global prevalence rates of sexual abuse that reviewed 331 studies published between 1980 and 2008 (with a total of nearly one million participants) found that 18 per cent of females and eight per cent of males reported a history of child sexual abuse.⁵⁶ The rates for Australia were 22 per cent for females and seven per cent for males.⁵⁷

The only Australian data available apart from crime statistics (which are recognised as being an underestimate due to high levels of non-reporting) comes from surveys of adults. The ABS Personal Safety Survey estimated that:

- ▶ 1,688,400 women (19.1 per cent) had experienced physical or sexual abuse before the age of 15⁵⁸
- ▶ of 1,479,900 women who had experienced partner violence since the age of 15, 36.5 per cent (n=540,800) had also experienced physical or sexual abuse before the age of 15.⁵⁹

ANROWS reported that of the 1,683,700 women who had experienced sexual violence by a male perpetrator since the age of 15, 651,600 (38.7 per cent) had also experienced child sexual abuse by a male perpetrator.⁶⁰

On the issue of child sexual abuse committed by parents, the Australian Bureau of Statistics' 2005 Personal Safety Survey estimated that 14.3 per cent of all people who experienced child sexual abuse were abused by a parent or step-parent, with rates as high as 17.1 per cent for female victims.⁶¹

The Australian Institute of Criminology found that the child victims of parental sexual abuse in the community sample were almost overwhelmingly female (91 per cent) and that more than half the offenders committed between two and 50 sexual abuse offences.⁶²

Victoria Police told the Commission that children are over-represented as victims of family violence sex crimes:

Despite accounting for less than a quarter of Victoria's population, more than six in ten victims of a family violence sex offence in 2014 were children. Despite this overrepresentation, it is highly likely family violence related sex crimes are heavily underreported. The vast majority of family violence related child sex offenders are male; however, the proportion of female offenders is higher than for non-family violence sex crimes.⁶³

While there is little research on the crossover between sexual assault and family violence when both occur in adulthood, there is some research relating to the influence of child sexual assault on future likelihood to suffer family violence. ANROWS reported that women who suffer childhood sexual abuse are more likely to experience intimate partner sexual violence than women who have not experienced childhood sexual abuse.⁶⁴ These women are also more likely to experience domestic violence that is not limited to sexual violence in their adult relationships.⁶⁵

ANROWS identified a number of factors that increased the risk of adult family violence. These include that the child sexual abuse was over a long period of time; occurred frequently; involved the use of force; involved penetration; and was perpetrated by a known person or guardian.⁶⁶ ANROWS pointed out that the impact of childhood sexual abuse may be tempered by 'appropriate and sensitive systems responses to children in need and the provision of ongoing support to women who have experienced abuse'.⁶⁷ It identified a number of situational factors that may make it more likely that a woman who has been sexually abused as a child will experience intimate partner sexual violence as an adult: being incarcerated; being poor; having post-traumatic stress disorder symptoms; having a recent victimisation; and sexual behaviours such as having a greater number of partners.⁶⁸

Experiencing family violence (including sexual abuse) as a child may also be a factor in later sexually abusive behaviour:

Intra-family (within family) sexual violence or sibling on sibling sexual violence is the most common assault pattern of children being treated for Problem Sexual Behaviours (PSB) identified in 2014 Australian research.⁶⁹

Bendigo Community Health Services commented:

Over the past decade, there has been a growing trend of children and young people engaging in problem sexual and sexually abusive behaviours, generally aimed at younger children. Through the Sexually Abusive Treatment Service it is acknowledged that approximately 80–90 per cent had a history of being exposed to family violence and that the trauma had been unacknowledged and not addressed.⁷⁰

Gippsland CASA said in its submission that 'the data from this program [Sexually Abusive Behaviours Treatment Service] reveals that family violence is the highest co-occurring factor for the children and young people referred'.⁷¹

Adult perpetrators may use a child's natural need for love and affection to their advantage. One of the submissions received by the Commission described the emotional manipulation carried out by a father on his daughter:

The dad seemed loving towards them if they went along with his requests. Jessie however often said 'no' to her dad's requests and then he would ignore her for days. He didn't tell her that this was what he was going to do, but she soon realised that this was the pattern, and when she could stand the silence no more, she relented and went looking for him and told him that he could abuse her and he then looked pleased. Whenever she went along with his requests, he told her he loved her and that she aroused him. Her dad promised to repay her in kind if he deemed she owed him something for a kindness shown, and she soon learnt that in kind meant he expected some form of abuse as reward.⁷²

Several submissions told the Commission about the stigma, shame and ongoing devastating effects of childhood intra-familial sexual abuse.

This abuse had a continuing negative impact on me, robbing me of trust at an early age, leading me to experience an enduring and overwhelming sense of shame and confusion over sexual feelings, undermining my self-confidence and compromising my intimate relationships with others.⁷³

Others spoke of lack of support from direct family members who either did not want to know that the abuse was happening or had no means of dealing with disclosures.

The circumstances of my abuse were that when I was six years old, on three separate occasions my father masturbated me. This took place when he and I were in my parents' bed, when my mother had gotten up to make breakfast for the family. Usually, the first thing in the morning my elder brother and I would do would be to go in to my parents' bedroom to have time together for stories or cuddles, before we all got up. On the occasions when my father had touched my genitals, he and I had stayed in the bed after the others had left, so there were no witnesses to what happened.

... It was time to defend myself and for the first time I told her about my father having abused me. She said 'You are lying!', which I immediately denied. To make clear that I was not concocting a story, I was more explicit, saying 'He used his fingers'. The conversation ended then; she was speechless and did not question me any further.⁷⁴

Victims of intra-familial child sex abuse may be left with an enduring feeling of being somehow 'different' to others and wondering if they were to blame for the abuse:

The sense of powerlessness and being different has never left me. I will often feel all wrong and have to leave. I cannot join in conversations as I do not have a shared experience with others. I am deeply ashamed and try so hard to remember how it started, perhaps I am somehow to blame. I can remember when I started to menstruate and he said we now had to be very careful. I still have this sense we were somehow in partnership.⁷⁵

Problem sexual behaviour by adolescents in the home

Historically, sexual abuse of children in the home has focused on adult men, such as fathers, as the perpetrators. However, there is now increasing recognition that sibling-on-sibling sexual abuse also occurs.⁷⁶ Young people with problem sexual behaviour typically target victims on the basis of proximity and vulnerability, making younger siblings common victims.⁷⁷ Some young people with problem sexual behaviour also target adults.⁷⁸

Although it is commonly thought that some adolescents who engage in sexually abusive behaviours go on in adulthood to commit serious sexual and other offences, evidence suggests that the majority do not.⁷⁹

The true extent of adolescent sexually abusive behaviour is unclear, due to its hidden nature, heavy under-reporting and because few adolescents appear before the courts.⁸⁰

The peak age for adolescent sexual offending is 15 and much of this occurs in the family context. The Australian Institute of Criminology writes:

While it is well understood that sexual offending against children may detrimentally impact their development, it is still not widely appreciated that much of that offending is actually perpetrated by adolescents and, in particular, brothers of victims.

... [I]t is clear that sexual abuse of children by other children or adolescents constitutes a significant proportion of sexual offending against children.⁸¹

Some international studies suggest that adolescent sex offenders may account for up to 50 per cent of offences against children and 30 per cent of rapes of adolescent girls and women.⁸² Studies in the United States reveal that between 30 and 60 per cent of child sexual abuse is committed by young people⁸³ and national surveys in the United Kingdom have found that two-thirds of 'contact sexual abuse' of 0 to 17 year olds is committed by peers.⁸⁴

There are a number of risk factors that can contribute to problem sexual behaviour exhibited by young people, including childhood experience of family violence and being a victim of sexual abuse.⁸⁵ CASA Forum commented in its submission that the majority of young people participating in the Sexually Abusive Behaviours Treatment Services programs have experienced family violence.⁸⁶

Sexual abuse of children in care

Section 8 of the Family Violence Protection Act defines 'family member' to include 'a child who normally or regularly resides with the relevant person or has previously resided with the relevant person on a normal or regular basis'.⁸⁷ If a child in residential, permanent or foster care is sexually abused by a live-in worker, carer or another child with whom there is a family-like relationship, this abuse will not only be a crime, it will also be family violence under the Act.

MacKillop Family Services discussed sexual exploitation of young people in care in the context of family violence in its submission, noting that having a history of family violence victimisation may have led young people into out-of-home care in the first place, where they may be vulnerable to sexual abuse:

In relation to the experience of violence toward young people in our care, in MacKillop's view there is a strong link between the issue of sexual exploitation of young people in care and family violence. These issues share many of the same risk factors. As discussed in MacKillop's submission to the Victorian Commission for Children and Young People's Systemic Inquiry into Sexual Abuse and Sexual Exploitation of Children and Young People in Care, some young people in out-of-home care seek out intimacy as a form of connection, comfort and belonging, and some adults will prey on those needs.⁸⁸

An additional four child protection workers were funded in the 2015–16 State Budget (\$2 million over four years) to undertake work with out-of-home care providers, police and other agencies to improve responses to the sexual exploitation of children in out-of-home care.⁸⁹

The Commission for Children and Young People report "*... as a good parent would ...*" examined 189 reports of sexual abuse and exploitation of children in Victorian residential care over the 12-month period from March 2013 to February 2014.⁹⁰ It found that 166 individual children were affected, with 42 children the subject of more than one report of sexual abuse.⁹¹ The types of sexual abuse reported were rape, sexual assault, sexual behaviour and sexual exploitation.⁹² Sixty-three per cent of the total children considered were involved in incidents that were 'other to child'. Thirty-one per cent were 'child to child' and three per cent 'staff to child'.⁹³ It is not known how many of these were family violence-related sexual abuse.

Sexual violence experiences of specific communities

There is little research on specific forms of violence such as intimate partner sexual violence within specific communities that have proportionally small populations.⁹⁴ ANROWS, in its review of 271 studies, reports that 'most studies, however, find differences in the prevalence, nature and lived experience of [intimate partner sexual] violence by women in minority groups'.⁹⁵ Women who live in rural areas, women with low socio-economic status, HIV-positive women, women who are or have been in prison, women with a severe mental illness, women who identify as lesbian or bisexual, transgender women and men and women who work in the sex industry are some of the minority groups that ANROWS identified in this context.⁹⁶

In its submission, Barwon CASA noted very high rates of family violence and sexual assault in rural and regional areas, with long travel times, lack of transport and isolation all issues for women in these areas.⁹⁷

In the community consultations, the Commission also heard that services are limited in regional areas,⁹⁸ and that in smaller communities the fact that everyone knows everyone means that reporting sexual violence can divide the community.⁹⁹ Evidence from the community consultations was that women from culturally and linguistically diverse backgrounds can be particularly vulnerable in isolated areas.¹⁰⁰

It is also recognised that the risk of sexual or physical violence among women from culturally and linguistically diverse backgrounds is exacerbated by a range of other factors. Women who have been sponsored to live in Australia or possess visas with limited rights may not be eligible to work, receive income support or obtain access to subsidised medical services.¹⁰¹ Financial insecurity and fear of deportation may prevent women from reporting sexual violence and escaping violent relationships.¹⁰² Women may also feel obliged to remain with their partners for religious or cultural reasons.¹⁰³ Some countries and cultures do not recognise that women possess rights over their own bodies.¹⁰⁴ Women from these countries may not see sexual violence within marriage as a 'real' crime.¹⁰⁵

Aboriginal and Torres Strait Islander women report higher levels of all kinds of violence. According to the International Violence Against Women Survey, three times as many Aboriginal and Torres Strait Islander women as non-Indigenous women reported experiencing sexual violence in the 12 months prior to the survey.¹⁰⁶ National child protection figures show that in 2013–14, substantiated notifications of sexual abuse of Aboriginal and Torres Strait Islander children occurred at approximately four times the rate of that of non-Indigenous children.¹⁰⁷

It is also known that women with disabilities experience disproportionately high rates of sexual assault compared to women without disabilities.

Studies show that adults with intellectual disabilities, psychiatric disabilities or complex communication disabilities are highly vulnerable to sexual assault ... However, 'there is no standard national data collection that includes the experiences of sexual violence amongst adults with a disability' ... which makes it very difficult to establish reliable prevalence data depicting sexual assault within this cohort.¹⁰⁸

The ABS Personal Safety Survey found that females with psychological disabilities were particularly vulnerable, with the results estimating that they suffered physical and/or sexual violence in the 12 months prior to the survey at twice the rate of all women with a disability or a long-term health condition (12 per cent compared with six per cent).¹⁰⁹ A high proportion of this sexual abuse is committed by intimate partners, who may also be their primary carer.¹¹⁰ Sexual abuse by non-family carers may constitute family violence, as section 8 of the Family Violence Protection Act recognises that 'a relationship between a person with a disability and the person's carer may over time have come to approximate the type of relationship that would exist between family members'.

The limited research into the sexual abuse of older women suggests that while such abuse occurs in a range of contexts, it is likely to happen most frequently in the home, with the perpetrators being intimate partners, or younger generation family members such as sons, sons-in-law and grandsons.¹¹¹ Sexual abuse of older women also occurs in public spaces, residential and community care facilities, and retirement villages and supported residential care services.¹¹² As in disability services, if the perpetrator who is a carer has formed a family-like relationship with the older person, this abuse will also come within the definition of family violence under Victorian law.¹¹³

Seniors Rights Victoria suggested the Victorian Government develop and implement a targeted strategy to tackle this particularly hidden form of sexual assault. The campaign by the government of Québec was cited as a useful precedent. That campaign involved a pamphlet entitled *Sexual assault of the elderly happens and is damaging ... Let's be vigilant*, which describes some of the prejudices that deny the existence of sexual violence against older women, including the myth that you cannot be sexually assaulted in a 'conjugal context'.¹¹⁴

These issues are addressed further in Volume V.

Effects on survivors

Like other forms of family violence, sexual assault has countless harmful effects: psychological, physical, social and financial.

Some of the potential psychological and emotional effects on sexual assault victims are anxiety and persistent fears, feelings of low self-esteem, blaming the self, guilt, shock, denial, suicidal ideation, difficulties with intimate, family and social relationships and post-traumatic stress disorder.¹¹⁵ Physical effects may include headaches, injuries to the sexual organs, gynaecological symptoms and chronic diseases.¹¹⁶

In addition, sexual assault can seriously disrupt a person's social and working life, affecting relationships with family and friends and leading to financial costs, such as loss of earnings and/or earning capacity and health expenses.¹¹⁷ A research study by the University of New South Wales that involved in-depth interviews with 13 female sexual assault victims highlighted how sexual assault and child sex abuse affects their performance in the workplace.¹¹⁸ The study reported that many women had difficulty in holding down a job after experiencing sexual violence because of (for example):

... needing to take extended periods of time off due to medical and emotional impacts, or frequent shorter periods to attend legal and other appointments, without feeling able to disclose or explain to work what was going on.

... low self esteem and depression, feeling shattered 'as if old self gone', making it very difficult to continue carrying out normal work and participate socially or professionally in the workplace.¹¹⁹

Within intimate partner relationships 'the use of sex to control, degrade, and humiliate a person can be a violation of trust, bodily integrity, and autonomy. It may be especially cruel'.¹²⁰

Childhood sexual abuse is a risk factor for mental health problems in adulthood. Research has found that victims of childhood sexual abuse are three times more likely to experience mental health problems as adults than members of the general community.¹²¹ Northern Centre Against Sexual Assault commented in its submission to the Commission that 'victims of childhood sexual abuse ... [are] some of the people who are most deeply impacted by family violence'.¹²²

Childhood sexual abuse is also a risk factor for problematic sexual behaviour by adolescents.¹²³

Current system responses to family violence–related sexual assault

In the last decade there have been significant reforms to procedures, rules of evidence and jury directions in the area of sexual assault. In 2006–07, the Victorian State Budget provided \$29 million over four years and \$1.8 million in capital to the Sexual Assault Reform Strategy, a package of measures designed to improve the response to victims of sexual assault.¹²⁴ An allocation of almost \$8 million over four years was subsequently made in the 2008–09 budget to improve access to prosecution services in regional Victoria.¹²⁵ SARS stemmed from the Victorian Law Reform Commission's *Sexual Offences: Final Report* (2004), which was highly critical of the justice system's response to sexual assault.

The SARS three year evaluation was completed in 2011. The final report found that:

... it is clear that the Sexual Assault Reform Strategy has started to make a real difference for many victim survivors of sexual assault and that the investment in the sexual assault reform is cost effective. However, it is also clear that more still needs to be done to ensure that access to the criminal justice system is equitable for all and that those who manage the process are able to maintain their level of specialisation.¹²⁶

In this section we outline the current system responses to reported sexual assault, including support and counselling services, criminal justice system initiatives and prevention programs.

CASAs

In Victoria, the specialist sexual assault sector comprises non-profit, government-funded centres against sexual assault, along with six multi-disciplinary centres that were set up as part of the 2006 SARS. CASAs have been operating in Victoria since 1979.¹²⁷ The CASA Forum, established in 1992, is the peak body.¹²⁸

There are 15 CASAs across Victoria, including an after-hours phone service (Victorian Sexual Assault Crisis Line). CASAs provide a range of free advocacy and counselling services for victims of sexual assault, crisis care responses, and education and policy work.

CASAs provide crisis care to adults who have experienced sexual assault in the past two weeks or to children who have recently disclosed sexual assault. A crisis care service can be a mix of:

- ▶ 24-hour response to sexual assault
- ▶ crisis counselling in the form of debriefing
- ▶ coordination of service provision
- ▶ information, advocacy and referral
- ▶ practical assistance.¹²⁹

Upper Murray Centre Against Violence has integrated family violence and sexual assault services. In another example, South Eastern CASA runs support groups for survivors of family violence.¹³⁰

CASAs work with a wide range of service systems, reflecting the needs of survivors. In its submission, Barwon CASA describes CASA services as follows:

As a specialist service we work closely with mental health services, drug and alcohol, family violence services, child and family services, child protection, homeless services and placement and out of home care providers. Our partnerships reflect the breadth of complex factors that impact upon the lives of the many individuals and families we support. We aim to provide an empowering, respectful and culturally sensitive service committed to best practice. We are a client focussed service providing specialist therapeutic counselling, assessment, support, crisis intervention, advocacy, information, professional training, secondary consultation and education to individuals, professionals and the community.¹³¹

Funding for CASAs

The Victorian Government submission to the Commission advised that as at March 2015, government had budgeted for expenditure of \$35.3 million in 2014–15 for sexual assault services and programs. This included funding for CASAs, some of which are located in multi-disciplinary centres, for forensic medical examinations and SABTS, and Victoria Police's funding for multi-disciplinary centres.¹³²

Funding was allocated in the 2015–16 Budget for two additional workers to provide a further 600 episodes of assistance for victims of sexual assault over the next four years in the west of Melbourne, and one additional worker at the Ballarat CASA to provide an additional 75 episodes of support each year to victims and survivors of sexual assault.¹³³ The Commission notes:

- ▷ In 2014–15, DHHS allocated \$20.2 million to 10 sexual assault support service providers, or CASAs.¹³⁴
- ▷ The level of funding grew by 22 per cent between 2009–10 and 2013–14.¹³⁵
- ▷ The Victorian Government advised the Commission that in 2013–14 funding was provided for assistance to 12,034 clients, with 13,576 being assisted.¹³⁶

Multi-disciplinary centres

Multi-disciplinary centres co-locate police, child protection practitioners and sexual assault counselling services at one site, to provide integrated support for adults and children who have experienced sexual assault.¹³⁷

In 2014–15 Victoria Police budgeted \$4.79 million for MDCs, and DHHS \$4.69 million. During 2014–15, MDCs were extended to include community health nurses. The nursing service will assist with identifying needs, planning care, referrals to appropriate service providers, and education and awareness raising.¹³⁸

There are currently six MDCs operating in Mildura, Seaford, Geelong, Dandenong, Bendigo and Morwell.¹³⁹

In its pre-election budget update in November 2014, the then State Government announced a \$150 million package for a range of family violence measures, including establishing a new MDC in Wyndham, which would include family violence services. Funding was also announced to broaden the scope of the existing Geelong MDC to include family violence.¹⁴⁰ However, this was deferred pending the outcome of this Royal Commission.¹⁴¹

In its submission to the Commission, the Victorian Government noted that it 'is interested in exploring whether the MDC model could be expanded and/or modified to include a family violence response, and rolled out to priority locations'.¹⁴²

As discussed in Chapter 13, Victoria Police commissioned an evaluation of the MDCs between August and November 2015. The evaluation found that the MDC model has 'significant capacity to deliver improved outcomes for victims of sexual offences'.¹⁴³ The analysis of the data identified that co-location has contributed to close working relationships (including increased respect and more open and trusting communication), positive workplace culture, information sharing and corresponding benefits for victims. Although the evaluation identified a number of areas for improvement (for example, the current under-utilisation of forensic suites at MDCs), the results were positive overall.¹⁴⁴

Justice system initiatives

The main focus of the Victorian Government's Sexual Assault Reform Strategy, implemented in 2006, was to improve the justice system response to sexual assault victims. This included reforms to make it easier for complainants to give evidence, and to simplify jury directions that need to be given in sexual assault cases.

Victoria Police

Some of the key reforms made by Victoria Police over the last decade are:

- ▶ the development and implementation of the Code of Practice for the Investigation of Sexual Assault in 2005 (which the Commission understands is currently under review)
- ▶ the roll-out of the SOCIT model across the state in 2008 (see below for more detail)
- ▶ the realignment of the Sexual Offences and Child Abuse Coordination Office to the Victoria Police Crime Command in 2008
- ▶ the establishment of the Sexual and Family Violence Division, with a dedicated Superintendent, in Victoria Police Crime Command in mid-2011.¹⁴⁵

Sexual Offences and Child Abuse Investigation Teams are staffed by experienced Victoria Police detectives specially trained to respond to and investigate sexual assault and child abuse.¹⁴⁶ The Family Violence Code of Practice states that:

... if a sexual offence is alleged, any action taken must comply with the Code of Practice for the Investigation of Sexual Assault and the relevant SOCIT is to be contacted immediately.¹⁴⁷

The evaluation of the SOCIT/MDC model reported that:

The process of being heard and having allegations of [sexual] assault investigated thoroughly was particularly important to victims. Indeed, knowing that a competent and highly specialised investigator was working on their case was a major determinant of victims' satisfaction, more so than the outcome of the investigation ...¹⁴⁸

Anecdotally, the stakeholders reported that co-location and increased specialisation of police had resulted in a more private, user-friendly, competent and streamlined response, thereby increasing victim reporting and wellbeing.¹⁴⁹

The SOCITs use what they call the 'whole story' approach to investigating sexual crime, including sexual abuse of children.¹⁵⁰ This is based on the notion that sex offending is primarily a 'crime of relationship'.¹⁵¹ The whole story of that relationship is investigated in order to understand how and why events happened as they did, rather than just focusing on what victims did or did not do:

People understand the world in terms of stories, so our idea is, rather than slice and dice this into a moment where that finger went there or that penis went there, it's tell me about the relationship between these two people from start to finish and then let me understand the context. We are asking people to understand offending - how it happens, why people do things, how offenders get them to do things and what that looks like when they come in and tell us their stories.¹⁵²

We discuss the whole story approach further in Chapter 15.

Police may use visual and audio recording of evidence to record the statement of child and cognitively impaired victims of sexual assault or child abuse in order to reduce the need to re-tell every aspect of the incident in court.¹⁵³ This is discussed further in Chapter 16.

The courts

A number of important reforms to the court system were introduced as part of the Sexual Assault Reform Strategy. These were designed to make the experience of going through the legal process less burdensome and traumatic for victims of sexual assault. These initiatives included:

- ▷ creating the specialised Sexual Offences Lists in the Magistrates', County and Children's Courts
- ▷ developing a Specialist Sexual Offences Unit within the Office of Public Prosecutions
- ▷ establishing the Child Witness Service (see box)
- ▷ providing remote facilities for giving evidence (where the victim is cross-examined offsite or behind a screen in order to avoid direct contact with the offender)¹⁵⁴
- ▷ establishing the Forensic Nurse Network to respond to victims and offenders, conduct forensic medical examinations and provide medico legal reports to police¹⁵⁵
- ▷ making changes to jury directions in sexual assault cases (see box).

CASA Forum submitted that these reforms 'saw significant improvements to the responses people experienced when reporting sexual assault'.¹⁵⁶ The evaluation of SARS is discussed above, at the start of the section on 'current system responses'.

Two SARS reforms

Child Witness Service

The Child Witness Service supports children appearing as witnesses in matters involving violent crime (including sexual offences) in Victorian courts. It prepares children for their role as witnesses, familiarises them with court procedures, supports them through the actual process and provides debriefing and referrals. In Melbourne, children give evidence from a remote purpose-built facility.¹⁵⁷

Jury directions

There have been some major changes to jury directions in sexual assault trials, the latest embodied in the *Jury Directions Act 2015* (Vic).¹⁵⁸ The Act is designed to streamline the jury direction process and make directions easier for juries to understand, shorten trials and lessen the likelihood of appeals.¹⁵⁹ It prohibits judges or parties to the proceedings from telling or suggesting to the jury that complainants in sexual offence cases might be unreliable or require greater scrutiny, based on the timing of when they made a complaint.¹⁶⁰

Therapeutic interventions for problem sexual behaviour in young people

Programs for treating children who are exhibiting sexually abusive behaviours can be accessed voluntarily or by order of the Children's Court.

Children's Court therapeutic treatment orders

The Children's Court criminal division hears sexual offence charges against children and young people aged 10 to 17 at the time of the alleged offence. The court told the Commission that a significant proportion of these sex offences occur in a family violence context and that the 'overwhelming majority of victims are also children and adolescents and many are the younger family members of the accused'.¹⁶¹

The Children's Court has developed specialist Sex Offence Lists to hear these matters.

A deliberate effort was made to reduce the number of children, especially the very young, giving evidence. Related to this was the aim, except in cases of very serious offending, to direct offenders into appropriate sex offender treatment or education at the earliest stage.¹⁶²

If convicted of a sexual offence, children and young people aged 10 to 21 may be ordered to attend mandatory therapeutic treatment through the Male Adolescent Program for Positive Sexuality.¹⁶³ This program is run through the Youth Health and Rehabilitation Service.¹⁶⁴

The Children's Court also has power under the *Children, Youth and Families Act 2005* (Vic) to make therapeutic treatment orders (TTOs) for children aged 10 to 14, if the child has exhibited sexually abusive behaviours and the order is necessary to ensure the child attends an appropriate therapeutic training program.¹⁶⁵ TTOs enable early intervention and aim to prevent further, more serious behaviour by requiring the young person to attend a therapeutic treatment program. A TTO can remain in force for a maximum period of 12 months.¹⁶⁶

Due to the TTO regime not being available for 15 to 17 year olds, the Children's Court has created 'quasi-TTOs' in the Melbourne Children's Court Sexual Offences List for low-level offences.¹⁶⁷ Young people are referred for treatment to voluntary programs, with charges being dropped at the end of the treatment period (which can be up to 12 months).¹⁶⁸ This practice has been developed with the cooperation of the prosecution and in consultation with victims and families, but currently has no legislative basis.¹⁶⁹

If a TTO is made, any criminal proceedings against the young person in relation to the sexually abusive behaviour must be adjourned and then dismissed if the young person completes the treatment program.¹⁷⁰ The court may also adjourn proceedings if the child voluntarily participates in a therapeutic treatment program.¹⁷¹ The Commission heard that the majority of young people who engage in sexually abusive behaviour enter into treatment voluntarily, making a TTO unnecessary.¹⁷²

Sexually Abusive Behaviours Treatment Services program

Children aged up to and including 17 years old who exhibit sexually abusive behaviours but who have not been convicted of a sex offence can access the Sexually Abusive Behaviours Treatment Services program, funded by DHHS.

In 2014–15, funding of \$4.86 million was allocated for the SABTS program, which was allocated to 11 providers to deliver 453 'episodes of support'.¹⁷³

SABTS aims to prevent a pattern of sexually abusive behaviours and restore the young person to a normative developmental path.¹⁷⁴ It employs a variety of treatment approaches tailored to individual needs and emphasises 'developmental stages, the effects of trauma, attachment theory and cognitive behavioural therapy'.¹⁷⁵

SABTS can be accessed through self-referral, a community agency or school, Child Protection or after the Secretary of DHHS has prepared a therapeutic treatment report and the family is willing to access the service with no legal intervention.¹⁷⁶ The Children's Court can also make referrals after a TTO has been made.¹⁷⁷ Demand for this type of intervention has grown significantly over the past few years.¹⁷⁸

Available data indicates that of 443 clients referred to SABTS in 2011–12, 25 per cent had a disability. Thirty per cent of those clients had an autism spectrum disorder, 30 per cent had a learning disability or attention deficit disorder and 28 per cent had an intellectual disability.¹⁷⁹

Evaluation of SABTS

SABTS was evaluated over a two year period starting in 2011.¹⁸⁰ The evaluation found that an increasing number of young people accessing the service are achieving positive outcomes: in 2011–12, almost 70 per cent of cases closed reported positive outcomes, compared with 60 per cent in 2008–09.¹⁸¹ The evaluation concluded that:

... SABTS produces positive outcomes for children and young people with PSBs [problem sexual behaviours] and SABs [sexually abusive behaviours], which include reducing or eliminating those behaviours. While it is not possible to be definitive about the extent to which this occurs for all SABTS clients, our assessment is that this occurs for a majority of SABTS clients.¹⁸²

Prevention programs

There are a number of programs operating in Victorian schools designed to promote respectful relationships among school students as a way of preventing future family violence.

In relation to sexual assault, the Building Respectful Relationships curriculum for year 8 and 9 students, which was piloted in 30 schools in 2014, includes discussion of domestic violence and sexual assault in the context of power, social and institutional structure and young people's lives. The Victorian Government has announced that from 2016 respectful relationships education will be included in the curriculum from prep to year 10.¹⁸³ Further discussion about this can be found in Chapter 36.

The CASA Forum highlighted the lack of advanced personal safety programs in primary schools across the state.¹⁸⁴ One such program is Feeling Safe Together, run by South Eastern CASA in a small number of primary schools in Melbourne's South East region.¹⁸⁵

Other school-based programs that have a focus on preventing sexual assault or abuse include:

- ▷ Sexual Assault Prevention Program for Secondary Schools, initiated by CASA
- ▷ Respect Protect Connect for secondary students, delivered by South Eastern CASA
- ▷ Girls Talk/Guys Talk, a Women's Health West initiative for year 9 students
- ▷ Reality and Risk, run by Brophy Family Community Services.

These programs are described further in Chapter 36.

Challenges and opportunities

Under-reporting of sexual assault

The Commission heard evidence from a range of sources about the lack of reporting of sexual assault. The Australian Centre for the Study of Sexual Assault stated it is difficult to estimate the prevalence of sexual assault due to high non-reporting rates and so there is no single data source that can paint a detailed picture of the extent of this abuse.¹⁸⁶

The Commission heard that sexual assault in the family context is more difficult to talk about than other types of family violence.¹⁸⁷ One submission to the Commission described it thus:

... people within the family and within the community don't want to act unless there is definite proof and sexual abuse especially is a crime of secrecy and also people seem to prefer to deny the possibility of sexual abuse, even when there are obvious signs and hints.¹⁸⁸

Another told us:

As a survivor, I believe this underreporting and avoidance of the subject of incest is because it is still considered to be too uncomfortable, abhorrent and distasteful to talk about incest. This may be partly because it is seen to intrude on the 'rights of the family' (that is, the rights of the father).¹⁸⁹

Reluctance to speak out about intra-familial sexual assault may reflect a lack of willingness in society generally to recognise the criminality of such behaviour:

In Australia, sexual violence by a current partner has the lowest rate of reporting of all assaults. Despite key outcomes in terms of awareness of intimate partner sexual violence and response through the justice system, the broader health and social environment remains resistant to the concept of the criminality of partner rape. Widespread complicity with perpetrators persists, in keeping with historic and outdated notions of 'conjugal rights'. Reluctance by practitioners and community alike to name partner rape results in neglect of women suffering this injustice.¹⁹⁰

There is also evidence of under-reporting of sexual abuse of Aboriginal and Torres Strait Islander people, people from CALD backgrounds, children and older people.

As noted in Chapter 26, research suggests that approximately 90 per cent of the violence experienced by Aboriginal and Torres Strait Islander women is not brought to the attention of authorities.¹⁹¹ Many of the factors behind the high rate of non-disclosure are similar to the factors that deter non-Indigenous victims from reporting, but the disclosure of sexual violence within Aboriginal and Torres Strait Islander communities is complicated by a number of social, cultural, historical and practical considerations.¹⁹²

The literature suggests that fear of negative repercussions is a major obstacle to the reporting of sexual violence. Victims worry that disclosure may lead to further violence, cultural punishment, stigmatisation, tension within their families and conflict between their family and the wider community.¹⁹³ Further, victims may fear that the police will respond to their allegations with scepticism and sexual and cultural insensitivity.¹⁹⁴ The over-representation of Aboriginal and Torres Strait Islander peoples in the criminal justice system and high rate of deaths in custody may also influence victims not to report.¹⁹⁵

In relation to child sexual abuse, there is the additional fear that allegations could result in the removal of the child from the family.¹⁹⁶ As discussed in Chapter 11, this is a significant barrier to women coming forward to report family violence generally and this fear is likely to be significantly heightened where either they, their child or both are being sexually abused. Distrust of authorities and lack of access to culturally sensitive health care also create barriers to disclosure by both the child victim and the non-offending parent.¹⁹⁷

There are also low reporting rates of sexual abuse from people of culturally and linguistically diverse backgrounds. Non-disclosure may be related to the fear of further violence,¹⁹⁸ communication barriers, stigma¹⁹⁹ and lack of access to culturally sensitive services.²⁰⁰

Cultural, religious, political and personal belief systems affect how women interpret relationships and their partner's behaviour ... Adding to that complexity, some languages have few, if any, terms to directly name sexual assault and the behaviours associated with it. This may create challenges for women from culturally and linguistically diverse (CALD) backgrounds experiencing IPSV [intimate partner sexual violence], and the support workers and interpreters who work with them.²⁰¹

Victoria Police told the Commission that it is highly likely family violence-related sex crimes against children are heavily under-reported.²⁰²

The Commission also heard of under-reporting of sexual abuse of older people. Seniors Rights Victoria expressed concern that sexual abuse of older people is not being reported. From July 2012 to June 2014, SRV dealt with 755 advice calls from older people and of these, only two reported sexual abuse.²⁰³

The lack of reports of sexual abuse does not mean that it is not happening. Rather, it reflects a national and international trend of silence and a failure on the part of our culture and our systems to adequately acknowledge and address the sexual assault of older victims.²⁰⁴

Failure to ask about sexual assault

In addition to low rates of reporting sexual assault, research has found that 'domestic violence, criminal justice, health and other workers do not ask about sexual assault when women seek help around family violence'.²⁰⁵ Victorian health professionals interviewed in one study put their hesitancy to raise the issue of sexual violence with their patients down to 'lack of knowledge'; 'feeling unqualified to talk about it'; 'being unsure of their skills to respond'; and 'feeling vulnerable themselves'.²⁰⁶

ANROWS reports that although health professionals are frequently the 'gateway to specialist violence services', they have usually not received any training in the area.²⁰⁷

It further reported that both the sexual assault and family violence service sectors find victims of intimate partner sexual violence 'a particularly challenging client group' and 'for many DV [domestic violence] service staff, ISPV [intimate partner sexual violence] is considered outside their area of expertise'.²⁰⁸

Women's Health Goulburn North East recommended educating legal, health and religious professionals on the four steps in responding effectively to help women suffering partner rape: 'Ask, Name it, Refer, Follow up'.²⁰⁹

Demand and resources

The Commission heard that increased public awareness of family violence and sexual assault in recent years has led to increased demand for services. CASA Forum commented that the reforms of the past decade have raised expectations but there has not been adequate resourcing for the specialist sexual assault service providers to cope with this increased demand. Family violence counselling for women, children and young people was specifically mentioned.²¹⁰

Northern CASA commented on the significant resourcing required to provide the necessary long-term support to people who have suffered multiple instances of family violence and sexual assault.²¹¹

The Commission did not receive data on the number of referrals to sexual assault support services that would indicate the level of demand. However, the Commission heard consistently from stakeholders that demand was increasing.

Barwon CASA, which in 2012 transitioned into the Barwon MDC and since 2013 has extended its services into the Wimmera, notes 'a marked increase in the demand' for its services, supporting 1200 people in 2011-12 and 1800 people in 2013-14. It told the Commission that its waiting lists are generally up to three months, although in the interim it provides some support, including phone counselling and single sessions. Barwon has a high percentage of children as clients, and noted the importance of immediate response:

... addressing the effect of trauma at a young age and close to the event is central to reducing the potential long term developmental and emotional disruption for children. Trauma informed therapeutic practice is essential in working with children who have experienced violence.²¹²

It also recommended 'flexible funding packages to respond to those most at need' and the introduction of sexual assault case management for victims with complex needs:

Introduce case management for sexual assault clients who present with multiple and complex issues. This model is particularly important in providing a more intensive level of care, for example re-connecting traumatised young people with non-offending family, linking adults who have complex trauma into the mental health system, case coordination with child protection, court support etc.²¹³

The Commission heard of strong (unmet) demand for 15 to 17 year olds to attend the Sexually Abusive Behaviours Treatment Services program. Some providers are funded to provide SABTS for children up to and including 17 years, but not all.

The Barwon Area Integrated Family Violence Committee told us that although the SABTS it runs is only funded for 10 to 15 year olds, referrals to the service are often made for adolescents aged up to 17.²¹⁴ Barwon CASA agreed that it often receives referrals to SABTS for adolescents aged 15 to 17²¹⁵ and CASA Forum identified the lack of a funded program for 15 to 17 year olds as a gap.²¹⁶ Barwon noted the importance of treating these adolescents to address early offending²¹⁷ and Gippsland CASA recommended extending the program to 16 to 18 year olds.²¹⁸

Enhancing coordination between the sexual assault and family violence sectors

Australia is one of many countries in which specialist family violence and sexual assault services are provided by distinct sets of professional organisations.²¹⁹ While some CASAs also provide family violence services, including out-of-hours responses, evidence before the Commission shows a clear divide between the sexual assault and family violence service sectors.²²⁰

This divide can be partly explained through the historical development of the two sectors. Family violence and sexual assault services evolved in Australia in the 1970s, with some shared philosophies and principles. These included the understanding that violence against women is a gendered issue and the belief that women have a right to information, choice and control.²²¹ Despite these commonalities, different aims and focal points ensured that the service systems for family violence and sexual assault victims developed as distinct entities. A Duncan and Western paper commented that:

... each sector was compelled by different imperatives in their development and provision of services to women experiencing violence from intimate partners. Domestic and family violence services often evolved with a focus on safe and secure refuge and accommodation, whereas sexual assault services were funded through and aligned with the health sector.²²²

Researchers also tend to classify intimate partner sexual violence separately to other types of family violence.²²³ This separate classification has resulted in a lack of research on the intersection and interdependence between the two types of violence:

Sexual violence has been recognized as a form of partner violence for years; however, much less research attention has been given to understanding the dimensions or severity of sexual violence within intimate relationships compared to understanding and measuring the dimensions of partner physical violence and psychological abuse. It is almost as if sexual violence is tangential to physical and psychological abuse even though sexual violence has been described as one of the most degrading and humiliating experiences a person might endure ...²²⁴

The current policy and practice divide can lead to victims having to attend multiple services and tell their story many times, something that can be re-traumatising. On a very practical level, for example, there are two separate after-hours telephone services: CASA's statewide Victorian Sexual Assault Crisis line and the Safe Steps Family Violence Response Centre crisis line.

The different service systems can also lead to confusion on the part of service providers supporting people who have experienced both family violence and sexual assault.

While sharing many commonalities, domestic violence and sexual assault service provision can and do fundamentally differ. As such, where women attempt to access services in response to, for example, intimate partner sexual violence (which is an obvious crossover between the two areas), they may find the separate practice priorities of domestic violence and sexual assault services difficult to negotiate.²²⁵

There are differences too in the legal responses to sexual assault and family violence. Although sexual assault and family violence victims can access both the civil and criminal systems, research suggests that reported family violence more often than not leads to a civil response whereas sexual assault is criminalised. Sexual offences exist in their own right, whereas some of the behaviours defined as family violence may not constitute criminal offences.²²⁶ The then Department of Justice described it as follows:

... within the Victorian context, sexual assault is perceived and responded to as a 'hard', serious indictable crime. As such, when victim/survivors report, there is a clearly identified and implemented criminal response. In contrast, family violence is perceived by some as a 'soft', less serious crime and there is a predominantly civil and protective response. This response primarily focuses on the protection and safety of women and children and is demonstrated by the use of family violence intervention orders and the new family violence safety notices for Victoria Police.²²⁷

Sexual Assault Reform Strategy

In 2011 the evaluation of the Victorian Government's Sexual Assault Reform Strategy recommended 'that action be taken to integrate the responses to sexual assault and family violence at a practice level'.²²⁸

A working group was established by the Department of Justice which, in a 2013 scoping paper, made a number of suggestions for dealing with intra-familial sexual assault in a more integrated manner. These include:

- ▷ training all frontline responders (for example, GPs, police, emergency staff, ambulance officers) to identify intra-familial sexual assault
- ▷ requiring mandatory screening questions in certain circumstances
- ▷ enhancing the CRAF for early identification of intimate partner violence
- ▷ enhancing support and referral pathways between specialist sexual assault and family violence services
- ▷ enhancing integration at court by:
 - ▷ considering best-practice models in other courts, for example, the New York model of integrating criminal, civil and parenting orders in the one court
 - ▷ improved IT and information sharing
- ▷ developing community education strategies to highlight intra-familial sexual assault
- ▷ providing coordinated training and education for key sexual assault, family violence and justice agencies.²²⁹

The group also noted some of the system barriers contributing to lack of an integrated response to intra-familial sexual assault.²³⁰ These are discussed further below.

Proposals for enhancing integration

The evidence before the Commission revealed general support from specialist sexual assault service providers for greater coordination of family violence and sexual assault services. A number of suggestions were made about how to do this, including:

- ▶ integrating family violence services with existing sexual assault services, using the MDC model as the basis²³¹
- ▶ attaching after-hours family violence response services to the existing after-hours service for sexual assault currently provided by CASA, and expanding the existing after-hours telephone crisis service to include face-to-face assistance on a 24-hour basis²³²
- ▶ requiring services and bodies funded to address family violence to incorporate a focus on intimate partner sexual violence as a distinct form of relationship violence²³³
- ▶ consult the sexual assault and family violence sectors on preferred models for integrating services to women experiencing or recovering from intimate partner sexual violence²³⁴
- ▶ a single place to access all necessary mental health services for victims of intra-familial sexual assault, 'under the auspices of one family violence brand'²³⁵
- ▶ developing a long-term, bipartisan, whole-of-government and whole-of-community plan.²³⁶

The expansion of the MDC model is discussed further in Chapter 13.

New Zealand review

The Commission is also aware of recent developments in New Zealand policy-making about sexual violence. The results of an initial review of the sectors revealed that the service system is fragmented, there is duplication in roles and services and spending does not always reflect effectiveness or client need.²³⁷

A new Ministerial Group has now been formed and is seeking Cabinet agreement for a holistic program of works that focuses on understanding and streamlining the whole system to reduce overlap and address gaps.²³⁸

Factors impeding coordination

While there is general support for greater coordination between the sectors, a number of barriers have been identified. Some of the system barriers identified by the Department of Justice working group considering practice integration include:

- ▶ lack of shared and consistent knowledge across agencies about sexual violence within the family
- ▶ inability of justice agencies to make appropriate referrals and to share information across agencies
- ▶ the single focus of specialised services, which limits their ability to share information, co-case manage and integrate responses
- ▶ the limitations on the justice system in relation to prolonged and repeated intimate partner sexual violence (where lack of evidence or reporting of past incidents may impede prosecution)
- ▶ practical difficulties in merging civil and criminal responses: for example, civil and criminal matters occur within different time frames (sexual assault cases may take months or years to reach finalisation, a civil family violence intervention may take days or weeks).²³⁹

CASA Forum identified the following barriers to greater integration:

- ▶ rising demand for services
- ▶ government silos and competitive funding models
- ▶ lack of face-to-face relationships between organisations, community sector and government
- ▶ lack of up-to-date IT services and databases.²⁴⁰

Some CASAs also cautioned that sexual assault requires a different service approach to other types of family violence. Eastern CASA thought it was 'important that the discrete focus on sexual assault is not lost'²⁴¹ and Barwon CASA commented that '... addressing the trauma of sexual assault is a highly specialised area and requires a deeper understanding and more considered response'.²⁴² Gippsland CASA submitted:

It is important to consider that although sexual assault occurs within, and outside of the family violence context, it is often discussed as being subsumed within, as a form of family violence. Although this is true some important points of difference need to be considered such as sexual assault co-occurs as the experience of violence increases on the continuum, different barriers to disclosure due to the sexual nature of the crime and within the family context the children and young people are more often directly impacted by the violence.²⁴³

The way forward

It is clear that there is considerable overlap between family violence and sexual assault. Women and children are the primary victims of sexual violence, and most sexual assaults are committed by someone known to the victim, in many cases a family member. The 2013–14 Victoria Police data shows that more than one-third of reported sexual assaults by adults occurred in a family context, while CASAs caseload figures show that more than half their clients have experienced sexual assault within the family. The true numbers of sexual assaults are likely to be much higher, as we know that under-reporting of sexual offences is particularly high, especially among culturally and linguistically diverse, Aboriginal and Torres Strait Islander and older people.

Given that sexual violence is an identified risk factor for future serious violence, it is essential that workers who provide services to family violence victims are aware of the overlap and are trained to ask about it. This is particularly important in relation to children, who may have been groomed not to speak up about sexual abuse.

Sexual assault has been the focus of significant reforms over the past decade, and these have led to improvements in the response to victims. The Commission notes the strong increase in reports of family violence-related sexual assault to police over recent years, which may in part be a result of greater community awareness.

Given the overlap between family violence and sexual assault, it is clear that the family violence and sexual assault service sectors need to work closely together. Below we make recommendations about ways to improve existing working relationships, including shared casework models, protocols for information sharing and provision for secondary consultations. We also recommend that the Victorian Government undertake a review into the two sectors with a view to further integration. At this stage, however, we do not consider it appropriate to recommend combining the systems, nor have we suggested merging all family violence services into MDCs, noting, however, that the Victorian Government may wish to proceed with co-locating some specialist family violence workers in the Wyndham and Geelong MDCs.

Our recommendations in other chapters in relation to demand forecasting, education and awareness, prevention, the establishment of the Support and Safety Hubs, and women who work in the sex industry, include specific reference to sexual violence. We also expect that CASAs will be closely involved in the review of the CRAF, referenced in Chapter 6, to ensure that the risk of family violence-related sexual assault is adequately considered in its redevelopment.

Finally, we note a gap in early intervention services for young people aged 15 to 17 with problem sexual behaviours, and make a specific recommendation to address this.

Strengthening coordination between the family violence and sexual assault sectors

The Commission's terms of reference ask us to 'investigate how government agencies and community organisations can better integrate and coordinate their efforts'. The Commission heard that intimate partner sexual violence, child abuse by family members and other forms of sexual violence in the family context often exist alongside other forms of family violence. Despite this, sexual violence within family relationships is often treated by universal and specialist family violence service providers as different to and separate from other forms of family violence.

The Commission heard that the 'siloing' of family violence and sexual assault services can lead to victims having to tell their stories multiple times, causes confusion for victims, who often have need of services from both sectors, and also causes confusion for referral agencies and service providers.

The Commission is aware that the family violence and sexual assault sectors are two complex areas staffed by people with high levels of expertise, which have, in Victoria, traditionally operated as separate entities. While we recognise that there are significant barriers to achieving integration, including a lack of relationships between some relevant organisations and lack of up-to-date IT services and databases, we consider that aligning the sectors under a common policy framework and within a governance structure that ensures proper cross-agency communication and information sharing is likely to lead to the best outcomes for victims and the best use of resources for government.²⁴⁴

In the short term, in order to provide a more integrated response to intra-familial sexual assault, there is a need for close partnership between the sexual assault and family violence sectors, and for both sectors to be working together. Building on relationships developed to date through, for example, regional integration committees, the family violence and sexual assault sectors should aim to better coordinate their respective services. Improved training and education of the family violence workforce in regard to sexual assault is required, and funding of specialist family violence services and CASAs should be sufficient to enable them to develop protocols to better work together in responding to family violence-related sexual assault.

In the longer term, the Victorian Government should consider conducting a comprehensive review of how the sexual assault and family violence sectors interact with each other and how an integrated response to intra-familial sexual assault may be achieved in the future.

Creating a single entry point through Support and Safety Hubs

The Commission recommends in Chapter 13 the establishment of 17 Support and Safety Hubs by 1 July 2018. The hubs will provide a single area-based entry point into specialist family violence services and Integrated Family Services. It is the Commission's expectation that the hubs will work seamlessly with sexual assault services through warm referrals and that all local agencies will have strong and positive relationships with the hubs. This will help streamline service delivery for family violence, and should help to eliminate the confusion currently experienced by victims of intra-familial sexual violence and service providers.

We do not propose that intake into CASAs be undertaken by these hubs initially, but this may occur over time. However, in areas where shared entry points and/or co-location of family violence and sexual assault services already exist, consideration should be given to including CASAs in the intake team. Similarly, where an MDC operates, these centres may wish to participate in the hub intake team on appropriate cases; co-locate in the same or nearby premises; or enter into local arrangements that protect the viability of the MDC and the shared purpose of the hubs as a gateway to a whole-of-family response.

The existence of Support and Safety Hubs will not mean that sexual assault services and specialist family violence services no longer exist as stand-alone services. Both will continue to operate and their direct service delivery role will not change. The hubs will facilitate referrals to CASAs where sexual assault is identified within family violence and the CASA service is appropriate. CASAs will continue to receive their own referrals for sexual assault outside the family violence context, and should work with their local hubs when they identify that services are required from specialist family violence services, Integrated Family Services and perpetrator programs. In this way the hub can lead the intake into specialist family violence services where appropriate or the CASA may lead it, based on the victim's needs and wishes.

Governmental review

The Victorian Government should move towards aligning policy and practice responses to family violence and sexual assault. As the first stage in this process, consideration should be given to conducting a joint review of the family violence and sexual assault service sectors, along the same lines as that commissioned by New Zealand's Ministerial Group on Family Violence and Sexual Violence. The aims of such a review are to:

- ▷ quantify current spending on these sectors
- ▷ identify which agencies are involved and their mandates to deliver services
- ▷ pinpoint service, funding and skills gaps and areas of duplication, and identify appropriate operational changes to remedy these
- ▷ identify information and data-sharing requirements and data-collection needs
- ▷ identify areas where spending is not aligned with victim needs and/or effectiveness.

Recommendation 31

The Victorian Government ensure funding of specialist family violence and sexual assault services to facilitate their collaboration [within two years] by:

- ▷ promoting and, if necessary, resourcing shared casework models
- ▷ establishing secondary consultation pathways
- ▷ participating in the recommended Support and Safety Hubs
- ▷ developing guidelines and protocols for facilitating information sharing
- ▷ participating in joint education and training.

Recommendation 32

The Victorian Government review [within five years] family violence and sexual assault services to determine whether and, if so, how family violence and sexual assault responses should be unified.

Addressing demand

The Commission heard that properly addressing the long-term needs of sexual assault victims, some of whom have complex needs, requires significant resourcing. The Commission notes Northern CASA's evidence that many CASA clients have experienced sexual assault and family violence on multiple occasions throughout their lives, and agrees that it is important to recognise the complexity of the work required to support these people on a longer-term basis. Many victims of childhood sexual abuse and repeated family violence also suffer from mental illness and have other complex needs.

For child and adolescent victims of intra-familial sexual violence, in addition to ensuring safety, the system must be in a position to provide trauma-informed therapeutic treatment close to the event. The Commission agrees with Barwon CASA that this is vital in addressing the effects of trauma and in reducing potential long-term developmental and emotional disruption for these children.

We were told that some service providers have three-month waiting lists for services. This is concerning. Adequate and coordinated funding to allow services to meet increased demand and to support the longer-term needs of sexual assault victims—both adults and children—is essential. Barwon CASA recommended ‘flexible funding packages to respond to those most at need’ and the introduction of sexual assault case management for victims with complex needs. These ideas are worthy of consideration.

The Commission has recommended elsewhere in Chapter 41 that the Victorian Government complete a demand forecast for family violence and use this forecast to determine funding decisions in the medium term. This demand forecast should include sexual violence as a form of family violence, and the demand implications for both CASAs and specialist family violence services so that adequate resources can be allocated to these services.

Increasing early intervention programs for young people with problem sexual behaviours

Early intervention for adolescents displaying sexually abusive behaviours is a necessary part of any package of measures designed to combat family violence. The Commission heard that many sexually abusive children and adolescents exhibiting sexually abusive behaviours who are accessing (or attempting to access) early intervention programs have complex needs. Timely early intervention for these children is of paramount importance in the prevention of future family and sexual violence, and for providing these young people with pathways into stable and productive lives.

Although the Commission was told the Sexually Abusive Behaviours Treatment Services program is available for children up to the age of 17, we also heard from several CASAs that they were not funded to deliver the program to 15 to 17 year olds, even though they frequently received referrals for adolescents in this age group. It appears that only some of the 11 SABTS providers receive funding to include 15 to 17 year olds in their SABTS programs.

The government should ensure that funding for SABTS is sufficient to meet demand for all age groups, including older adolescents. The Commission has no information on the appropriateness of the current SABTS program for older adolescents. It is possible that adolescents aged 15 to 17 who are displaying sexually abusive behaviours or problematic sexual behaviours have different treatment needs to 10 to 14 year olds, in which case they may require a different program. If this is the case, the government should commission the development of an appropriate program.

The Commission heard that the therapeutic treatment orders regime under the Children, Youth and Families Act is not available for 15 to 17 year olds, but rather is limited to 10 to 14 year olds. As a result of this gap, the Melbourne Children’s Court has created ‘quasi-TTOs’ for low-level sexual offences. Although the Commission understands that most young people charged with sexual offences enter therapeutic treatment programs voluntarily, the lack of a legislative basis for the Melbourne Children’s Court’s approach to 15 to 17 year olds is something that should be remedied.

Recommendation 33

The Victorian Government ensure that the Sexually Abusive Behaviours Treatment Service and other suitable treatment programs are available for all age groups up to and including 17 year olds and resource enhanced delivery of the programs across Victoria [within two years].

Recommendation 34

The Victorian Government amend the Children, Youth and Families Act 2005 (Vic) to extend the therapeutic treatment order regime to young people aged 15 to 17 years, so that the Children's Court of Victoria can order attendance at appropriate programs [within two years].

Recommendations made elsewhere

One of the gaps identified by the Commission was the challenge specialist family violence, health, education, legal and other professionals face in asking about family violence-related sexual assault. The Commission makes recommendations in Chapter 40 to support key professionals to recognise and respond to family violence, including family violence-related sexual assault.

In relation to risk assessment, we consider that CASAs should be included in the consultation in the review of the CRAF to ensure that risk of family violence-related sexual assault is adequately considered in the CRAF's redevelopment. This is discussed further in Chapter 6.

On the issue of preventing family violence, the Commission makes a series of recommendations in Chapter 36.

Endnotes

- 1 Peta Cox, 'Sexual Assault and Domestic Violence in the Context of Co-Occurrence and Re-Victimisation' (Landscapes: State of Knowledge Paper No 13, Australian National Research Organisation for Women's Safety, October 2015) 28.
- 2 Australian Bureau of Statistics, 'Personal Safety, Australia, 2012' (Catalogue No 4906.0, Australian Bureau of Statistics, December 2013) Glossary.
- 3 Cindy Tarczon and Antonia Quadara, 'The Nature and Extent of Sexual Assault and Abuse in Australia' (Australian Institute of Family Studies, December 2012) 3.
- 4 *Family Violence Protection Act 2008* (Vic) ss 5(1)-(2).
- 5 *Family Violence Protection Act 2008* (Vic) s 5(3).
- 6 Jan Breckenridge et al, 'Meta-Evaluation of Existing Interagency Partnerships, Collaboration, Coordination and/or Integrated Interventions and Service Responses to Violence Against Women: State of Knowledge Paper' (Landscapes: State of Knowledge Paper No 11, Australian National Research Organisation for Women's Safety, September 2015) 4.
- 7 Ibid.
- 8 Council of Australian Governments, 'Second Action Plan 2013–2016: Moving Ahead of the National Plan to Reduce Violence Against Women and Their Children 2010–2022' (Department of Social Services (Cth), June 2014) 1 citing Australian Bureau of Statistics, 'Personal Safety, Australia, 2005 (Reissue)' (Catalogue No 4906.0, Australian Bureau of Statistics, August 2006) 5, 7.
- 9 Australian Bureau of Statistics, above n 2, Table 15.
- 10 Ibid Table 12.
- 11 Peta Cox, 'Violence Against Women: Additional Analysis of the Australian Bureau of Statistics' Personal Safety Survey, 2012' (Horizons: Research Report No 01, Australian National Research Organisation for Women's Safety, October 2015) 50.
- 12 Ibid 30.
- 13 Ibid 58.
- 14 Ibid 3.
- 15 The PSS counting rules mean that the number of women who experienced both physical and sexual violence from a male intimate partner could be greater than these figures suggest. A single incident involving both sexual assault and physical violence is only counted once, and is counted as a sexual assault: *ibid*.
- 16 Australian Institute of Criminology, 'Australian Crime: Facts and Figures 2013' (February 2014) 24.
- 17 Ibid.
- 18 Breckenridge et al, above n 6, 4 citing Jill Duncan and Deborah Western, 'Addressing "The Ultimate Insult": Responding to Women Experiencing Intimate Partner Sexual Violence' (Stakeholder Paper 10, Australian Domestic and Family Violence Clearinghouse, February 2011) 4–5.
- 19 The proportion of total sexual offences that were family incident related in 2010–11 was 24.3 per cent (n=1894); in 2011–12 it was 33.5 per cent (n=2806); and 2012–13, 34.6 per cent (n=3187): Crime Statistics Agency, 'An Overview of Family Violence in Victoria: Findings from the Victorian Family Violence Database 2009–10 to 2013–14' (January 2016), Victoria Police data source, Tab 35, Table 35: Offences recorded by offence categories and family incident flag, July 2009 to June 2014, provided to the Commission by the Crime Statistics Agency, 30 September 2015.
- 20 In 2013–14 10,314 sexual offences were reported to police, of which 3,594 were in a family violence context: *ibid*.
- 21 Statement of Champion, 11 August 2015, 5 [39].
- 22 Rochelle Braaf, 'Preventing Domestic Violence Death: Is Sexual Assault a Risk Factor?' (Research and Practice Brief 1, Australian Domestic and Family Violence Clearinghouse, October 2011) 1.
- 23 CASA Forum, Submission 828, 1.
- 24 Eastern Centre Against Sexual Assault, Submission 393, 1.
- 25 The Loddon Campaspe Centre Against Sexual Assault, Submission 236, 4.
- 26 Northern Centre Against Sexual Assault, Submission 571, 2.
- 27 Duncan and Western, above n 18, 4.
- 28 Braaf, above n 22, 3–4.
- 29 Cox, above n 1, 5. Cox writes: 'Despite significant co-occurrence, both researchers and practitioners have noted a continuing tendency to dichotomise SXA [sexual assault] and DV [domestic violence] into distinct concepts and responses, and to artificially separate women's lived experience into the responsibility of one or other sector... This theoretical and practical separation is particularly apparent in Australia, where the history of DV and SXA services are distinct.' We discuss this silo effect later in the chapter.
- 30 A small proportion of sexual assault occurs between strangers. Stathopoulos and Tidmarsh argued that even so-called 'stranger' sexual assaults are crimes of relationship: '...what about the guy who jumps out [from] behind the bushes and whacks a woman over the back of the head? She's never even been conscious. How can that possibly be a relationship? The answer is because he's still making her be what he wants her to be, even if it's to degrade and humiliate her. That's still generating a relationship': Mary Stathopoulos and Patrick Tidmarsh, *Working With Sexual Assault Investigations (Sexual Offences Child Abuse Investigation Team)* (29 May 2015) Australian Institute of Family Studies <<http://www3.aifs.gov.au/acssa/pubs/workingwith/investigations.html>>.
- 31 The 2012 National Safety Survey found that 3.8 percent of women who had reported sexual assault were sexually assaulted by a stranger: Breckenridge et al, above n 6, 5 citing Australian Bureau of Statistics, above n 2; VicHealth, 'Australians' Attitudes To Violence Against Women: 2013 National Community Attitudes towards Violence Against Women Survey—Research Summary' (September 2014) 11.
- 32 Boys are far more likely to be victims of sexual assault than adult males.
- 33 Department of Justice, 'The Intersections between Family Violence and Sexual Assault: A Think Piece', (26 February 2009), 20–21, produced by the State of Victoria in response to the Commission's Notice to Produce dated 5 June 2015.
- 34 Ibid 21.
- 35 VicHealth, above n 31, 11.
- 36 There is a statistically significant difference between 2009 and 2013: *ibid* 10.
- 37 Breckenridge et al, above n 6, 5.
- 38 Ibid.
- 39 Braaf, above n 22, 1.
- 40 Ibid 4.
- 41 Department of Human Services, 'Family Violence Risk Assessment and Risk Management: Framework and Practice Guides 1-3 (Edition 2)' (April 2012) 27.
- 42 Ibid (Figure 5: Factors impacting on the likelihood and severity of family violence).
- 43 Statement of Champion, 11 August 2015, 5 [35].
- 44 Cox, above n 1, 28–29.
- 45 Western Region Centre Against Sexual Assault, Submission 864, 9–10; Anonymous, Submission 543, 8; Statement of 'Jones', 13 July 2015, 2 [10].
- 46 Anonymous, Submission 970, 4.

- 47 Cox, above n 1, 23.
- 48 Breckenridge et al, above n 6, 4.
- 49 Barwon Centre Against Sexual Assault, Submission 524, 10.
- 50 Duncan and Western, above n 18, 4.
- 51 Ibid.
- 52 Australian Bureau of Statistics, above n 2, Tables 25 and 26.
- 53 Women's Health Goulburn North East, Submission 367, 7.
- 54 Cox, above n 1, 29-30 citing Haley Clark and Antonia Quadara, 'Insights into Sexual Assault Perpetration: Giving Voice to Victim/Survivors' Knowledge' (Research Report No 18, Australian Institute of Family Studies, 2010) 36.
- 55 Cox, above n 1, 29 citing Clark and Quadara, above n 54, 19.
- 56 Antonia Quadara et al, 'Conceptualising the Prevention of Child Sexual Abuse: Final Report' (Research Report No 33, Australian Institute of Family Studies, June 2015) 2.
- 57 Ibid.
- 58 Australian Bureau of Statistics, above n 2, Table 31.
- 59 Ibid.
- 60 Cox, above n 11, 133. 'Sexual violence' is defined as any incidents involving sexual assault and/or sexual threat. 'Sexual threat' involves the 'threat of acts of a sexual nature that were made face-to-face where the person believes it is able to and likely to be carried out': Cox, above n 11, 10. 'Sexual assault' is defined earlier in this chapter. Of the 651,600 women, 89.7 percent had experienced sexual assault and 24.8 percent experienced sexual threat: Cox, above n 11, 133.
- 61 Australian Bureau of Statistics, above n 8, 42.
- 62 Jane Goodman-Delahunty, 'Profiling Parental Child Sex Abuse' (Trends & Issues in Crime and Criminal Justice No 465, Australian Institute of Criminology (Cth), January 2014) 3.
- 63 Victoria Police, Submission 923, 34.
- 64 Cox, above n 1, 23.
- 65 Ibid.
- 66 Ibid 32.
- 67 Ibid.
- 68 Ibid.
- 69 Linette Etheredge, Submission 220, 1. Adolescent problem sexual behaviour is discussed further below.
- 70 Bendigo Community Health Services, Submission 494, 2.
- 71 Gippsland Centre Against Sexual Assault, Submission 638, 12.
- 72 Anonymous, Submission 489, 1-2.
- 73 Anonymous, Submission 543, 2.
- 74 Ibid 4.
- 75 Anonymous, Submission 43, 1.
- 76 Linette Etheredge, Submission 220, 6.
- 77 Ibid; Department of Health and Human Services, 'Adolescents with Sexually Abusive Behaviours and their Families: Best Interests Case Practice Model—Specialist Practice Resource' (2012) 13.
- 78 Linette Etheredge, Submission 220, 6.
- 79 Mark Chaffin, 'Our Minds are Made Up—Don't Confuse Us With the Facts: Commentary on Policies Concerning Children with Sexual Behaviour Problems and Juvenile Sex Offenders' (2008) 13(2) *Child Maltreatment* 110, 112.
- 80 Kate Warner and Lorana Bartels, 'Juvenile Sex Offending: Its Prevalence and the Criminal Justice Response' (2015) 38(1) *UNSW Law Journal* 48, 73.
- 81 Jan Grant et al, 'Intrafamilial Adolescent Sex Offenders: Psychological Profile and Treatment' (Trends & Issues in Crime and Criminal Justice No 375, Australian Institute of Criminology (Cth), June 2009) 1.
- 82 Linnea R Burk and Barry R Burkhart, 'Disorganized Attachment as a Diathesis for Sexual Deviance: Developmental Experience and the Motivation for Sexual Offending' (2003) 8(5) *Aggression and Violent Behavior* 487, 489 citing H.E. Barbaree et al, 'Sexual assault in society: The role of the juvenile offender' in H.E. Barbaree et al (eds), *The Juvenile Sex Offender* (Guilford Press, 1993, 10-11) and J.V. Becker et al, 'Juveniles who commit sexual offences: A critical review of research' in G.C.N. Hall et al (eds) *Sexual Aggression: Issues in Etiology and Assessment, Treatment and Policy* (Taylor and Francis, 1993).
- 83 Russell Pratt, Robyn Miller and Cameron Boyd, 'Adolescents with Sexually Abusive Behaviours and their Families: Best Interests Case Practice Model—Specialist Practice Resource' (June 2012) 14 citing John Hunter, *Understanding Juvenile Sexual Offending Behaviour: Emerging Research, Treatment Approaches, and Management Practices* (Center for Sex Offender Management, December 1999) and Mark R Weinrott, 'Juvenile Sexual Aggression: A Critical Review' (Center for the Study and Prevention of Violence, 1996).
- 84 Lorraine Radford et al 2011, 'Child Abuse and Neglect in the UK Today' (National Society for the Prevention of Cruelty to Children, 2011) 120.
- 85 Pratt, Miller and Boyd, above n 83, 12.
- 86 CASA Forum, Submission 828, 5.
- 87 *Family Violence Protection Act 2008* (Vic) s 8(1).
- 88 MacKillop Family Services, Submission 895, 6.
- 89 Department of Treasury and Finance, '2015-16 Budget Paper No 3: Service Delivery' (2015) 63, 68.
- 90 Commission for Children and Young People, "'...as a good parent would..." Inquiry into the Adequacy of the Provision of Residential Care Services to Victorian Children and Young People Who Have Been Subject to Sexual Abuse or Sexual Exploitation Whilst Residing in Residential Care' (August 2015) 4.
- 91 Ibid 48.
- 92 Ibid.
- 93 Ibid 49.
- 94 Cox, above n 1, 36.
- 95 Ibid.
- 96 Ibid 40-44.
- 97 Barwon Centre Against Sexual Assault, Submission 524, 24.
- 98 Community consultation, Benalla 2, 19 May 2015.
- 99 Community consultation, Horsham 2, 22 April 2015.
- 100 Community consultation, Richmond, 1 May 2015; Community consultation, Bendigo 2, 5 May 2015.
- 101 Annabelle Allimant and Beata Ostapiej-Piatkowski, 'Supporting Women from CALD Backgrounds Who Are Victims/Survivors of Sexual Violence' (ACSSA Wrap No 9, Australian Centre for the Study of Sexual Assault, 2011) 5.
- 102 Ibid.
- 103 Ibid 6.

- 104 Ibid 2.
- 105 Ibid 6.
- 106 Jenny Mouzos and Toni Makkai, 'Women's Experiences of Male Violence: Findings from the Australian Component of the International Violence Against Women Survey (IVAWS)' (Research and Public Policy Series No 56, Australian Institute of Criminology (Cth), 2004).
- 107 One child who was the subject of a substantiation of a notification involving sexual abuse has been excluded from this analysis as their indigenous status was unknown: Australian Institute of Health and Welfare, 'Child Protection Australia 2013–14' (Child Welfare Series No. 61, April 2015) 78 (Table A11), 111 (Table A46).
- 108 Tarczon and Quadara, above n 3, 12 citing Australian Institute of Family Studies (Cth), 'Sexual Assault and Adults with a Disability: Enabling Recognition, Disclosure and a Just Response' (Issues Paper No 9, 2008) 3.
- 109 Those who have a psychological disability are a sub-set of those who have a disability or long term health condition, so are included in both categories: Australian Bureau of Statistics, above n 2, Table 11.2.
- 110 Department of Human Services, above n 41, 35.
- 111 Rosemary Mann et al, 'Norma's Project: A Research Study into the Sexual Assault of Older Women in Australia' (ARCSHS Monograph Series No 98, June 2014) 12–13.
- 112 Ibid 2.
- 113 *Family Violence Protection Act 2008* (Vic) s 8(3).
- 114 Seniors Rights Victoria, Submission 915, 21, 24, 47. See also Government of Québec, *Sexual Assault of the Elderly Happens and is Damaging: Let's Be Vigilant* <<http://www.scf.gouv.qc.ca/fileadmin/publications/Violence/Ainees.versionanglaise.pdf>>.
- 115 Zoe Morrison, Antonia Quadara and Cameron Boyd, "Ripple Effects" of Sexual Assault' (ACSSA Issues No 7, Australian Centre for the Study of Sexual Assault, June 2007) 1.
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13 Pathways to services

Introduction

In its terms of reference, the Commission was specifically asked to investigate the means of having systemic responses to family violence, and how government agencies and community organisations can better integrate and coordinate their efforts.

A common theme in previous chapters has been the complexity of the family violence system. People who have experienced family violence have difficulty navigating services due to the multiplicity of entry points, the lack of visibility of family violence services and a lack of consistent collaboration between services.

This chapter considers entry points into services for both victims and perpetrators of family violence. The focus of this chapter is how the current system response can be improved to make it easier for victims to get the help they need, when they need it.

The first section of this chapter provides an overview of the various entry points into the family violence system, and examines how the inter-related parts of the system work together.

The second section of this chapter explores possible models for reform to simplify the service system, to make it easier to access and to enable people who have experienced family violence to receive a broader range of services.

In the final section of this chapter, after considering the different options for reforming intake into services, the Commission proposes a way forward. The Commission concludes that a single, area-based intake into specialist family violence services (for both victims and perpetrators) and Integrated Family Services is the best model to make it easier for victims to get the help they need.

The Commission recommends the introduction of Support and Safety Hubs in each of the 17 Department of Health and Human Services regions. These hubs will perform triage, risk and needs assessment and ensure people are linked in with services at the local level.

Context and background

Entry points into the ‘family violence system’

There are currently a number of different ways that victims and perpetrators of family violence can access services. The Commission provided an overview of these entry points in Chapter 5.

The main points of entry for victims include:

- ▷ Victoria Police, who upon attending a family violence incident may issue a family violence safety notice, seek an intervention order on behalf of the victim or arrest the perpetrator
- ▷ specialist family violence services for women and children, which receive referrals from police, other services and directly from women experiencing family violence
- ▷ Child Protection, which receives reports from people who consider that a child needs protection from harm or abuse—this may include reports from police, schools or early childhood services
- ▷ Child FIRST, which receives referrals where there are concerns for child wellbeing—this may include referrals from police after attending a family violence incident, or referrals from schools, early childhood services and friends or family members
- ▷ legal services, which may provide legal advice and representation to victims of family violence
- ▷ magistrates' courts, which may issue family violence intervention orders
- ▷ specialist services such as homelessness, sexual assault, mental health and drug and alcohol services, which may be assisting people affected by family violence
- ▷ universal services such as general practitioners or other health practitioners, maternal and child health services, teachers or school counsellors, who may be the first contact point for people who have experienced family violence.

Ms Kym Peake, Acting Secretary of the Department of Health and Human Services (now Secretary), stated that:

... this diversity [of entry points] can be seen as a potential strength of the system as it reflects the need for appropriate access points for people with different needs, circumstances and backgrounds.¹

Ms Peake also recognised that the 'complicated array of entry points' means that the system can be 'difficult to navigate'.² This reflects the experiences of many women who made submissions to the Commission. One woman stated:

In the last three years we have passed through the criminal justice system, legal services, housing, Centrelink, community health, mental health and counselling services, DHS (child protection) and each time feeling more and more disempowered. There needs to be better coordination within the whole service system, one entry point that from disclosure/notification access to support services for families are facilitated.³

The specific challenges facing each of the key entry points is discussed in detail in Chapters 8, 9, 11, 12, 14 and 19. The purpose of the following discussion is to highlight some of the common themes the Commission heard about how these various entry points work together and, in particular, the referral pathways for formal referrals from police via the L17 form.

Lack of visibility of family violence services

One of the consistent themes to emerge from the evidence before the Commission is that people experiencing family violence, their friends and family, and those working with them from other service systems, do not know where to go to find help due to the lack of visible entry points.

In its submission, Melbourne City Mission identified lack of knowledge about who to call for specialist resources or secondary consultations as a challenge. One staff member commented:

The DV sector is invisible. We understand the issues of risk and safety, but most staff and services are hidden away. There are a lot of phone referral services. Where are the access points? We need family violence specialist teams and workers, they need to be visible [to other services].⁴

There is evidence that there is not currently ‘a clear online way to see who the services are or where they exist in certain regions’.⁵ In addition, the Commission heard there is a poor understanding within universal and other services as to what specialist family violence services offer. For example, Ms Ilana Jaffe, who is coordinating a project titled Identifying and Responding to Family Violence for Inner North West Primary Care Partnership, explained that in the process of scoping her project to determine what agencies already knew about family violence services, she discovered that:

There was confusion. They weren’t sure which websites, for example, to look up; what phone number to call; which phone number to call to consult or which number to call for refuge or for case management; and there wasn’t like a one-stop shop where they could really understand the system, it seemed, and particularly because services seemed to be divided into regions, so then which service within their region was most appropriate. It wasn’t promoted or marketed, I would say, enough to mainstream services.⁶

The complexity of referral pathways and specialist family violence services’ lack of visibility in the broader service system can make it difficult for universal services (such as general practitioners, maternal and child health nurses and schools) to know how and when to make referrals to specialist family violence services. The Commission heard that even health practitioners who have received training in assessing family violence risk and making appropriate referrals describe current referral pathways as ‘challenging to navigate [and] chaotic’.⁷ Professor Angela Taft, Director, Judith Lumley Centre, La Trobe University, said that, in the case of primary health care practitioners, a lack of knowledge or confidence about where to refer patients can lead to a decision not to ask particular questions that might lead to a patient disclosing family violence-related concerns. She said that ‘there need to be trained resources supported and linked in with that family violence system in a systematic way where they are familiar’.⁸

In the context of the education system, the Commission heard that educators and school counsellors need to be trained in referral networks for specialist family violence services.⁹

Lack of consistent service collaboration

Another theme in evidence to the Commission was the ‘siloed’ nature of services that work with people affected by family violence, including specialist family violence services for women and children, men’s behaviour change programs, Child Protection, Child FIRST and Integrated Family Services, homelessness services, sexual assault services and health services such as mental health and drug and alcohol services.

Specialist family violence services and men’s behaviour change programs

The Commission heard that there is insufficient collaboration between perpetrator programs such as men’s behaviour change programs and specialist family violence services for women and their children.

The *Code of Practice for Specialist Family Violence Services for Women and Children* (Code of Practice) does not make any reference to services for perpetrators of family violence. The section on collaborative practice focuses on partnerships with Child Protection and police.¹⁰ The *Homelessness Services Guidelines and Conditions of Funding 2014*, which sets out the standards for specialist family violence services, have little content specific to family violence, and do not require women’s services to work with men’s services.¹¹

In submissions, some organisations said there was a false dichotomy between men’s services and services for women and children, and called for a ‘whole of family approach’, with ‘all services and strategies aligned beneath the recognised ethos of ending family violence, and addressing its impacts upon women and children’.¹² One worker from an organisation providing services to Aboriginal and Torres Strait Islander people commented:

Services often respond to the individual, but it affects [the] whole family. Our service responses aren’t just for the individual, they need to respond to both the victim’s family and the perpetrator’s family.¹³

Kildonan UnitingCare delivers men's behaviour change programs to men who are given mandatory counselling orders and men who attend voluntarily. It told the Commission that:

The family violence sector is segregated with men's services operating almost completely independently from women's and children's services. Most relationships remain intact yet the family violence system largely operates as if this is not the case. The historical divide between men's and women's and children's family services does not reflect the reality of family lives nor the desires of those who turn to the family violence system for assistance. It does little to support the safety needs of children who live with parents where family violence continues, despite statutory and criminal justice intervention.¹⁴

No To Violence members have called for better collaboration between providers of women's services and male family violence programs.¹⁵

The Commission observed that in addition to demand pressures, there are a number of systemic factors that inhibit engagement between women's services and perpetrator interventions. For example, each has separate referral points for police L17s. This means that for a single family violence incident, police send an L17 to a referral point for perpetrator programs and another L17 to a referral point for a women's service (or the Victims Support Agency if the victim is male). Currently there are 20 contact points across Victoria for perpetrator L17s¹⁶ and 19 for women's services.¹⁷ Perpetrator referral contact points are specifically funded for L17 intake, while women's services are not separately funded for this work.¹⁸ This issue is discussed in Chapter 8.

A number of submissions noted that effective risk management and safety planning needs to take into account information about the perpetrator, including the extent and nature of the risk posed to the woman and her children.¹⁹ However, the Commission heard that women's specialist family violence services receive only limited information about perpetrators on L17 referrals.²⁰ Researchers examining the extent of collaborative processes between men's behaviour change programs, police, Child Protection and other human service organisations in Victoria found that:

The feedback loops between agencies, which enable reporting on attendance, breaches of intervention orders, changes to the risk assessment, and progress at formal review points were relatively undeveloped. However, the formal engagement [by perpetrator programs] within domestic violence regional committees and the police was more developed.²¹

The Commission heard that beyond the limited information contained on the incident-based L17, there is no other system for routinely sharing information about the risk posed by perpetrators except in the very limited number of highest-risk cases considered by Risk Assessment and Management Panels (RAMPs) currently operating in two Victorian locations. This contrasts with other jurisdictions where risk information is routinely shared. The Commission discusses this in detail in Chapter 6, and recommends changes to the Victorian privacy regime to allow the sharing of information to assess and manage family violence risk in Chapter 7.

The Commission also heard that there are inconsistent partner contact arrangements when men undertake behaviour change programs (either voluntarily or when required by the court). Although this contact is required under the service standards for men's behaviour change programs,²² in practice performance is patchy.²³ Reasons for this described in evidence include demand management issues and under-developed relationships between men's behaviour change programs and relevant women's specialist family violence women's services in the area.²⁴

Men's behaviour change programs are expected to operate as part of a wider service system response to family violence. Having local partnerships and connections is what No To Violence referred to as providing a 'web of accountability' for perpetrators and is central to the theoretical underpinnings of men's behaviour change programs across the world. In the hearings, Mr Rodney Vlasis, Manager, No To Violence, told the Commission:

Changing men's behaviour is a critical part of what they do, but assisting these other agencies and practitioners from these other agencies to strengthen their ability to manage risk, to create a web of accountability around perpetrators who commit family and domestic violence, and to work towards the safety of women and children is just as critical as changing men's own behaviour.²⁵

Specialist family violence services, Child Protection and Child FIRST

Specialist family violence services are primarily funded to work with adult victims, and most do not receive dedicated funding for case management of children. Child Protection, on the other hand, has a statutory responsibility to protect children from serious harm.²⁶ The Commission heard that specialist family violence services and Child Protection have developed 'quite independently of each other'²⁷ with 'historically divergent philosophical and practice responses'.²⁸ The two sectors have been described as 'operating on different planets'.²⁹

The Commission heard that over time these different practice frameworks have created mistrust, poor communication and limited sharing of information, and significant barriers to collaboration between Child Protection and specialist family violence services.³⁰

The services focusing on adult clients and those focusing on children do not always share information effectively and work collaboratively. This creates a situation in which the links between risk to children and risks to their mothers in the context of family violence may not be recognised and responded to adequately.³¹

The Commission also heard that child protection workers may fail to understand the dynamics of family violence, resulting in women feeling unsupported by the child protection system and being reluctant to disclose the violence, for fear that they will have their children removed.³² This is discussed in Chapter 11. Submissions recommended improved integration and collaboration between Child Protection and specialist family violence services,³³ to develop shared understandings of the needs of women and children and a more holistic and coherent framework for responding to family violence.³⁴

Child FIRST

Child FIRST (Child and Family Information, Referral and Support Teams) and Integrated Family Services work with families with complex needs, including where there is family violence, although family violence is not their sole focus.³⁵ These services aim to divert families from Child Protection and address problems before they escalate, via in-home support, outreach, family group conferencing, group work and counselling. We provide more detail about these services in Chapter 10.

Child FIRST provides area-based intake for the Integrated Family Service system and other support services for vulnerable children and families.³⁶ There are 23 Child FIRST catchments across the state.³⁷ Child FIRST assesses the risk category of families, and refers families at low-risk of Child Protection involvement to community-based services and high-risk children and families to Child Protection.³⁸

Submissions state that families experiencing family violence account for a significant proportion of those accessing Integrated Family Services, with estimates ranging from 32 per cent³⁹ to 75 per cent.⁴⁰ Information provided by the Victorian Government indicates that in 2013–14, family violence was flagged as an 'issue of concern' in 41 per cent of Child FIRST clients and 34 per cent of clients of Integrated Family Services.⁴¹

While Child FIRST is considered to be improving the system's response to children, there are questions about how effective it is in relation to family violence.⁴² Submissions noted that Child FIRST and Integrated Family Services do not receive family violence-specific funding or specialised training.⁴³ Thus they have limited capacity to provide the intensive support needed to meet the needs of families in which there are child victims of family violence.⁴⁴

The Commission heard that families affected by family violence would substantially benefit from greater cross-sector collaboration between specialist family violence services, Child Protection and Child FIRST.⁴⁵ Domestic Violence Victoria recommended developing regional children's protocols and partnership agreements between specialist family violence services, Child FIRST and Child Protection.⁴⁶

In 2008, the then Department of Human Services developed a Partnership Agreement Template between specialist family violence services, Child FIRST, Integrated Family Services and Child Protection.⁴⁷ The purpose of the template agreement is to 'facilitate collaborative working relationships between family violence services, Child FIRST/Integrated Family Services and DHS Child Protection services at the local level'.⁴⁸ Protocols have been developed in the north and west metropolitan region and the eastern metropolitan region, with signatories including specialist family violence services, Child FIRST and Child Protection.⁴⁹

The complexity of referral pathways where children are involved is considered below.

Other services

The Commission heard that the homelessness service sector is similarly 'too separate' from specialist family violence services.⁵⁰ In her evidence to the Commission, Ms Heather Holst, Deputy Chief Executive Officer and Director of Services and Housing at Launch Housing, posited that the two systems should remain separate, as they specialise in separate areas, but that 'they need a rapid and accurate referral system to ensure that all the needs of any person presenting to a homelessness or family violence service are met'.⁵¹ She argued that 'single access points for accessing multiple specialised services and a reliable referral service are essential in assisting people with multiple needs, including people who have experienced family violence'.⁵² She added:

Irrespective of where a woman first seeks assistance, the links between homelessness entry points and family violence specialist services must be strong and timely. Women going into the family violence services very often need housing assistance and correspondingly, women approaching via the homelessness services need ready access to specialist family violence services.⁵³

Similarly, the Commission heard that despite the overlap between sexual assault and family violence, Centres Against Sexual Assault and specialist family violence services operate in separate service systems.⁵⁴ We heard that the siloing of family violence and sexual assault services causes confusion for victims, referral agencies and service providers. The referral pathways between the two services are unclear, and there does not appear to be a delineated role for each. Women attempting to access services in response to intimate partner sexual violence often find the 'separate practice priorities of domestic violence and sexual assault services difficult to negotiate'.⁵⁵ This is discussed in detail in Chapter 12. We discuss recent models of services responding to the interface between family violence and sexual assault below, in addition to other service collaborations and partnerships that seek to address the issues around pathways and connections between multiple systems.

The Commission also heard from a range of sources calling for closer collaboration between mental health and drug and alcohol services, and specialist family violence services. Suggestions included improved channels of communication and information sharing, better and simpler referral pathways, and co-location.⁵⁶

We discuss the intersections between the family violence system and mental health and drug and alcohol systems in Chapter 19, and the sexual assault and homelessness services systems in Chapters 9 and 12. The Commission makes recommendations regarding workforce development and cross-sector collaboration in Chapter 40.

Complexity of entry points where children are involved

The Commission heard that the existence of multiple intake points for children experiencing family violence has introduced further complexities into the system.⁵⁷ The Centre for Excellence in Child and Family Welfare submitted that these 'multiple entry and intake points, in family violence, in child protection and in family services is clearly not efficient and inevitably results in double-handling of clients and missed opportunities'.⁵⁸ Professor Cathy Humphreys, Professor of Social Work at the University of Melbourne told the Commission:

... it's not clear what the pathway is where you have children who are clearly living in situations that are far from perfect, living with domestic violence ... and what goes to the Women's Services and whether they can be capacity built more around their response to children or whether you go into the Child FIRST services. You again have to build capacity there around their response because ... they are not specialised in family violence. So there's an issue there.⁵⁹

Currently one family violence police incident results in up to three police referrals: one for the victim, one for the perpetrator, and a further referral for the child (which can be to either Child Protection or Child FIRST). We describe this process below.

Referrals by police

When police attend a family violence incident, they must assess the interests of children independently from their parents.

The Code of Practice for the Investigation of Family Violence and the family violence referral protocol between the Department of Health and Human Services and Victoria Police set out the steps police must take when a child is present at, has witnessed, or is otherwise affected by family violence.⁶⁰ This includes:

- ▶ an L17 report to Child Protection if they believe a child has suffered or is likely to suffer significant harm as a result of physical injury or sexual abuse, and the child's parents are unable or unwilling to protect the child
- ▶ a referral to Child FIRST if they have significant concerns about a child or young person's wellbeing and a formal referral has not been made to a specialist family violence service for the victim (typically the child's mother)
- ▶ an L17 referral to a specialist family violence service alongside the victim (typically their mother).⁶¹

The Code of Practice states that:

... referral pathways for children should not be duplicated. If children are formally referred with an AFM [the victim] to a specialised family violence service or a report is made to Child Protection, a duplicate referral should not be made to Child FIRST.⁶²

The Commission considers police referral options in more detail in Chapter 14.

Current L17 referral patterns

Police data shows that the majority of child-specific L17 referrals are forwarded to Child Protection rather than Child FIRST. In 2013–14, 11,042 of these were directed to Child Protection, compared with 1901 L17 referrals to Child FIRST.⁶³ This compares with 39,772 formal referrals of female affected family members (victims) by police in the same reference period.⁶⁴ The number of children included in those referrals is not known.

The Commission heard that Child FIRST is struggling to keep up with the volume of referrals which come from other sources as well as the police. The Centre for Excellence in Child and Family Welfare reported that Child FIRST catchments experience 'exceptionally high volumes of L17 referrals' and noted 'significant variations in the volume and quality' of these referrals. They further submitted that 'only a very small proportion of the L17 referrals were triaged through to a service intervention, largely due to capacity limitations either in family services or broader service systems'.⁶⁵

Gippsland Integrated Family Violence Reform Steering Committee stated that there is an inconsistent L17 referral pathway across the state, and significant demand issues from police referrals to Child FIRST. They submitted that 'since receiving L17s in 2014 Child FIRST Latrobe Baw Baw have gone into "restricted intake" on two occasions as they were unable to cope with the demand'.⁶⁶

A number of other submissions noted that Child FIRST had limited success in engaging with women when following up an L17 referral. Anglicare Victoria reported that the proportion of families successfully engaged and receiving Integrated Family Services following an L17 referral was five per cent, 'despite the many hours of service time Child FIRST expends managing each L17 referral'.⁶⁷

According to Anglicare Victoria, this is due to time lags between the family violence incident and making contact with the victim or perpetrator, and the cold-call nature of the interaction, as well as the shame and stigma of family violence, and fears of further involvement from police or repercussions from the perpetrator.⁶⁸

In 2015, the Victorian Auditor-General's report *Early Intervention Services for Vulnerable Children and Families* found that Child FIRST and Integrated Family Services are 'struggling to cope with the increased number and complexity of referrals'. These demand pressures lead to services prioritising high-need families, which means low and medium-risk families miss out, 'yet these are the very families that would benefit most from being able to access early intervention services'.⁶⁹ The Auditor-General also found that it is difficult to determine how effective services are at meeting need because of data limitations and a lack of monitoring of outcomes at the system level.⁷⁰

In regard to L17 referrals, the Auditor-General found that DHHS has not responded to emerging drivers of demand in a timely manner, referring in particular to the time taken to introduce the family violence referral protocol between Victoria Police and Child FIRST/Integrated Family Services.⁷¹ He noted that his report, that actions being taken by the department, are likely to be highly relevant to this Royal Commission.⁷²

The 2015–16 State Budget includes a \$48 million increase over four years to funding for Child FIRST and Integrated Family Services. The Centre for Excellence submitted that this new investment will increase available service capacity by approximately 10 per cent.⁷³

This is seen as a significant lost opportunity to intervene earlier to avoid continuing harm to children.⁷⁴

We collectively believe that the early trauma experienced by a child/young person in this regard is let down by a system overwhelmed by the multitude of cases and referrals hitting both the Child FIRST and Child Protection platforms. ... The system requires the capacity to dial up an intense, differentiated response to match need, particularly in the early stages of connecting with families in crisis.⁷⁵

Quality of L17s and feedback loops

The Commission also heard that, aside from the absence of funding for staff to manage L17 referrals (as discussed in Chapter 8) another challenge facing agencies which process police referrals is the quality of information included on the L17 form itself. Specialist family violence services state that for them to effectively triage referrals and prioritise their responses, the L17 form needs to provide comprehensive and accurate information. This is particularly important given services' limited capacity in the face of very high demand and the need to act quickly during a crisis.⁷⁶ This was a source of frustration for services. Further, the Victoria Police Code of Practice for the Investigation of Family Violence does not require, or provide guidance for, police members to provide family violence services with any additional information that comes to light after the L17 referral and may be relevant to risk.

Conversely, the Commission heard from some police that they were frustrated by the lack of feedback on actions taken by services after receiving an L17.⁷⁷ We note, however, that informal feedback loops do operate in some locations, with services and local police following up with each other after referrals. This matter is discussed further in Chapter 14.

Entry points for perpetrators

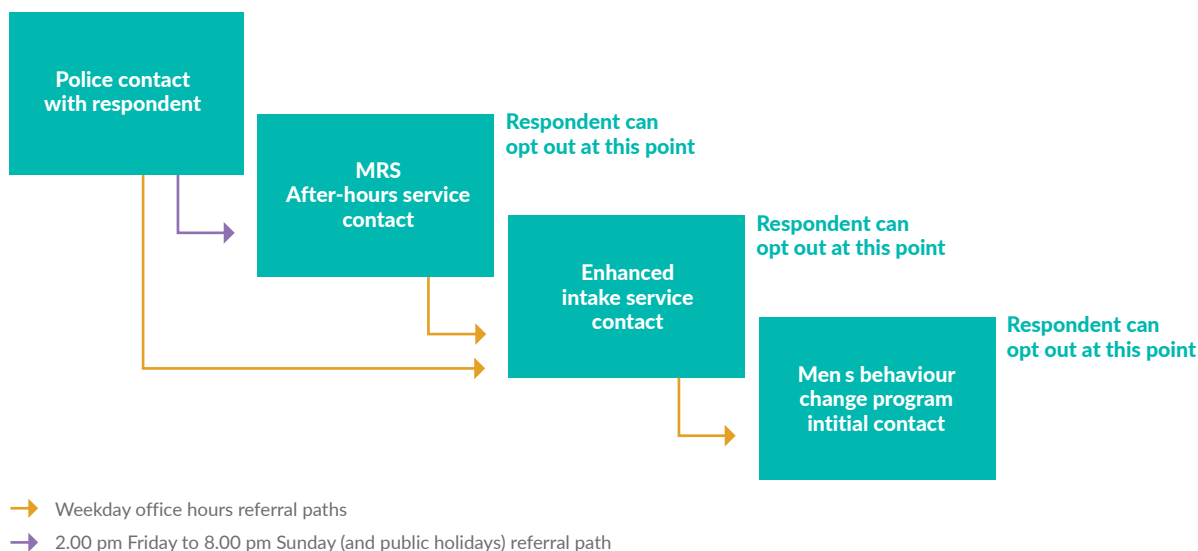
As noted in Chapter 18, there are many different referral pathways for perpetrators, and no set pathway that individuals and services must follow. No To Violence explained:

As well as justice based referral paths such as police, courts and corrections, there are a range of other community based referral pathways which can include the Department of Health and Human Services (DHHS), community agencies and self-referral. The Men's Referral Service (MRS) operates across the sector and state providing phone based, sector wide advice and referral information to men about services in with which they can engage and information and support to family/friends who are experiencing family violence. Referring sources may direct a man to the MRS or directly to a men's behaviour change program (MBCP) or both.⁷⁸

No To Violence submitted that this can and does result in many perpetrators 'falling through the cracks and being lost in the system'.⁷⁹

In relation to the police L17 referral process, where police refer perpetrators to services, No To Violence provided the following diagram to identify the various ‘drop-out’ points in the process between an L17 being made and a man entering a program. It argued that ‘with no single service guiding or supporting a man through the sector, they are, in effect, required to manage their own intake ... in short this can render the system ‘optional’ for perpetrators of family violence’.⁸⁰

Figure 13.1 Path for Victoria Police L17 referrals: perpetrators



Source: Based on No To Violence; Men's Referral Service, Submission 944, 25.

Possible models for reform

Internationally, best-practice responses to family violence involve a highly coordinated, multi-sectoral approach that ‘bring[s] together a range of services and organisations who share a common set of goals to provide more coordinated responses to violence against women’.⁸¹ The United Nations Commission on the Status of Women examined models that have been used in different countries, finding that good practice includes ‘one-stop crisis centres and integrated service delivery models that include multiple stakeholders coordinated through referral mechanisms, as well as multi-disciplinary mobile outreach to individual women and girls’.⁸²

A number of submissions argue for this type of system-level coordination that brings together health, justice, policing and social services responses—consistent with the policy intent of the mid-2000 reforms.⁸³ In Victoria, however, this coordination often relies on good will, cooperation and individual contributions from within agencies that are already under pressure to meet demand, and using existing resources or philanthropic funds.⁸⁴ For example, The Police Association Victoria submitted that inconsistency in referral pathways across the state is due to a number of factors including significant difference in the existence and availability of services and differing levels of integration and connection, which depend in turn on local relationships.⁸⁵ Many submissions also noted that coordination needs to be supported at a regional and statewide level, with clear and compelling guidance and incentives. This is considered further in Chapter 38.

Despite the challenges, the Commission heard that there is ‘considerable energy and commitment from organisations to work together’ and a strong belief, supported by evidence, ‘that long term sustained commitment to properly implement well-coordinated joint effort approaches is the way forward’.⁸⁶

In this section, we look more closely at some examples of coordinated responses in Victoria, examining some of the challenges and opportunities these examples present. The initiatives outlined here are at different stages of development, and are not necessarily fully integrated system responses, but they do show how services can collaborate effectively. They include joint intake and triage models, embedded workers and secondary consultation models, and various forms of collaboration based on co-location. Many of these projects are also discussed in other chapters, reflecting the partnerships that sit behind these efforts.

Secondary consultation models

The Commission heard that collaboration between universal service staff and specialist family violence services staff through secondary consultation could help overcome the lack of visibility of family violence services. Professor Taft gave evidence that:

... for a primary care practitioner to feel that they have the confidence and are supported in asking that question they need to know who the services are and what backs them up. They may have not either the time or the interest and they certainly don't have the specialist knowledge to support the victim in more depth. But if they feel that they have the back up and support, the secondary consultation or for debriefing or for preparation, if they know somebody with a particular problem is coming in because they have an ongoing relationship, then I think they are going to be more willing to take this as part of their professional behaviours and are more likely ... then to take on this task of actually asking difficult questions and following it up.⁸⁷

A number of submissions noted that specialist family violence services already provide this secondary consultation to local agencies and professionals as part of their day-to-day work.

In other cases, more formal partnerships are under way. For example, the Eastern Metropolitan Region Regional Family Violence Partnership described maternal and child health as 'a key setting for disclosure and early intervention'.⁸⁸ This is an embedded worker and co-location initiative between community legal services, two councils and a specialist family violence service 'to build more comprehensive referral pathways between a universal service and justice services to support women's safety'.⁸⁹

Berry Street describes the opportunities it sought to create for 'system bridging' projects, including pilots involving secondary consultation. For example, in 2010 they piloted a family violence secondary consultation within the clinical mental health services, based on a NSW project. They also placed a family violence practitioner in the maternity section of Austin Health, providing a weekly co-location to enable secondary consultation and patient assessments.⁹⁰

These projects have shown promise but remain temporary.⁹¹ According to Berry Street's submission, 'there are high levels of commitment and goodwill to pursue the service and practice integration, but ongoing secure resourcing is required to fully capitalise on that goodwill'.⁹²

Aboriginal and Torres Strait Islander organisations argued strongly for more culturally appropriate service delivery by mainstream family violence services, noting the strong preference for Aboriginal and Torres Strait Islander women to use Aboriginal community controlled organisations.⁹³ The Commission was told that there is currently little capacity for Aboriginal organisations to provide secondary consultations to mainstream services.⁹⁴ One option is for Aboriginal services to be funded to provide secondary consultations, as the Victorian Aboriginal Child Care Agency currently provides through its Lakidjeka Aboriginal Child Specialist Advice and Support Service. This service provides culturally appropriate advice and consultation on decisions that determine the future of at-risk Aboriginal children, such as whether there is a strong need for Aboriginal children to be removed from their families and relocated to a place of safety.⁹⁵ This is further discussed in Chapter 11.

Embedded workers

Submissions describe a number of examples of specialist family violence workers being embedded in universal services or within local service systems. The Commission notes that while these are showing good results, many are on time-limited funding or rely on philanthropic support.⁹⁶ Examples include:

- ▷ family violence specialists within the Neighbourhood Justice Centre Clinical Services team (Collingwood) and Ballarat Family Violence Division Magistrates' Court
- ▷ Hume Early Years Family Violence (HEY Family Violence) project, where a family violence specialist practitioner works alongside a child and maternal health worker to provide joint assessment, debriefing, training, and referral⁹⁷
- ▷ police-led partnerships such as the High Risk Response Conference in Whittlesea, with family violence workers participating in police follow-ups within 48 hours of an incident⁹⁸
- ▷ Repeat Police Attendance and High Risk Response Program, where police and specialist workers from Eastern Domestic Violence Service make weekly joint visits to victims of repeat family violence⁹⁹
- ▷ the Bethany Community Support Men's Case Manager located at Geelong Police Station one day a week to engage immediately with men¹⁰⁰
- ▷ the Whittlesea Family Violence Police Outreach Partnership response, where a family violence outreach worker from Berry Street is embedded at Mill Park Police Station two afternoons a week.¹⁰¹

Perhaps the most frequently mentioned project was Taskforce Alexis, which Commissioners also observed. This is a multi-agency team of workers from a Victoria Police Family Violence Unit based in Moorabbin, specialist mental health (Monash Health) and specialist family violence services (Salvation Army Family Violence Outreach in St Kilda).¹⁰² The team focuses on high-risk and recidivist cases. This project and other partnerships between police and the family violence sector are examined in more detail in Chapter 15.

Domestic Violence Victoria argued that the embedded worker model is superior to service co-location because the family violence worker is a full member of the team; decisions are made jointly before taking action; client management systems are accessible; and information can be shared. They further submitted that:

Specifically, the family violence worker is fully embedded within the Police; her permanent work base is there, she has a designated desk, attends staff meetings and is included as a full member of the team. She works in partnership with the police officer to review and triage the daily L17 cases, with full access to the Police LEAP database and, in consultation with the family violence service and police, she provides joined-up assertive outreach for early intervention. Equally important to the effectiveness of the Taskforce Alexis model is the governance structure supporting the work. The daily operations of the Taskforce are supported by a Coordination Team and Executive Group, which meet monthly and quarterly, respectively. These comprise full and associate members who are senior members of their organisations, with authority to make resourcing decisions and a collective commitment to the process.¹⁰³

Berry Street submitted that this type of cross-disciplinary work at a practice level requires family violence practitioners to have an appreciation of multi-disciplinary practice and awareness and respect for the institutional and cultural ethos of the host organisation. 'The family violence practitioner has to operate as an "outsider/insider" in a host service, while also undertaking the significant task of collaboratively addressing the ramifications of any family violence uncovered'.¹⁰⁴

This is acknowledged by host organisations. Sergeant Mark Spriggs, Family Violence Advisor, North West Metro Division 5, Victoria Police, stated:

[In relation to the Whittlesea Family Violence Police Outreach Partnership] ... we have seen that the family violence teams themselves have got a greater understanding about the service providers and the way they talk, the things that they offer victims, and our family violence teams start to talk and have those same sort of discussions like a family violence worker would, and similarly a family violence worker has in the back of their mind the way police work and the guidelines and limitations on criminal charging and the court process and civil protection and things like that, so they are better able to convey to a victim some of those aspects that would normally be the way the police would talk about it.¹⁰⁵

Shared intake

Submissions identified various options for reforming the current intake model.

The Loddon Campaspe Integrated Family Violence Consortium recommended the development of specialist family violence assessment and child contact centres to 'coordinate family action plans and system response (point of intake to case closure, supervised contact, children's advocates, co-location of services) delivered by specialist family violence providers'.¹⁰⁶

Safe Steps Family Violence Response Centre submitted that it should operate as the central access point for all specialist family violence services. Under Safe Steps' proposal, it would continue to provide 24-hour statewide crisis response in addition to acting as the central referral point, triaging and responding to L17 referrals and providing a front-door access point for onsite services for women and children.¹⁰⁷ It would partner with and provide links to specialist family violence services across Victoria, and could be replicated in regional areas.¹⁰⁸

Others suggested that Child FIRST has the existing multi-agency infrastructure and capability to act as a one-door entry point.¹⁰⁹ The Children's Protection Society submitted that Child FIRST should be expanded to include Aboriginal workers, specialist family violence practitioners and police family violence team members.¹¹⁰ This expanded Child FIRST intake would provide multi-agency pre-screen and rapid risk assessment, directly refer high-risk cases to Risk Assessment and Management Panels and Child Protection, and assess and triage all remaining L17 referrals.¹¹¹

Ms Peake gave evidence that although platforms such as Child FIRST aim to integrate access to services for a particular cohort, these platforms 'largely remain access points for entry to a particular service 'silo' or program area'.¹¹² Further, they do not address the difficulty people with multiple needs have in accessing multiple service sites, programs, case managers and assessments.¹¹³ Nor does Child FIRST work with people who do not have children.

In its submission, Victoria Police also suggested a single entry point for referral of child victims, instead of police having to determine whether the referral should go to Child FIRST or Child Protection.¹¹⁴ It is concerned the current L17 system results in Child Protection receiving a large volume of L17 referrals that are ultimately below their threshold for intervention, thus diverting resources from responding to cases that do merit their intervention.¹¹⁵ Similar concerns were expressed in evidence from Professor Humphreys and others.¹¹⁶ Victoria Police argued that a single entry point would allow 'Child FIRST and Child Protection workers to apply their respective powers and expertise to jointly assess the needs of each child victim and determine the most appropriate service pathway'.¹¹⁷

In her evidence to the Commission, Ms Beth Allen, Assistant Director, Child Protection Unit, Department of Health and Human Services, did not support Victoria Police's proposal for a single entry point on the basis that joint assessment and screening would require substantial resources and does not take into account the need for a differentiated response to children experiencing family violence.¹¹⁸

Joint triage for referrals that include children

Joint triage of L17 referrals that include children has been trialled in the Northern region in a collaboration between Child Protection, Child FIRST, Victorian Aboriginal Child Care Association and Berry Street Family Violence Service.¹¹⁹

This demonstration project aims to create one-door family violence referrals for police, thereby removing double (and sometimes triple) referrals. A further aim of this project is to have a differential response for Child Protection that ensures Child Protection intake only occurs where cases are suitable for investigation.

The triage process considers whether the family already has an engagement with one of the services, and applies an enhanced risk assessment based on shared information between all agencies. Child Protection, as the lead agency, determines which L17 reports are listed for consideration. Data shows that approximately 20 per cent of the 679 L17 referrals to Child FIRST resulted in the provision of family services, noting that around 43 per cent of offers of assistance were declined.¹²⁰

Berry Street stated that joint triage arrangements should be established across the state, with all agencies resourced for their participation (currently the Victorian Aboriginal Child Care Association is not funded for this work)¹²¹ and all partners able to list L17 reports for joint consideration by the triage panel.

Angicare Victoria suggested introducing triaging panels consisting of workers from the three sectors to enable a holistic response to family violence based on this model. It stated:

We contend that the best mechanism for determining whether a family should receive services from Child FIRST or Child Protection would be to have triaging panels—like the L17 triaging panels ... the new referral would be assessed by a triaging panel consisting of police, family violence workers, Child FIRST workers and Child Protection staff whenever it was determined that children reside with the family.¹²²

Whole-of-family triage

The Commission also heard there is poor communication between the four agencies that receive L17s: specialist family violence services, Child FIRST, Child Protection and perpetrator programs. Family Life told the Commission:

The four referral points do not communicate with each other and theoretically referrals should be moved from one to the other if the other systems are deemed more suitable. But in practice, this process can be slow and may not occur at all. This is difficult when the crisis period after a family violence incidence requires speedy, active engagement. Appropriate case direction systems are required to ensure that families are connected to the right responses as early as possible.¹²³

Kildonan UnitingCare submitted:

The L17 approach is siloed ... with referrals for men, women and children ... sent to different services despite the fact most families remain intact ... relevant information which supports the safety of women and children is not shared and family inclusive practice is not supported.¹²⁴

To simplify pathways to perpetrator programs through L17 referrals, No To Violence submitted there should be a central intake point for all men's behaviour programs in the state.¹²⁵ Similarly, Safe Steps proposed a central L17 intake point for all women's services,¹²⁶ but neither submission recommended these two elements be integrated.

Berry Street submitted that male perpetrator details from L17 referrals should be provided to specialist family violence services, and argued for a coordinated response between men's and women's specialist family violence services that respond to L17 referrals—including improved information sharing, co-location and joint triage.¹²⁷

Integration of victim and perpetrator services

The Commission heard that there was some support for more formal integration between men's and women's services. For example, Bethany Community Support, which provides services to men and to women, drew attention to two models: the Gold Coast Domestic Violence Integrated Response and Scotland's Caledonian model.¹²⁸ These models work with perpetrators, victims and children at the same time. Perpetrators participate in behaviour change programs that monitor them and keep them accountable, and this means that services working with the victim and children are better able to assess and manage risk.

Kildonan UnitingCare argued that women may be more likely to engage with the service system through partner contact rather than through an L17 call,¹²⁹ but as noted in Chapter 18, the Commission heard that performance regarding partner contact by men's behaviour change programs is currently mixed.¹³⁰

Bethany Community Support recommended a series of actions focused on more effective information sharing between police, women's services and perpetrator interventions.¹³¹ They suggested memorandums of understanding between all agencies within the family violence system that set out strong expectations for working together, clear guidelines for information sharing and legislative changes to remove current barriers, a statewide family violence client database accessible by men's and women's services, and services sharing information to promote the safety of women and children and hold men accountable.¹³²

Kildonan UnitingCare made similar suggestions about information sharing, but went a step further, and recommended that all L17s should be sent to one service location that creates a plan to prioritise women's and children's safety and engage men in violence cessation.¹³³ They added that service integration through 'service colocation will support enhanced capacity and shared practice frameworks in responding to family violence'.

In some places, the same organisation conducts intake of L17s for both victims and perpetrators. For example, Grampians Community Health has been responding in this way since 2005.¹³⁴

Other examples of organisations who receive L17 referrals for both victims and perpetrators include Eastern Domestic Violence Service, Nexus Primary Health and Primary Care Connect.¹³⁵

An example of an integrated intake and service provision model is the Centre for Non Violence, the lead agency of the Loddon Campaspe Integrated Family Violence Consortium. It provides specialist integrated family violence services and a central intake point for all police, service and individual referrals in the Loddon area.¹³⁶ It developed integrated client services in 2013 with specialised teams called 'pods' that work across all client programs for women experiencing family violence, young women aged 15–25 years who are pregnant and/or parenting and at risk or experiencing homelessness, men who use violence against family members, and children accompanying women. Key workers for male clients are located in the same pod as key workers for their female partners, 'enabling information to be shared when necessary to ensure the safety of women and children accessing the service'.¹³⁷

Service co-location

A number of submissions support service co-location and one-stop models of service delivery. The three Victorian models we examine here are Multi-Disciplinary Centres, the Changing Family Futures Initiative and Services Connect, although they do not all currently include specialist family violence services.

Other one-stop models promoted in submissions include those specific to Aboriginal and Torres Strait Islander communities, where all the needs of a family can be met in one place. Chapter 26 discusses this in more detail. The Commission notes here that it heard some women may be reluctant to access services in a setting that also provides perpetrator services.¹³⁸ The Commission is also mindful of the primacy of victim safety.

The evidence cites a number of advantages of multi-agency co-location:

- ▷ accessibility of services and ease of communication between agencies
- ▷ agencies gain greater understanding of each other's work
- ▷ 'institutional empathy', which is considered critical for Child Protection and family violence workers
- ▷ physical proximity increases productivity and timely service delivery.¹³⁹

It was also put to the Commission that co-location can be a disincentive for many women and children—particularly if police and child protection services are present at the site. Aboriginal and Torres Strait Islander women, women who are refugees or asylum seekers, and women making their first contact with a family violence service may be afraid that it will alert law enforcement and statutory authorities to their situation.¹⁴⁰

Domestic Violence Victoria reflected on this issue in its submission, highlighting that the focus should be on the experience of the woman, not the convenience of the agencies or workers. They state that:

When the focus of co-location shifts from improving agency interactions to the perspective of the women and children using the services, the agencies co-locating are different. Positive examples of agency co-location include family violence services within health and homelessness services, where early intervention opportunities through risk identification by GPs and other service providers facilitate contacts with specialist services, such as the Salvation Army Crisis Centre in St Kilda. Because women are generally safe to visit doctors for themselves and their children, they are more likely to respond well to co-location within these settings.¹⁴¹

Multi-Disciplinary Centres

Multi-Disciplinary Centres provide services to victims of sexual assault and child abuse. They involve the co-location of specialist police Sexual Offences & Child Abuse Investigation Teams, Child Protection and Centres Against Sexual Assault counsellors and advocates within a single building. More detail about MDCs is provided in Chapters 12 and 15.

Several submissions identify MDCs as an existing structure to which family violence services can be added or as a hub model that can be replicated for family violence specifically.¹⁴² Women's Health West Inc. submitted:

Co-location models such as the MDCs provide a practical solution to integration and co-ordination. The proximity of services and the ability to build personal relationships with other workers and police always improves outcomes for clients. This will also increase efficiency across the sectors providing a timely and cost effective response i.e. not having to make multiple appointments to see different services at different locations.¹⁴³

Others suggested expanding MDCs. Such MDCs could include specialist family violence, drug and alcohol, mental health, Office of Public Prosecutions, Victoria Legal Aid, Victims of Crime, financial counsellors and health services, to service sexual assault and high-risk family violence victims—effectively establishing the new MDCs as 'Centres Against Violence'.¹⁴⁴

A recent evaluation of MDCs finds that while each is at a different stage of development, the model has improved the practice and culture of each agency in individual and joint work.¹⁴⁵ The twin elements of co-location and collaboration, combined with the specialist skills of staff, work together to improve outcomes for victims.¹⁴⁶

The evaluation notes there is already considerable work in the area of family violence occurring within MDCs as a result of the co-occurrence of sexual offences and family violence, direct provision of family violence counselling and other services. However, it is cautious about an immediate expansion of MDCs into family violence. It states:

There is strong support for the explicit inclusion of a family violence component in MDCs. However the service delivery design required to enable this to occur is less clear. Evaluation participants expressed the need for care and caution to ensure that an expanded model that explicitly includes family violence does not dilute the specialist response to sexual offences or diminish the positive outcomes being achieved for victims of sexual offences.¹⁴⁷

Concerns identified by the evaluation include that:

- ▷ women may be reluctant to access services in a building that also houses Child Protection and police
- ▷ the MDC could lose its specialised focus on sexual offences
- ▷ locating more staff in a single building could negatively affect professional relationships between MDC staff
- ▷ Centres Against Sexual Assault and family violence services are already managing waiting lists for counselling services, and increasing the demand for counselling services would need to be matched with additional resourcing
- ▷ including family violence services in the MDC could increase safety and security risks
- ▷ the MDC would more closely resemble a police station than a victim-led centre
- ▷ staff workloads are already very high, and including family violence without adequate resources could become unmanageable.¹⁴⁸

The evaluation also finds broad agreement that it is not suitable to include a crisis police response in the MDC, 'as this would likely negatively impact on the discrete, anonymous and therapeutic nature of the existing MDC building environment found to be an important contributor to improved client outcomes'.¹⁴⁹

Potential benefits identified in the evaluation include:

- ▷ better sharing of information, increased intelligence and ease of exchange of information
- ▷ Sexual Offenders and Child Abuse Investigation Teams would be better able to refer tasks associated with intervention orders and safety notices to a family violence unit, freeing up their time
- ▷ improved understanding of the roles of family violence services, child protection practitioners and police members in relation to family violence
- ▷ increased usage of forensic suite facilities
- ▷ a more specialised response to family violence would improve responses to people experiencing family violence
- ▷ the ability to provide a 'systems response' to a 'systems' issue
- ▷ including a child protection family violence team in the MDC involved could open the gates to collaborative work.¹⁵⁰

The evaluation also canvasses other ways to enhance family violence responses without directly co-locating family violence services in MDC buildings. These include 'visiting services' by legal and family violence services; mirroring the MDC approach but locating it in a separate building and co-locating a remote witness facility at the MDC with links to the court that may benefit both sexual offences and family violence victims, particularly in applications for intervention orders.¹⁵¹

The evaluation concludes that any expansion of the MDC model to include a family violence response must be underpinned by the following principles:

- ▷ maintaining an explicit and specialist focus on sexual offending
- ▷ maintaining a discrete, victim-friendly and safe environment and fit-for-purpose building design
- ▷ providing accurate and timely information that empowers women to make informed choices
- ▷ sharing information among key agencies to improve the timeliness and quality of investigations
- ▷ employing skilled specialist staff, for example, police, Child Protection and family violence staff with a deep understanding of the issues, nature, prevalence and implications of family violence.¹⁵²

Gippsland Changing Family Futures Initiative

The Gippsland Changing Family Futures Initiative is an example of the co-location of Child Protection and police in Morwell, Bairnsdale and Sale. It aims to:

... minimise repeat reports to Child Protection by providing parents and children who are reported to Child Protection and have experienced family violence, with timely and targeted assessment; wrap around support to reduce the impact of trauma and protective strategies that facilitate family safety and stability.¹⁵³

According to the Department of Health and Human Services, the initiative aims to improve:

- ▷ early identification of family violence
- ▷ protective factors
- ▷ access to and use of supports and services
- ▷ multi-disciplinary coordination.

It also seeks to coordinate information, data and activities with relevant stakeholders and enhance the level of knowledge, depth of experience, standards of practice and evidence used when supporting Child Protection clients who have experienced family violence.¹⁵⁴

The Commission was advised that the initiative is directed towards high-risk groups including:

- ▷ children who have already been the subject of three or more reports to Child Protection linked to family violence
- ▷ families with infant or unborn children who have been reported to Child Protection due to family violence
- ▷ families that have experienced a 'significant' family violence event
- ▷ male perpetrators; Aboriginal families; and adolescents.¹⁵⁵

Under the model, two intake workers with specialist family violence experience and two community-based child protection practitioners work at the point of intake and case closure to ensure improved end-to-end case management.¹⁵⁶ The intervention phase is underpinned by case conferencing with practitioners across agencies such as Victoria Police, Child FIRST, Families First and family violence services.¹⁵⁷

The Commission heard that this has been seen as a positive pilot, enabling information exchange, joint planning and action focused on recidivist cases, and timely and coordinated mobilisation of the teams and cross-sector practice and skills exchange.¹⁵⁸

However, the Gippsland Integrated Family Violence Service Reform Steering Committee also states that:

- ▷ there has been a huge increase in workload and a decrease in funded operational staff
- ▷ while information sharing is working well, the change of personnel in police family violence teams can inhibit consistency
- ▷ there is a lack of specialist services for referral of clients
- ▷ secondary consults are not occurring, due to overworked practitioners.¹⁵⁹

They state that ‘the model is good, however with the huge caseloads and increased complexity of the cases it can be difficult to work within that model’.¹⁶⁰

Services Connect

Kildonan UnitingCare recommended that the ‘Services Connect platform should be piloted as a platform to respond to family violence’.¹⁶¹ A number of other submissions also identified Services Connect as a space in which family violence responses might be co-located. Mallee Family Violence Executive stated that they ‘watch with much interest the establishment/piloting of Services Connect models across Victoria as potentially this can reduce the impact on people who require multiple services’.¹⁶²

Services Connect is a:

... small-scale trial of a model for integrated human services in Victoria, designed to connect people with the right support, address the whole range of a person’s or family’s needs, and help people build their capabilities to improve their lives.¹⁶³

Ms Gill Callister, Secretary of the Department of Education and Training, formerly Secretary of the Department of Human Services, gave evidence that Services Connect was ‘in its original intent about how we build a strong primary care workforce with the capability to help people get much better outcomes’.¹⁶⁴ According to the evidence of Dr Pradeep Philip, the then-Secretary of the Department of Health and Human Services, a key part of Services Connect is the client support model, which includes:

- ▶ a key worker who is the primary support worker and plans, coordinates and delivers services for a client and their family
- ▶ a holistic needs identification and assessment, by which comprehensive information is collected so that people do not need to keep re-telling their story
- ▶ a single plan that considers the full range of a client’s and their family’s needs, goals and aspirations, and covers the full range of services they will receive
- ▶ one client record instead of multiple records held by different services
- ▶ a greater focus on the achievement of outcomes in service planning and delivery, and in the monitoring and evaluation of services.¹⁶⁵

Three tiers of support are provided, depending on the complexity of a person’s or family’s needs. These include self-support, guided support and managed support.¹⁶⁶

After testing at departmental lead sites, an evaluation identified four improvements:

- ▶ improved information sharing and more comprehensive needs identification
- ▶ client engagement that engenders client-directed needs assessment and goal setting
- ▶ increased focus on outcomes in the planning process
- ▶ greater collaboration and information sharing between engaged services and workers.¹⁶⁷

Services Connect has now been expanded to eight external sites, where non-government community service providers of child and family support, mental health, alcohol and drug treatment, family violence, homelessness, housing, disability and Aboriginal-specific services came together to test the model in the ‘Partnerships Trial’.¹⁶⁸

The Commission understands that there is variability in terms of how each of the eight sites operates. For example, some partnerships have services co-located whereas others have key workers conducting their Services Connect role from their home agency.¹⁶⁹ Not all of the Services Connect sites include a specialist family violence worker.¹⁷⁰ According to the department, these variations ‘are due to geographic locations, diversity of services within the local area and approaches to service delivery’.¹⁷¹

There was also evidence to suggest that the variability has been a source of confusion. Ms Kathy Prior, Deputy Director, North East Services Connect, Berry Street, said:

... it's been tricky, though, in the life of Services Connect in that the language has changed throughout its time. So the understanding of the Services Connect pilot sites, therefore, has been quite challenging for the sector in terms of knowing what they can do, because there's also the diversity across each of the eight sites and also the difference between the internal DHHS Service Connect pilots as well.¹⁷²

North East Services Connect Partnership

Several representatives from the North East Services Connect Partnership gave evidence about its co-located model, where there is a single intake point and clients are allocated to any key worker within that partnership. Key workers are responsible for assisting clients by providing the service themselves where possible, regardless of that worker's specialised knowledge base. In doing so, the key worker can consult with other specialist workers within the partnership.

The co-located model was said to present a 'unique opportunity for organic consultation to occur where it wouldn't ordinarily'¹⁷³ and to cut down the barriers associated with navigating what can be a complicated service system.¹⁷⁴

Other features of the North East Services Connect Partnership model that were referred to in evidence include:

- ▷ clients do not need to be in a crisis situation in order to access support¹⁷⁵
- ▷ subsequent referrals are viewed positively rather than being seen as failing the first time around¹⁷⁶
- ▷ there is not the same stigma attached as might be the case with specific types of service¹⁷⁷
- ▷ the model has potential to fill service gaps, such as working with perpetrators who have not formally presented within the family violence system.¹⁷⁸

This trial ends in October 2016.¹⁷⁹ An evaluation is due by 31 December 2016 that will make recommendations about matters including effect on client outcomes and system effectiveness and future implementation of the 'integrated community care' model.¹⁸⁰

Service hubs

To conclude this section on service co-location, we note that several organisations proposed establishing family violence 'hubs'. For example, Safe Futures said:

... we need a circle of support/service which puts the person in the centre and brings in the services that the person needs. This could/should be through a hub, or one-stop-shop, or shared facilities ...¹⁸¹

Whittlesea Community Connections suggested that family violence hubs should be located in accessible safe areas, such as shopping centres, that are linked to public transport, and provide opportunities to access support without fear of being seen going into a family violence service or being tracked by phone by the perpetrator to that service. They add that 'these hubs are particularly important in growth areas ... where services do not currently have a presence but population growth is among the fastest in the nation', suggesting that existing community activity centres could be used to house these hubs.¹⁸²

Some proposed long-term investment in multi-agency hubs that promote collaboration between police, courts, legal services, family violence and sexual assault specialists and recovery-based services such as housing. Court Network's vision was for hubs to:

... case-manage the multiple social support and legal needs of women at higher risk of family violence, and provide 'wrap around' services to women and children specific to their needs. They will also provide coordinated interventions to men at high risk of perpetrating violence, and perpetrator interventions that traverse the prevention spectrum. Service infrastructure should also be designed to build capacity within surrounding communities that can achieve outcomes post-intervention and in primary prevention.¹⁸³

Court Network also submitted that these hubs should include specialist family violence courts with co-located specialist family violence and sexual assault services.¹⁸⁴ The Magistrates' Court of Victoria Family Violence Taskforce submitted that 'organisations should be co-located where appropriate, informed by best practice evidence' but did not specify whether this should include co-location with courts.¹⁸⁵

Others reflected that the hub should be seen as a model of service, rather than a physical location, that would allow women and their children to have their full range of needs met (such as accommodation, counselling, material aid and legal help).¹⁸⁶

As discussed in Chapter 6, Multi-Agency Safeguarding Hubs have been established in the United Kingdom to respond more effectively to children at risk of abuse and violence. An evaluation of the MASH found that although local models appear different, they are all largely based on three common principles: information sharing, joint decision making and coordinated intervention. Agencies are often co-located within these hubs, or within virtual arrangements, and include local authority children's and adult services (the equivalent of DHHS), police, health and probation.¹⁸⁷

The evaluation found that the success factors for multi-disciplinary co-location were:

- ▷ several agencies working together in an integrated way
- ▷ the involvement of a health care professional
- ▷ co-location of agencies
- ▷ a shared risk assessment tool
- ▷ good leadership and clear governance (including an operational manager who is seen to be independent)
- ▷ frequent scrutiny and review
- ▷ strategic buy-in from all agencies involved
- ▷ an integrated IT system.¹⁸⁸

This is consistent with recent findings by ANROWS (Australia's National Research Organisation for Women's Safety), which conducted a meta-evaluation of the effectiveness of multi-disciplinary approaches between family law, family violence and child protection/family services across various jurisdictions. ANROWS concludes that while there is little evidence to support specific directions for interagency arrangements, it recommends that:

When joining up, services should pay considerable attention to how the infrastructure (e.g. governing structures, management and operations, quality assurance of services) surrounding the interagency collaboration may support this work.¹⁸⁹

The way forward

The Commission heard that the way that various parts of the family violence system work together make it harder for women and children to access support, and for the service system to collaborate to provide a broad range of services. These problems may be even more acute for victims of family violence other than intimate partner violence.

- ▷ Women do not know where to go for help, and universal service providers such as general practitioners do not know where to refer women who disclose family violence.
- ▷ Women find it hard to navigate the service system, particularly in regional and rural areas, and may have to travel to multiple services.
- ▷ Referrers and service users are faced with a complex and disparate array of entry points to the family violence system, including 23 Child FIRST, 19 specialist family violence services and 20 L17 referral points for men's behaviour change programs.
- ▷ There is a lack of government-driven coordination between Integrated Family Services and specialist family violence services.

- ▷ Current police referral pathways over-emphasise the role of Child Protection.
- ▷ Women's and men's services operate in isolation, and there are unclear referral pathways and agency roles when the perpetrator remains in the home.
- ▷ Separate L17 referrals for men, women and children work against a whole-of-family approach and contribute to perpetrators' lack of visibility.
- ▷ There is a lack of consistent information sharing between specialist family violence services and other services that work with victims and perpetrators of family violence.
- ▷ Intake is not funded discretely. Specialist family violence services conduct intake using their case management resources—whereas men's behaviour change programs and Child FIRST have dedicated resources for intake.
- ▷ Specialist family violence services do not act as intake points into a network of services, which means women may have to go through multiple assessments or are refused service.

At local and regional levels, some services already work closely with each other and there are good examples of collaboration, co-location and partnerships. However, these initiatives have come about through the work of integration committees, services and individual champions. As a result, they vary widely, and have not been driven by a statewide approach to system design. Local circumstances need tailored solutions, and they must be backed by strong governance and system-level arrangements.

In addition to urgently addressing demand, there is also a need for structural changes to ensure better coordination within the service system. The most important reform is to bring together the different entry points for victims, children and perpetrators, so that the system as a whole has a much stronger eye on the perpetrator, a clearer focus on the needs of children, attention to the needs of the adult victim and a simpler means for families—in all their forms—to get the help they need when they need it.

Options for reforming entry into the service system

Below, we set out the four options the Commission considered for reforming intake to services assisting people affected by family violence. The Commission has focused on intake arrangements because the point of intake is critical to ensuring that people are connected with the services they require as quickly as possible, and importantly, that the capacity to provide a crisis response is available.

When assessing the reform options below, we focus on four main criteria:

- ▷ making the pathway to help easier and simpler
- ▷ encouraging referrals between specialist family violence services and other services
- ▷ helping families to get the support they need
- ▷ clarifying service roles when children are present
- ▷ keeping a closer watch on perpetrators.

Option 1

Maintain current arrangements and resource women's services to respond to L17s

Option 1 is to maintain current arrangements, with all L17 referrals continuing to go to one of the 19 specialist family violence contact points, which would receive dedicated intake funding.

This would address the substantial inequity between funding for women's and men's family violence services to respond to L17 referrals: men's services receive dedicated funding for this function, while women's services do not. We also note that Child FIRST receives discrete funding for its intake function.

Advantages of this approach include the following:

- It allocates dedicated resources to referrals, instead of redirecting them from case management.
- It maintains the focus on local initiatives such as joint triage and embedding workers in other services.

Disadvantages include:

- It does not address issues of inconsistency across the state.
- It does not address the lack of government-led coordination between Integrated Family Services and perpetrator interventions.
- It maintains separate L17 referrals and different pathways for victims, children and perpetrators.

Further, simply leaving things as they are does not resolve the other limitations of the current system, such as the lack of visibility of specialist family violence services to those outside the system. Nor does it address the current limitation that L17 referral points do not have booking rights to other services, and must make a series of referrals to multiple points with multiple eligibility assessments.

For these reasons, the Commission considers that a bolder reform is needed.

However, we recommend that as an immediate first step the Victorian Government should resource existing women's specialist family violence service L17 referral points to undertake L17 processing and response. This is a necessary precondition for success for the Commission's longer-term recommendations for system reform.

Option 2

Single statewide entry points

Option 2 is to have a single statewide entry point for women's services, and another single statewide entry point for perpetrator interventions.

Safe Steps, which currently provides the 24-hour crisis telephone response, submitted that its role should be expanded to fulfil this function. It proposes a single statewide family violence response centre that can be replicated in regional hubs run by Safe Steps.¹⁹⁰

Similarly, No To Violence, including the Men's Referral Service, recommended a single, statewide entry point to respond to all men involved in incidents of family violence 'for specialised assessment, safe engagement, and appropriate referral whether identified as perpetrator or affected family member'.¹⁹¹

Advantages of single entry points for these two system components include the following:

- It simplifies and standardises intake.
- It builds on the existing after-hours referrals infrastructure.
- It gives a strong overview of system-wide demand, and would offer collection points for comprehensive demand data.
- It provides a consistent response across the state (assuming service delivery is also controlled by the two statewide intake points).

Disadvantages include:

- The intake team does not have the ability to 'book' people directly into services, which is a necessary reform.
- The model does not include coordination with Integrated Family Services.
- The two statewide services will have a monopoly, which could lead to the loss of local service knowledge and a Melbourne-centric approach.
- Service users may not wish to use a statewide service, and may feel more comfortable going through a local provider.

- ▷ It maintains separate L17 referrals and different pathways for victims, children and perpetrators.
- ▷ There is the risk of delays in accessing services if statewide intake is overwhelmed.

This model also goes against the principle of responsibility residing at the lowest level of government that can perform the role effectively (subsidiarity). This principle recognises that an understanding of community needs and a capacity to use flexible and locally tailored approaches will be greater at the local level. While this principle is usually associated with government, it also has value when thinking about service design.

For example, Safe Steps proposes to run regional hubs under their Victoria-wide entry point. We are concerned that this may not take advantage of existing relationships and service connections at the local level, and that Safe Steps would need to recreate these connections.

The Safe Steps proposal also does not address a whole-of-family approach—perpetrators would still be largely invisible to services working with women and children, putting the burden of safety on women.

For these reasons, the Commission does not consider it prudent to establish two separate, single statewide entry points into men's and women's family violence services.

Option 3

Merge family violence services with multi-disciplinary centres

This option would adapt sexual assault multi-disciplinary centres (MDCs) to include specialist family violence services.

Advantages of adapting MDCs include the following:

- ▷ It improves understanding of family violence services and responses within MDCs.
- ▷ It fosters closer alignment with police investigatory processes to improve evidence gathering and strengthen prosecution of perpetrators.
- ▷ It enhances cooperation between police and human services on cases where family violence co-exists with sexual assault.

Disadvantages include:

- ▷ It broadens the focus of MDCs and potentially undermines a specialist approach to sexual offending and family violence.
- ▷ There is a risk that the family violence crisis response would overwhelm MDCs.
- ▷ It does not address the lack of government-led coordination between family violence services and Integrated Family Services.
- ▷ Currently there are only six MDCs in Victoria.

In assessing this option, the Commission notes that the recent evaluation of MDCs discussed previously considers the case for including family violence services within MDCs. The evaluation cautioned against co-location of family violence services in MDCs, stating that it would create a very different, less therapeutic environment. The evaluation concluded that a better option would be for MDCs to focus on providing a therapeutic response, and instead improve information-sharing practices between agencies to manage family violence risk.

The Commission is also concerned that the presence of police and Child Protection in the MDC may also create a barrier for some women who do not trust these agencies. Another very practical limitation is that extending MDCs across the state would require substantial investment. While this may be a viable long-term option, it would mean that in the short term we would use scarce family violence resources to expand what is primarily a police and sexual assault investigation and case work response.

Merge family violence services with Services Connect

The advantages of merging specialist family violence services with Services Connect include the following:

- ▶ It improves cross-sectoral collaboration as a result of co-location of key workers from various disciplines (where co-location is the Services Connect model in that area).

The disadvantages include:

- ▶ Services Connect is not designed as a crisis response.
- ▶ Without significant expansion, Services Connect will not meet the volume of demand for specialist family violence services.
- ▶ There is a risk that family violence would swamp Services Connect, and that clients who have complex needs apart from family violence issues would miss out.
- ▶ There is a risk that the specialist expertise of family violence services would be diluted.

In examining the evidence regarding Services Connect, the benefits of bringing family violence into this program are difficult to determine because there is no single model, and not all of the current sites have a specialist family violence staff member in the key worker team.

The strongest benefit appears to be the cross-sectoral collaboration that naturally emerges when practitioners from various disciplines come together in one location. This was clear in the evidence from practitioners from the North East Services Connect Partnership, and is also a feature of the MDC model above.

Having a key worker also has advantages for clients who would not have to tell their story multiple times, but it is less clear whether clients would still need to be re-assessed for certain services which they may need as part of the family violence response. A further benefit is that the key worker potentially minimises the need for multiple workers being involved, as the model is premised on the key worker delivering a range of services themselves rather than referring to others.

Where access to other services is required, the key worker can play a vital role in linking people into necessary services, including those with complex needs requiring more specialised assistance, such as from alcohol and other drugs, mental health and disability services. This has the potential for streamlining access to services, especially for those family violence victims who have a need for multiple services and coordination of these services is required.

It is unclear to what extent specialisation could be accommodated in the Services Connect model, which is predicated on a key worker providing direct services to a range of clients or linking clients to other services.

The Commission notes that the previous internal trial sites have now closed and the new partnership trial is funded until October 2016.¹⁹² Its future beyond that date is not known.

We therefore recommend that if Services Connect or 'integrated community care' is expanded across human services, it should not be used as the major service platform to provide a family violence response. Family violence should not be 'bolted on' or used as a budgetary vehicle to expand Services Connect.

Our reasoning is threefold. First, Services Connect cannot effectively respond to crisis demand.

Secondly, risk is dynamic and we need specialists to manage it, particularly where the victim is at medium to high-risk. Elsewhere we argue that keeping victims and their children safe requires workers to be familiar with the specific dynamics of family violence, as well as skilled in risk assessment and risk management, both of which are specialised skills. This is especially important in the initial stages of seeking assistance, which is a period of acute crisis for some women.

It is also important that the role of 'navigator' of the system has specialised skills and knowledge of family violence. The Commission considers that the 'navigator' role is critical to helping victims access the services they need. This role encompasses more than simply referring to services or being knowledgeable about the service system. Instead, the task of referring and coordinating services for and on behalf of family violence victims requires a level of specialisation.

Thirdly, there is a risk that moving to the generic key worker model will dilute the specialist family violence response. The Commission heard that women valued having the support of a caseworker who understood the dynamics of family violence and what they had experienced.¹⁹³ The risk with the key worker model is that this specialist knowledge becomes diluted. This is not to say that responses to family violence should be 'stand-alone'. An integrated intake into both specialist family violence services and Integrated Family Services (considered in Option 4) retains and builds upon the specialist expertise of both sectors and provides a streamlined entry into services that are already substantially involved in responding to victims of family violence.

In summary, the Commission is not confident that Services Connect can provide a sufficiently specialist response to people experiencing family violence. It may be a useful addition to casework in the post-crisis phase if specialist family violence practitioners are included in the team, but it should not be the sole intake point for, or replace, specialist family violence services.

Option 4

Area-based, single intake into Integrated Family Services and specialist family violence services, including perpetrator interventions

Option 4 is to merge the existing Child FIRST and specialist family violence L17 contact points (men's and women's) into a single, area-based intake for all three types of service. In effect, this introduces a new integrated intake service through sub-regional/local hubs.

This option combines the existing Child FIRST structure with family violence. Specialist teams would be retained, but integrated through single intake management arrangements. Cases would be allocated to the most appropriate team, with cross-consultation. Existing community-based child protection practitioners would be retained and their role extended to provide input to specialist family violence services as well as Child FIRST.

In this model, police would send a single L17 to the hub, which would also receive referrals from non-family violence services and individuals. The only exception to this would be referrals to Child Protection, which would still be made if police believe a child has suffered or is likely to suffer physical injury or sexual abuse, as per the *Children, Youth and Families Act 2005* (Vic), and the Victoria Police Code of Practice for the Investigation of Family Violence.¹⁹⁴ An alternative model is to have a single L17 that includes Child Protection.

The advantages of this model include the following:

- It provides prominent and visible referral points for police and other services, as well as information and contact points for victims, family, friends and community.
- It puts emphasis on meeting the needs of children.
- Intake has a whole-of-family view of risk and need, and provides a gateway to a network of services 'behind the door'.
- A single referral for each family violence incident supports an integrated approach to the family, as well as individualised responses for the victim, perpetrator and children.
- It recognises the significant overlap between family violence and Integrated Family Services.
- It will promote practice excellence and consistency across two distinct services (family violence and family services).
- It provides a package of services rather than single, sequential episodes of service.
- It has the capacity to provide a crisis response.

As noted earlier in this chapter, family violence was flagged as an 'issue of concern' for 41 per cent of Child FIRST clients in 2014–15, and one in three clients of Integrated Family Services that year.¹⁹⁵ This suggests that these two service systems have common clients, and that efficiencies could be gained by sharing an intake function that uses a comprehensive risk and needs assessment to match the right kind of service to the particular circumstance.

There may also be distinct advantages in terms of triage and capacity to assess children's needs, which is a substantial gap in the current family violence response. Collaborative teams of family violence workers and Child FIRST intake workers would enhance the complementary knowledge and skill sets of both types of worker.

The challenges of this model include the following:

- The change is substantial and will require reorganisation and rationalisation of current entry points.
- The focus on families may deter people without children; similarly, the focus on safety may deter people or referrers who are seeking family services rather than a family violence response.
- Child Protection would remain as a separate intake point, so there is still a dual L17 referral pathway for some children.
- Women who currently seek to engage their violent partner through family services without him seeing this as a family violence intervention may not seek this help.

It would also require significant effort to bring together two service systems with very different focuses and service models. For example, the information each collects at intake, and the initial responses to clients, are different. Family violence intake work includes crisis and risk assessment, risk management and safety planning, with the primary aim of protecting women and their children from perpetrators. Family service work includes assessment of family relationships with a view to improving relationships, parenting, and outcomes for children. Family violence interventions will often precede family services' work. To resolve these differences will require substantial work to align approaches without losing the specialist knowledge that each brings to working with families and children. In particular, the Commission recognises that specialist family violence services have developed expertise in crisis responses whereas Child FIRST and Integrated Family Services are not a crisis service and do not necessarily have family violence expertise.

In addition, some women's services may distance themselves due to concerns that men's intake should not be part of the intake team, or that information may be inappropriately shared. Currently, some but not all, men's services contact women's services before attempting to contact men, to ensure that the women's service has contacted the woman and has a safety plan in place.¹⁹⁶ The after-hours Men's Referral Service does not contact women's services because they seek to make contact quickly after police contact. This is a contested issue.

At the moment, men's intake workers may occasionally provide information to police or women's services, but it is rare for women's services to provide information to men's intake services. This is because there are limited benefits to sharing information, and a fear that the men's worker might inappropriately or inadvertently share information that increases risk. This is a matter of professional practice that will need to be resolved for this model to work. The Commission expects that all workers at the hub will understand that a victim's safety is their primary goal and will not share information that could place victims at risk. This is similar to the way that existing contact workers in men's behaviour change programs must not inappropriately share information.

Enhanced safety for women and children and reduction in risk will be paramount in any proposed model.

The Commission has determined that despite the risks, complexity and substantial change, Option 4 is our preferred option for the following reasons:

- It would keep intake services separate from case management, thus freeing up more resources for case management.
- As specialist designated and funded intake services, hubs would provide an enhanced assessment and referral response for each family member.
- Using technology, hubs would provide feedback to police on every L17 they receive (men, women and children) so that police have confidence that the referral has been actioned, and also get feedback on the accuracy of their risk assessment and the completeness of information in the L17s. This complements and builds on existing local relationships, but makes them part of the system.

- ▷ Hubs would reduce duplication of intake work. A specialised co-located intake function would provide more appropriate referrals. It would also assess families' full range of needs, and link people to a wider range of other services.
- ▷ The specialised focus on intake assessment would improve the timeliness and efficiency of information gathering, particularly in relation to high-risk families, and it would enable better information sharing with partner agencies. This would be facilitated by a Central Information Point (described below).
- ▷ Triage would be improved with the implementation of a statewide best-practice approach.
- ▷ The contact process for women and children would be improved, providing a consistent response across Victoria.
- ▷ The hub will provide initial case coordination until the case can be passed to an appropriate service for continuing case management. Depending on the level of need and what the major presenting issue is, continuing case management could be performed by a specialist family violence service, Integrated Family Service or another service such as sexual assault, mental health or drug and alcohol.
- ▷ Child FIRST and family violence intake workers would gain increased knowledge and skills in working with children affected by family violence.
- ▷ The hub model would maintain the safety benefits to be gained from separating men's and women's services in service delivery, while providing a whole-of-family approach to risk assessment. It would increase the visibility of the perpetrator to the family violence system, consistent with existing successful consortium models such as that delivered by the Centre Against Violence.
- ▷ In the longer term, it could include co-location with, or sessional services provided by, other services such as legal services, drug and alcohol, and mental health services, depending on local networks and arrangements. In those areas where MDCs or Service Connect sites operate, the hub could be close by or in the same building.

Why not a single integrated intake for Child Protection, Integrated Family Services and family violence services?

The Commission has considered whether Child Protection should be included in the hub and has determined on balance that this would not be appropriate. This is because for Child Protection intake to be transferred to the hub, hubs would need to become statutory services—that is, part of DHHS. This is not appropriate for a family violence response.

Further, including Child Protection intake in the hub may exacerbate women's reluctance to seek assistance because of the close alignment with Child Protection. There is also the substantial risk that crisis work would 'swamp' and crowd out family services and family violence services, including redirecting resources to statutory work. None of this is in the interests of women and children who are victims of family violence.

There is a risk that retaining a separate intake for Child Protection maintains a dual-track pathway for police for referrals involving children, and that police will continue to over-refer to Child Protection. This brings women experiencing family violence with children into contact with Child Protection, when in fact many of them need support and assistance rather than statutory intervention.

Child FIRST will be part of the hub and will bring its community-based child protection practitioner. Police will have more confidence that when they make an L17 referral to the hub, a community-based practitioner is available to escalate the matter to a formal referral to Child Protection if necessary. This eases some of the decision-making burden for police members when their assessment of a family violence incident is not clear-cut and they manage risk by erring on the side of a higher level of intervention. However, for this to be successful, Child Protection must ensure that the community-based child protection practitioner has full access to Child Protection information and data.

Role of the community-based child protection practitioner

Community-based child protection practitioners are placed at each Child FIRST site to facilitate referrals from Child Protection, provide advice on specific cases, including safety planning, and manage cases moving from Child Protection to Child FIRST, among other activities.¹⁹⁷

The 2011 KPMG review of the Integrated Family Services system found that the placement of child protection practitioners at each Child FIRST site had been critical to developing a service continuum between family services and Child Protection and was the lynchpin between the two sectors.¹⁹⁸

However, the same review noted that beyond the placement initiative, there were inconsistent links between Child FIRST and Integrated Family Services on one hand and Child Protection on the other. The reviewers cautioned against over-reliance on one scheme for service connection and suggested a greater focus on improving linkages across the entire workforces of both sectors.¹⁹⁹

The 2015 Auditor-General's report into the Integrated Family Services system found that the role of community-based child protection advanced practitioners had been diluted over time with the assigned child protection workers increasingly required to take on Child Protection cases rather than being available to support Child FIRST and Integrated Family Services with case referrals and risk assessment.²⁰⁰

Support and Safety Hubs

The Commission proposes the establishment of Support and Safety Hubs in each of the 17 DHHS local areas. A single, area-based and highly visible intake will make it easier for victims of family violence to find help quickly. This also needs to capitalise on the respective roles of specialist family violence services, child and family services, and perpetrator interventions.

Intake should be built around one referral for each family, accompanied by individual assessments for the perpetrator, the victim and any children. This will give services and police all the information about risks and needs of different family members.

Because they are sub-regional hubs, they can:

- ▷ build on existing knowledge of local services, established referral pathways and partnerships developed by specialist family violence services
- ▷ provide a focal point for referral
- ▷ be a one-stop shop for people requiring related services.

The Commission recommends one hub in each of the 17 DHHS regions to maximise the opportunities for accessing other services identified as necessary for victims and perpetrators of family violence and their children. Most of these services are funded by the DHHS and they are currently funded to provide intake within the department's area boundaries (either partly or fully). This includes housing services, homelessness assistance, mental health services, drug and alcohol services and women's health services.

The Support and Safety Hubs will provide:

- ▷ single (area-based) intake for specialist family violence services (for women and children and also perpetrator interventions) and Integrated Family Services, including triage, risk assessment and needs assessment
- ▷ case coordination for the women, children and perpetrator (including booking and warm referral) until each is linked into appropriate services.

These will replace the current 23 Child FIRST intake points, the 19 L17 contact points for specialist family violence services and the 20 L17 contact points for men's behaviour change programs.

Safe Steps and Men's Referral Service will continue to operate as police L17 referral points after hours, as it would be inefficient to operate 17 hubs outside business hours.

The Victims Support Agency will continue to be the statewide L17 contact point for male victims both during business hours and after hours.

Each of the 17 Support and Safety Hubs will include:

- ▷ an intake and assessment team that will assess the risk and needs of victims, perpetrators and children—this may have multiple practitioners dependent on demand levels
- ▷ a RAMP coordinator to coordinate responses to the highest-risk cases
- ▷ an advanced family violence practitioner to lead practice in the hub and support secondary consultations with universal service providers
- ▷ a mechanism to ensure police and hub liaison (embedded family violence worker with the local Victoria Police specialist family violence team/or police member participation in intake/triage, depending on local circumstances)
- ▷ access to after-hours support
- ▷ technology to assist victims, which may include remote witness facilities
- ▷ a community-based child protection practitioner who will 'transfer' with Child FIRST
- ▷ resources to access secondary consultation from Aboriginal community controlled organisations
- ▷ access to real-time information from a secure, Central Information Point, bringing together relevant information from Victoria Police, DHHS, Department of Justice and Regulation (Corrections Victoria) and the Magistrates' Court of Victoria, for comprehensive risk assessment and management.

The hubs will not replace specialist services providing casework, support and accommodation but will provide intake and initial case coordination until people are linked into those services. Specialist family violence services, Integrated Family Services and perpetrator interventions will continue to operate and deliver services with better resources, as recommended later in this chapter and in Chapters 8 and 18. It is not the Commission's intention that the services available 'behind the door' of the intake point will change, including statewide services such as InTouch Multicultural Centre Against Violence and Seniors Rights Victoria.

Current providers of L17 referral points for women, perpetrators or Child FIRST may choose to come together at the local level to provide the hub, subject to the usual tendering processes. Some already work in regional or subregional networks or service consortiums, and others already provide more than one type of L17 referral point.

Beyond the core functions described above, other services that may wish to co-locate or locate close to the hub may include specialist family violence services, Integrated Family Services, community legal centres, Victoria Police family violence teams, drug and alcohol services, mental health services and Centres Against Sexual Assault. For instance, the Commission notes that there are already a number of large community-based organisations that deliver both Integrated Family Services and specialist family violence services within one organisation. However, these are not minimum requirements for the hub.

As noted in Chapter 16, the Commission considers there are opportunities for greater engagement between services assisting people affected by family violence and the Magistrates' Court. The Commission envisages that the applicant and respondent support workers will be able to refer people to the hubs (and vice versa), and that there will be opportunities to build stronger connections between these workers and the hubs at the local level.

In addition, the hubs should develop collaborative relationships with family law services to enable effective referrals for clients experiencing relationship breakdown, including the specialised family and relationship services funded by the Commonwealth Department of Social Services under the Families and Communities Program.

The Support and Safety Hubs will make warm referrals to Centres Against Sexual Assault where sexual assault is identified within family violence and the CASA service is appropriate. CASAs will continue to receive their own referrals for sexual assault, outside family violence, and should work with their local hubs if they receive a referral of sexual assault where family violence is present and services are required. This will allow the hub to coordinate this process with the CASA and based on the victim's needs and wishes.

Activities and functions of the hub

Telephone numbers for the hubs will be widely promoted, including via the website the Commission recommends in Chapter 8. This will mean that people experiencing family violence, their family, friends, and other service providers, will know how to contact the hubs for help.

The hubs will be safe places for women to meet with the workers who are helping them, but for safety reasons, they will not have a 'branded shopfront' presence. In this sense, the Commission envisages that the hubs will operate in a similar way to some Child FIRST intake points.

The hubs will receive referrals from women with or without children, their families and friends, universal services such as general practitioners, schools and child and maternal health nurses, police, the courts and from perpetrators seeking voluntary participation in men's behaviour change programs. They will also receive referrals for programs for adolescents who use violence in the home and their families, which the Commission recommends be rolled out statewide (see Chapter 23).

The hubs will operate during business hours, with after-hours intake for women and children undertaken by Safe Steps and for men by Men's Referral Service. Hubs will collaborate closely with Safe Steps and Men's Referral Service.

Hubs will receive L17s from Safe Steps and Men's Referral Service that have been received outside business hours and need to be actioned, based on the triage work undertaken by Safe Steps and Men's Referral Service. In addition, each hub will have the ability to activate an after-hours face-to-face response to receive urgent referrals from Safe Steps where women need emergency contact after hours. Specific after-hours arrangements will vary depending on the local area. In some cases, it may involve the expansion of the Crisis Advocacy Response Service, which exists in some parts of metropolitan Melbourne.²⁰¹

The hubs will undertake risk and needs assessment—a specialist function that requires sophisticated skills to identify risks, needs and preferences, and develop an appropriate safety and service plan. The assessment will consider both the risk and needs of the family as a whole, and each individual family member.

The intake and assessment functions of each hub will be undertaken by a team of experienced specialist workers who are suitably qualified and trained to work with women and children experiencing family violence, perpetrators, families and children. It would be a considerable challenge for all hub workers to respond to all three groups. Specialist skills and knowledge are required for each of the three groups. Hence, it would normally be expected that family violence women's workers will work with women, family violence men's workers will assess men, and children's specialists will assess children's needs. The importance of having specialist workers perform intake and assessment functions was recognised in the evaluation of the RAMPS:

The pilots demonstrated the requirement for skilled family violence practitioners to provide intake and engagement functions, as well as provide ongoing case management to women and children at high risk of serious injury and lethality. Not only is it critical to maximise the chances of engagement, and develop a robust and comprehensive risk management plan, the nature of the work demands a high level of knowledge, experience and maturity in order to avoid vicarious trauma, and harmful exposure to dangerous situations.²⁰²

Hubs will undertake both initial assessments and comprehensive assessments. Assessments will be completed over the phone, and face-to-face (especially with children). Outreach assessment and support will be required for a proportion of clients. Hub workers will need to undertake face-to-face assessments, using age-appropriate techniques and tools. Assessments should be undertaken at suitable (neutral) sites with appropriate specialist assessment tools, equipment and play areas.

The intake team will be supported by both the advanced family violence practitioner and the community-based child protection practitioner. The advanced family violence practitioner will also lead secondary consultation with universal service providers. Their role is more fully described in Chapter 40.

The community-based child protection practitioner who comes across from each Child FIRST team will support intake processes and provide advice to other services, as well as make referrals to Child Protection where necessary. They will not perform intake into Child Protection, as this function is undertaken by child protection staff within DHHS. However, it will be important for the community-based child protection practitioner to have access to the Client Relationship Information System so that they can access information necessary to manage risk. The presence of the community-based child protection practitioner will need to be communicated clearly so as not to create a barrier to access.

The effective operation of the proposed model relies on specialist family violence services and Integrated Family Services accepting referrals from the intake team without re-assessing for eligibility—without this agreement, the benefits of a single intake point would be minimised. The Commission notes that Child FIRST and Integrated Family Services already operate on this basis.

The intake team will be able to book assessed clients into services such as specialist family violence services, Integrated Family Services and perpetrator programs to ensure that people receive the help they need.

Hubs will need access to accommodation vacancy registers. These are currently held by specialist family violence services. The hub will be able to book women into emergency accommodation in their local area. Hubs will also need an allocation of brokerage funds that can be used to access or purchase a range of services and supports.

Safe Steps will continue to arrange after-hours emergency accommodation and will be able to book crisis accommodation (refuges) for women who need to leave their home.

Role of police

There are many ways police could be involved in the hub, and these can be determined at the local level.

One viable option is that the hub embeds a family violence worker in the relevant local police family violence team. We base this assessment on the positive reports of current initiatives, and our observation of these in the field, including Project Alexis, noting the value of this close collaboration in the immediate attendance and follow-up to incidents.

The other option would be for police to participate in joint triage of L17s. By participating in this way police could obtain additional up-to-date information about the perpetrator during the holding period; provide feedback information to police; communicate with other police members about the accuracy and comprehensiveness of their L17 assessments; provide input to planning the response to the perpetrator; and take action when relevant information is discovered about the perpetrator by police and/or other services.

When developing arrangements for police involvement in the hub, the Commission believes that preference should be given to those arrangements that maximise continuity and consistency of police involvement and prioritise police resources for those cases that are highest risk. Police involvement in the hub will be critical to its success and the Commission envisages that, regardless of the arrangements in place at the local level, they would be actively supported by the local police family violence team leadership.

Links to service delivery

The hubs will provide immediate assistance, particularly in response to crisis. The intake process will not delay responses to immediate need, but rather shift the focus to ensuring that the response is appropriate.

While most services will still be delivered by services to whom each hub refers, the hubs will have a direct service-delivery role including:

- ▷ a capacity to activate a face-to-face crisis outreach response after hours
- ▷ access to brokerage funding for immediate needs, including emergency accommodation, and possibly also an individualised support package when continuing case management by a service is not required. Family Violence Flexible Support Packages are discussed in Chapter 9
- ▷ interim service pending allocation to a service for continuing assistance (case coordination). In some cases this could be done in a few hours, in other cases it may take more time to arrange hand over to the appropriate service for continuing case coordination, depending on the level of risk and range of needs identified.

The standard that must apply is that no victim should be left without a response or placed on a waiting list for a service without other supports in place.

Preconditions for success

It is clear that bringing together intake for three discrete service types, each with its own ethos and practices, will be challenging. However, we do not consider these challenges to be insurmountable if a disciplined and staged approach is taken, if services and relevant stakeholders are actively involved in design, and if the following preconditions for success are put into place. This approach should be clearly defined and articulated in planning and governance arrangements, which report back to the responsible ministers—see Chapter 38.

Given the challenges in implementing the hubs, the Commission considers that the process should be driven by a dedicated ‘change facilitator’ position at each of the proposed 17 hubs for 12 months who will work with stakeholders to bring the three service sectors together and manage the transition to the hubs.

Additional resources for service delivery beyond the hubs

The greatest risk is that lack of capacity ‘behind the door’, that is, in local specialist family violence services, will clog the system, so that family violence cases remain in intake or in a holding pattern at the hub. This would leave us with the same problem we have now, where demand grossly exceeds available support.

An associated risk is that parenting and child development referrals or lower-risk family violence cases could be wait-listed if there is a large number of high-risk family violence cases and there is no throughput to services. For this reason, the Commission recommends additional investment in specialist family violence services to meet demand. The hubs will not work without this additional investment, and scarce resources will be spent on improving intake while the system itself continues to be overloaded.

Clear role and focus of Child FIRST

Child FIRST will likely play a more prominent role in working with families with children where family violence is indicated but the risk level is assessed as low.

Child FIRST workers will require training to provide an adequate response and undertake risk assessment for women and children (not just children), to be able to engage with women, develop safety plans, provide case coordination for women and children while they wait for services, and refer them to services that offer crisis support for women and children.

Indeed, improving this capability is one of the primary aims of this reform. It will be important, however, to ensure Child FIRST is not overwhelmed by family violence crisis response referrals. Specialist family violence services should continue to perform this function, particularly in medium to high-risk cases.

The combined effect of joining Child FIRST to the family violence service system, together with moving police referral practices away from over-referring to Child Protection, are likely to result in an increase in the number of intake assessments that Child FIRST will undertake within the hub. Without adequate resourcing, there is a risk that the Child FIRST component of intake will be overwhelmed by demand driven by family violence crisis assessments.

Child FIRST providers state that they are currently inundated with referrals. Re-focusing on early intervention is a priority for Child FIRST, as described in its legislative framework and program guidelines. In order to provide an early intervention service, a dedicated early response by Integrated Family Services will need to be funded.

For this reason, in addition to increased resources for specialist family violence services, the Commission also recommends an increase in resources for Integrated Family Services to meet the increased demand in family violence work that we anticipate will flow from this reform.

The right skill set

Work with women, children and men is best undertaken by specialists in each of these fields. For example, family violence intake work is best undertaken by women who are experienced and trained in the area of family violence, including engaging women, risk assessment (including the use of the Family Violence Risk Assessment and Risk Management Framework, also known as the Common Risk Assessment Framework or the CRAF) and safety planning.

Children's intake work is best undertaken by workers who understand the need to protect children, and who can assess and engage with them. Child FIRST works with children primarily through a focus on parenting, and specialist family violence practitioners have traditionally focused their assessments around women. The model implicitly assumes that family violence intake workers and Child FIRST workers will both have their capacities enhanced to undertake adequate risk assessments of children who have experienced family violence.

One skill set that is currently underdeveloped is that of working with families where the perpetrator remains in the family home. As discussed in Chapter 8, the Commission heard that this was a service gap, and that there was limited guidance for practitioners working with these families. This skill set should be strengthened across specialist family violence services and Integrated Family Services.

Intake into perpetrator interventions—which at the moment are exclusively men's behaviour change programs—is best undertaken by men who are familiar with, and who have run these programs, who have specific training in engaging and working with men who use violence, and who are accredited to work to No To Violence standards (noting that the programs themselves may be co-facilitated by women). However, as noted elsewhere in this report, perpetrators with significant criminogenic factors and who are not suitable for these programs need referral to a broader range of interventions. Capability in assessing these complex needs is also required. Processes and standards around contact with men to ensure victim safety will also need to be clearly articulated and followed.

Workers in each field of expertise operate according to different frameworks, standards and guidelines, and use different techniques and tools. A necessary precondition for an integrated intake will be to enhance the skill set of each and to revise these various standards and guidelines to reflect an integrated approach. Hubs will require a very good knowledge of all available services, locally and further afield, including services for older people, people from lesbian, gay, bisexual, transgender and intersex communities, people with disabilities and people from culturally and linguistically diverse communities.

Relatively high staff turnover and burnout is a risk due to the crisis focus, the intensity, and the risks associated with the job. There are likely to be significant shortages of workers with appropriate skills in some subregions. It will be particularly difficult to recruit men's workers (both male and female practitioners) with appropriate skills and experience. For these reasons, the Commission has recommended a comprehensive industry plan to meet workforce needs over the next decade. This goes beyond workforce needs of the hubs to the whole-of-system response and family violence prevention. This is discussed in Chapter 40, noting that one of the key issues that will need to be resolved is current funding anomalies and workforce remuneration differences between Child FIRST and specialist family violence services.

Links to Aboriginal community controlled services

The Commission is also mindful that in making recommendations regarding future system design, the preferences of Aboriginal and Torres Strait Islander peoples need to be respected.

Each Support and Safety hub will need to make arrangements with local Aboriginal organisations to ensure that where a person wishes to receive a service from an Aboriginal organisation, this occurs quickly and safely; and that where a person does not, the service the hub provides is culturally appropriate.

This will require all hubs to have in place:

- ▶ agreements with relevant local Aboriginal organisations to facilitate their involvement in intake and assessment, either as part of the hub intake team/joint triage or through consultation with that agency
- ▶ warm referral arrangements with Aboriginal organisations
- ▶ secondary consultation arrangements with relevant Aboriginal organisations. We have recommended that this be built into the funding model in recognition that such work by Aboriginal organisations should be recognised and resourced
- ▶ the capacity to deliver a culturally safe service if the person does not wish to engage with an Aboriginal-specific agency.

In some cases Aboriginal organisations might form part of the hub, be the lead agency, take part in joint triage or provide secondary consultation. Either option would require additional investment in Aboriginal-specific services, given the current level of unmet need described in submissions and evidence to this Commission.

Hubs might look different in different places and would need to be developed in ongoing consultation with Aboriginal community controlled organisations with appropriate expertise to ensure that the system design meets the needs of this community.

In some cases, existing partnerships might transfer because Child FIRST will form part of the hub. Similarly, because RAMPS will be linked to the hubs, involvement of relevant Aboriginal organisations in the RAMP will also need to take place.

In areas where Koori Family Violence Police Protocols operate, hubs will need to ensure that their processes comply with the protocol. This may mean, for example, that police will need to continue to despatch L17s to the agreed Aboriginal organisations and the hub unless/until these organisations agree to establish a new process.

As we have recommended that the hubs be established within three years, settling these arrangements will be an important part of both the system design, consultation and negotiation at a local level.

CRAF review must be completed and RAMPs rolled out

Hubs will need to use a consistent process to assess risk and need. At present the CRAF is used for women and children experiencing family violence, and the Best Interests Framework is used for children. The hubs will continue to use both these frameworks, but they need to be more closely aligned.

In particular, we have recommended that the revised CRAF contain tools that include evidence-based risk indicators that are specific to children, as well as greater guidance for assessing perpetrator risk of repeat and/or escalating family violence. We have also recommended that the CRAF allow for a ranking of low, medium and high risk, combined with professional judgment, to help guide decision making. This is particularly important for the proposed hub model, because medium or high-risk referrals will trigger a request to the Central Information Point. We describe this later in this chapter.

Given its central place in our family violence system, the Commission has recommended the Victorian Government begin implementing the revised CRAF by 31 December 2017 (see Chapter 6).

Locating RAMP coordinators within the hubs will facilitate the identification of the highest-risk clients, and assist the coordinator to ensure risk management continues until the RAMP meeting. However, the roll-out of RAMPs across the state has been delayed for some time. There is an urgent need to get these into place and this should not be delayed for the establishment of the hubs.

Legislative impediments to sharing information must be removed

Sharing information is a critical part of effective risk management. Sharing information in a timely manner is necessary to effectively manage the risk posed by the perpetrator and to ensure strategies are in place to keep victims safe. The hubs will not be able to undertake risk assessment if they do not have access to information. Currently, however, Victorian legislation does not explicitly provide for sharing of this information for the purposes of family violence risk assessment and management.

In Chapter 7, the Commission recommends that current legislative impediments be removed to allow for simpler and more efficient information sharing relating to the assessment and management of family violence risk. Specifically, we recommend the *Family Violence Protection Act 2008* (Vic) be amended to allow the sharing of information between prescribed organisations under the Act.

One of the main functions of the Support and Safety Hubs is to conduct comprehensive family violence risk assessments. As a result, hubs will be prescribed organisations and specifically authorised to collect information from other prescribed organisations, including via the Central Information Point (described below, and in detail in Chapter 7) when it is necessary for them to:

- ▷ conduct a family violence risk assessment
- ▷ determine what service(s) are appropriate for the victim(s) or perpetrator
- ▷ refer a victim or a perpetrator to appropriate service(s).

Information sharing under the new regime must respect a victim's right to choose whether information about them is shared. As a general principle, prescribed organisations, including the hubs, must not share information about a victim without their consent. Under the Commission's recommendations, the only circumstances in which information can be shared without the consent of the victim is when there is a serious or imminent threat to their life, health, safety or welfare because of family violence.

However, in regard to information about the perpetrator, we recommend that information sharing for either risk assessment or risk management should not require his consent. This is justified because the information-sharing regime applies only when there is a current intervention order or family violence safety notice in force, or when an organisation (in this case the Support and Safety Hub) reasonably believes there is a family violence risk. It is our strong view that managing risks to safety takes priority over the privacy rights of the perpetrator. This will be proportionate to risk because to comply with the proposed amendments to the Family Violence Protection Act, the information shared must be necessary to conduct a family violence risk assessment, make an appropriate referral or manage a risk to safety.

In regard to information concerning children, consistently with the principles just outlined, the Commission has recommended that where the victim and perpetrator have children, the consent of the victim (usually the mother) should be sought when sharing information about children. The consent of the perpetrator will not be sought or required.

These changes to legislation are an immediate priority and an essential first step to better protect victims. They are also necessary for the hubs to be able to do their job effectively. We recommend these reforms be completed within 12 months.

Establishing the Central Information Point

Achieving a more permissive information-sharing regime will also require new infrastructure in addition to legislative change.

We have recommended in Chapter 7 that a statewide Central Information Point (CIP) be established to provide up-to-date information to inform risk assessment and risk management in medium to high-risk cases. The Commission's recommendation to introduce an actuarial risk assessment tool within the CRAF (Chapter 6) will assist determining which cases fall into the medium to high-risk category.

The CIP will be a co-located multi-departmental team, led by Victoria Police, with representatives from the Departments of Justice and Regulation (including Corrections Victoria) and Health and Human Services (health, drug and alcohol services, mental health, Child Protection, housing and homelessness, and youth justice), and a member of the registry staff of the Magistrates' Court of Victoria. Each agency represented at the CIP should be a prescribed organisation under the new information-sharing regime in the Family Violence Protection Act. This will allow information sharing between members of the CIP, as well as with other prescribed organisations, such as the Support and Safety Hubs. Our proposal is loosely modelled on the South Australian MAPS and the United Kingdom MASH (discussed in Chapter 6). More detail on the CIP is provided in Chapter 7.

Upon receiving an L17 or other referral, including self-referrals, a hub will be able to make a request to the CIP for information necessary to assess or manage a risk of family violence. Upon receiving such a request, each departmental representative at the CIP will be authorised to access their individual agency's databases and provide any information that may be held in relation to nominated individuals. The information obtained from the CIP will primarily be about the perpetrator. Information about the victim may be obtained from her directly, or from the CIP with her consent. As described above, the only circumstances where victim information can be provided by the CIP without the victim's express permission is where an imminent or serious threat exists (either to the victim or their children).

Information in agency databases may include information about criminal history, community correction orders, parole, Child Protection, mental health, drug and alcohol and other health services, disability services, youth justice, and housing services. The CIP would consolidate relevant information from each agency's database into one report and provide it to the hub the same day of the request.

The Commission intends that the CIP will provide updated information to the Support and Safety Hub in relation to a perpetrator who has already been the subject of a request for information. For example, the CIP should provide information to the Support and Safety Hub before a perpetrator is released from prison, or when a perpetrator is the subject of an L17 referral with respect to a different victim. This means the CIP needs to have the capacity to run searches on individuals who have previously been the subject of a request for information, and to have a mechanism for flagging important dates such as the expiry of family violence intervention orders and prison sentences. The hub should in turn share this information with agencies working with the victim where it is necessary to manage the risk to the victim's safety. The Commission acknowledges that the ability of the CIP to provide updated information to the Support and Safety Hubs may require enhancements to the information technology systems of Victoria Police and other agencies in the CIP. This will need to be considered in the implementation planning and funding arrangements for the CIP and is discussed in Chapter 7.

In addition to the hubs, Risk Assessment and Management Panels, Safe Steps, Men's Referral Service and Victims Support Agency should also have access to risk information from the CIP. Safe Steps and Men's Referral Service will continue to be responsible for after-hours referrals, and the Victims Support Agency for L17 referrals involving male victims. Each of these will require accurate and comprehensive information to assess and manage risk.

The Commission notes that the establishment of the CIP is not intended to replace information sharing between agencies at the local level, which will continue to be an important part of risk assessment and risk management.

The CIP must be established by the time the hubs begin operating, but establishing the CIP does not need to wait until the hubs are rolled out—in the meantime, the CIP could support RAMPs, local information sharing and other measures to monitor perpetrator risk. The Commission recommends establishing the CIP by 1 July 2018.

Implementing the hubs

Below we discuss some of the issues associated with the practical implementation of the hub model.

Appropriate leadership will be required

Implementation requires as a minimum the cooperation of the family violence and family services sectors. Given the historical background, different cultures and other differences in these sectors, and the potential challenges outlined in this chapter, strong leadership will be required at ministerial and departmental levels, including a commitment to provide the required additional resources. There will need to be joint commitment by senior staff within DHHS, by Victoria Police, peak bodies and by other people and groups charged with the responsibility to progress the implementation of the hubs.

Detailed design

Implementing the hubs will require considerable design and planning work to bring together intake for specialist family violence (women's and men's) and family services sectors. Government will need to consult with these service sectors to ensure that the design is responsive to local needs, including resolving any geographical boundary issues. The redesign should build on the strengths of both sectors, and be planned in such a way that the transition is as smooth as possible, with minimum disruption to service delivery.

The design process will include:

- ▷ detailed description of the service model, including referral pathways, target groups, hub activities, and relationships with Integrated Family Services and specialist family violence services (men's and women's)
- ▷ amendments to the Victoria Police Code of Practice for the Investigation of Family Violence and referral practices
- ▷ a revised CRAF and associated assessment tools and resources
- ▷ a development plan for each of the 17 hubs, including expected levels of demand, resources required, staffing structures and performance measures
- ▷ establishment of the Central Information Point and protocols for communication and referral
- ▷ operating guidelines for workers in hubs and intake tools (including referral forms, assessment forms, data collection)
- ▷ revision of service standards, frameworks and practice guidelines for specialist family violence services, men's behaviour change and Child FIRST/Integrated Family Services to reflect the new arrangements
- ▷ workforce needs assessment and strategy for transition to a more integrated approach
- ▷ resolving anomalies between funding and assumed remuneration rates between the specialist family violence and Integrated Family Services workforces²⁰³
- ▷ infrastructure planning, including a consistent data system for hubs and services, which may involve the development of new information technology platforms
- ▷ communications and promotions strategies to guide people to the hubs.

The Commission recommends elsewhere that the Victorian Government undertake comprehensive family violence demand forecasting for investment and service planning. These demand forecasts should be undertaken every two years. This information will be used to plan and deliver the hubs at a subregional level, in order to determine both hub size, staffing levels and likely demand. This will also need to determine the resources for services to which the hubs refer, in particular specialist family violence services, Integrated Family Services and perpetrator interventions. Given that the community-based child protection practitioner will be an important part of each hub, it will be necessary to ensure that there are adequate numbers of these positions to support the expected workload of the hubs.

A new intake—not an expansion of Child First

The central feature of the proposed hubs is that intake becomes integrated across specialist family violence (men's and women's) and Integrated Family Services, with each service system having a clear focus on family violence risk. The Commission recognises that this may create dislocation for Integrated Family Services and create some disruption to existing family service alliances.

A simplistic response to reforming current intake arrangements would be to simply expand Child FIRST (or another model such as Services Connect) to include family violence intake. However, the Commission does not recommend this, as it would diminish the emphasis on family violence and potentially leave women and children at risk. 'Bolting on' bits of family violence to other systems is not the intent of this reform, and doing so would work against the higher level of integration that we seek.

For this reason, we recommend that the Victorian Government fund the hubs as a new model. However, we urge the government to avoid the mistakes that have been made in some jurisdictions where simply 'spilling funding' has led to too much focus on competition. We seek to mitigate the risk that providers without experience will enter the field because of economies of scale and low price, and cause significant disruptions to service. These can be avoided through a staged approach to reform, active participation of the Integrated Family Services and specialist family violence sectors in design and development of the final model, and a recognition of prior performance in determining the best providers.

The Commission recommends that this start with a period of 'co-design' that builds on the expertise of existing providers and acknowledges the importance of community trust that existing providers have built over many years.

Conditions for selecting providers might include:

- ▶ the consortium/provider is located in, or auspiced by, an agency that has provided intake services in the specialist family violence sector, including receiving police L17 referrals
- ▶ has support from the family violence regional integrated committee
- ▶ existing subregional coverage with established linkages and referral pathways, including examples of collaboration between specialist family violence services and Integrated Family Services.

As a key component of the family violence system and the human services system more broadly, the hubs have an opportunity to be exemplars of practice to support the prevention of family violence. This includes having a range of workplace policies and practices that support gender equity, address the needs of staff affected by family violence when this occurs, and encourage and support bystanders.

It will also be vital that the purchasing process has sufficient rigour to prevent agencies from straying from the basic model, while allowing some adaptation to subregional circumstances. A key challenge will be ensuring agencies address and respond to the service model, while providing capacity to deliver tailored responses that keep women and children safe.

Governance arrangements

Consideration will need to be given to local and statewide governance arrangements, and how these will fit with, or evolve from, existing arrangements.

Existing leading practice needs to build on the relationships and expertise that have developed since the mid-2000s. It is not the Commission's intention that family violence regional integration committees cease to operate or be subsumed into the governance arrangements of the hubs. Their function is much broader and brings a whole-of-system approach, of which the intended intake focus of hubs is a subset. The Commission considers that family violence regional integration committees should be maintained. In particular, they will continue to play an important role in driving prevention efforts and regional collaboration and integration of response across multiple systems.

It is critical that specialist family violence services and Integrated Family Services form part of the governance arrangement that supports the hubs. The model is premised on collaboration and engagement of both sectors.

Bringing service sectors together will require time and adequate resourcing. Appropriate governance arrangements will need to be designed for the proposed hubs, including consideration of how arrangements may affect existing structures. In doing so, lessons from previous reforms, including the establishment of Child FIRST, need to be considered in order to give this reform the best chance of success. For example, the three-year evaluation of Child FIRST conducted by KMPG in 2011 set out the following features that influence capacity for shared governance:

- ▷ shared vision, goals and actions
- ▷ high levels of leadership commitment to the partnership
- ▷ effective resourcing of the partnership
- ▷ a focus on equity and inclusion
- ▷ sustainable relationships
- ▷ a growing emphasis on critical reflection and review.²⁰⁴

Even where there is goodwill and an agreement to move towards new arrangements, services will need to prepare their workforce and help to design arrangements that work best in a local context. This will be challenging given the high volume of demand and the many other changes following this Royal Commission.

This means that effective implementation of the hubs' governance arrangements will require resourcing at the local level, both in terms of time, resources and possibly additional funding. One option for resourcing might involve allocating additional resources on an interim basis to support the transition process.

Local arrangements will also need to be informed by and guided by a statewide policy framework that ensures a consistent approach to cases where there are both family violence and child development and parenting difficulties. Such a framework should outline the unifying principles that will govern how specialist family violence services (men's and women's services) and Integrated Family Services will work together. This framework should be developed by DHHS, in consultation with these sectors.

Building on reforms to date

The terms of reference ask the Commission to 'investigate how government agencies and community organisations can better integrate and coordinate their efforts'. Our recommendation to bring the specialist family violence and Integrated Family Services sectors closer together through shared intake, and greater resources for services on the ground, is an important and necessary reform to achieve this.

In many ways, our proposal is a natural progression from the first-generation reforms of the mid-2000s—specifically the introduction of the L17. This second-generation system will bring information about the whole family into one place, ensuring that services flow according to need and preserving the specialist responses to different family members. It will build on success to date, and challenge related systems to contribute effort to family violence—effectively forcing integration towards the next level.

There are further reforms that could occur in the long term. For example, at this stage we have not recommended that intake into sexual assault services be included in the Support and Safety Hubs, as we consider that further work is needed to build upon the existing cooperative arrangements and expertise that CASAs and specialist family violence services share at a local level. There may, however, be opportunities to trial such an approach once the hubs have been firmly established. The inclusion of family violence practitioners in the Geelong and Wyndham MDCs will also be a source of information about the risks and opportunities of such an approach.²⁰⁵ This could inform further integration of the family violence and sexual assault sectors as a third-generation reform.

However, the immediate priority is to put in place the necessary building blocks for transition to the hub model. The first of these is funding existing women's L17 referral points for the cost of processing those referrals. This must be done within 12 months. Similarly, relieving existing demand pressures through increased investment must occur to provide a circuit breaker for the system and remove the tendency for demand to skew our attention away from broader systems thinking.

Other reforms this Commission recommends, in particular amending the privacy regime, reforming the CRAF, establishing the Central Information Point, rolling out the RAMPs and undertaking comprehensive workforce planning under the Industry Plan, must all be completed for the Support and Safety Hubs to succeed.

Given these dependencies, the Commission is of the view that a realistic timeframe for establishment of the Support and Safety Hubs would be in the order of two years. Accordingly we recommend that they be established by 1 July 2018.

Recommendations

Recommendation 35

Pending the establishment of the recommended Support and Safety Hubs, the Victorian Government provide additional resources to ensure that the costs of processing and responding to police referrals (L17 forms) received by women's specialist family violence service L17 referral points are fully and discretely funded [within 12 months].

Recommendation 36

Pending the establishment of the recommended Support and Safety Hubs, the Victorian Government ensure that Integrated Family Services has sufficient resources to respond to families experiencing family violence [within 12 months].

Recommendation 37

The Victorian Government introduce Support and Safety Hubs in each of the state's 17 Department of Health and Human Services regions [by 1 July 2018]. These hubs should be accessible and safe locations that:

- ▶ receive police referrals (L17 forms) for victims and perpetrators, referrals from non-family violence services and self-referrals, including from family and friends
- ▶ provide a single, area-based entry point into local specialist family violence services, perpetrator programs and Integrated Family Services and link people to other support services
- ▶ perform risk and needs assessments and safety planning using information provided by the recommended statewide Central Information Point
- ▶ provide prompt access to the local Risk Assessment and Management Panel
- ▶ provide direct assistance until the victim, perpetrator and any children are linked with services for longer term support
- ▶ book victims into emergency accommodation and facilitate their placement in crisis accommodation
- ▶ provide secondary consultation services to universal or non-family violence services
- ▶ offer a basis for co-location of other services likely to be required by victims and any children.

Recommendation 38

The Victorian Government, in establishing the Support and Safety Hubs, provide additional funding [within three years] to allow for:

- ▶ co-design of the hubs with local providers
- ▶ appropriate infrastructure, including technology
- ▶ establishment of integrated intake teams with expertise in family violence, family and children's services, and perpetrator assessment
- ▶ appointment of an advanced family violence practitioner to provide practice leadership and secondary consultation
- ▶ capacity to activate an after-hours face-to-face crisis response where required
- ▶ provision of secondary consultation by other specialist organisations, including Aboriginal community controlled organisations, to the intake team.

Recommendation 39

The Victorian Government, on the basis of demand forecasting, provide sufficient funds to specialist family violence services and Integrated Family Services to allow them to support people referred by a Support and Safety Hub, maintain their safety and help them until their situation has stabilised and they have the support necessary to rebuild and recover from family violence [by 1 July 2018].

Recommendation 40

The Victorian Government revise relevant policy frameworks and service standards in the light of the new Support and Safety Hubs and the redesigned service system. This includes revising standards for family violence service providers (including men's behaviour change programs) and key health and human services that respond to family violence, as well as the Victoria Police Code of Practice for the Investigation of Family Violence [by 1 July 2018].

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Glossary

Affected family member	A person who is to be protected by a family violence intervention order. This terminology is also used by Victoria Police to describe victims of family violence.
Affidavit	A written statement made under oath or affirmation.
Applicant	A person who applies for a family violence intervention order (or other court process). This can be the affected family member or a Victoria Police member acting on behalf of the affected family member.
Applicant support worker	A worker at some magistrates' courts who advises and assists an applicant with court procedures (for example, applying for a family violence intervention order).
Bail	The release of a person from legal custody into the community on condition that they promise to re-appear later for a court hearing to answer the charges. The person may have to agree to certain conditions, such as reporting to the police or living at a particular place.
Breach	A failure to comply with a legal obligation, for example the conditions of a family violence safety notice or family violence intervention order. Breaching a notice or order is a criminal offence. In this report the terms 'breach' and 'contravention' are used interchangeably.
Brokerage	A pool of funds allocated to a service provider to purchase goods and/or services for its clients according to relevant guidelines. For example, brokerage funds could be used to pay for rental accommodation, health services and other community services.
Child	A person under the age of 18 years.
CISP	The Court Integrated Services Program is a case-management and referral service operating in certain magistrates' courts for people who are on bail or summons and are accused of criminal offences.
Cold referral	A referral to a service where it is up to the client to make contact, rather than a third party. For example, where a phone number or address is provided to a victim.
Committal proceeding	A hearing in the Magistrates' Court of Victoria, to determine if there is sufficient evidence for a person charged with a crime to be required to stand trial.
Contravention	A breach, as defined above. In this report, the terms 'breach' and 'contravention' are used interchangeably.
Criminogenic	Producing or leading to crime or criminality.
Culturally and linguistically diverse	People from a range of different countries or ethnic and cultural groups. Includes people from non-English speaking backgrounds as well as those born outside Australia whose first language is English. In the context of this report, CALD includes migrants, refugees and humanitarian entrants, international students, unaccompanied minors, 'trafficked' women and tourists. Far from suggesting a homogenous group, it encompasses a wide range of experiences and needs.
Culturally safe	An approach to service delivery that is respectful of a person's culture and beliefs, is free from discrimination and does not question their cultural identity. Cultural safety is often used in relation to Aboriginal and Torres Strait Islander peoples.
Directions hearing	A court hearing to resolve procedural matters before a substantive hearing.

Duty lawyer	A lawyer who advises and assists people who do not have their own lawyer on the day of their court hearing and can represent them for free in court.
Ex parte hearing	A court hearing conducted in the absence of one of the parties.
Expert witness	A witness who is an expert or has special knowledge on a particular topic.
Family violence intervention order	An order made by either the Magistrates' Court of Victoria or the Children's Court of Victoria, to protect an affected family member from family violence.
Family violence safety notice	A notice issued by Victoria Police to protect a family member from violence. It is valid for a maximum of five working days. A notice constitutes an application by the relevant police officer for a family violence intervention order.
Federal Circuit Court	A lower level federal court (formerly known as the Federal Magistrates' Court). The court's jurisdiction includes family law and child support, administrative law, admiralty law, bankruptcy, copyright, human rights, industrial law, migration, privacy and trade practices. The court shares those jurisdictions with the Family Court of Australia and the Federal Court of Australia.
First mention	The first court hearing date on which a matter is listed before a court.
Genograms	A graphic representation of a family tree that includes information about the history of, and relationship between, different family members. It goes beyond a traditional family tree by allowing repetitive patterns to be analysed.
Headquarter court	In the Magistrates' Court of Victoria, there is a headquarter court for each of its 12 regions at which most, if not all, of the court's important functions are performed. All Magistrates' Court headquarter courts have family violence intervention order lists.
Heteronormative/heteronormatism	The assumption or belief that heterosexuality is the only normal sexual orientation.
Indictable offence	A serious offence heard before a judge in a higher court. Some indictable offences may be triable summarily.
Informant	The Victoria Police officer who prepares the information in respect of a criminal charge. The informant may be called to give evidence in the court hearing about what they did, heard or saw.
Intake	A point of entry or 'doorway' into a service or set of services.
Interim order	A temporary order made pending a final order.
L17	The Victoria Police family violence risk assessment and risk management report. The L17 form records risks identified at family violence incidents and is completed when a report of family violence is made. It also forms the basis for referrals to specialist family violence services.
Lay witness	A witness who does not testify as an expert witness.
Mandatory sentence	A sentence set by legislation (for example, a minimum penalty) which does not permit the court to exercise its discretion to impose a different sentence.
Other party	A term used by Victoria Police to describe the person against whom an allegation of family violence has been made (the alleged perpetrator).

Prescribed organisation	An organisation empowered to share information relevant to risk assessment and risk management under the Commission's recommended information-sharing regime to be established under the <i>Family Violence Protection Act 2008</i> (Vic). Such organisations could include, for example, Support and Safety Hubs, specialist family violence services, drug and alcohol services, mental health services, courts, general practitioners and nurses. The proposed regime is discussed in Chapter 7.
Protected person	A person who is protected by a family violence intervention order or a family violence safety notice.
Recidivist	A repeat offender who continues to commit crimes despite previous findings of guilt and punishment. In this report this term is also used to describe perpetrators against whom more than one report of family violence has been made to Victoria Police, including where no criminal charge has been brought.
Registrar	An administrative court official.
Respondent	A person who responds to an application for a family violence intervention orders (or other court process). This includes a person against whom a family violence safety notice has been issued.
Respondent support worker	A worker based at some magistrates' courts who advises and assists respondents with court procedures, (for example, a family violence intervention order proceeding).
Risk assessment and risk management report	A Victoria Police referral L17 form, completed for every family violence incident reported to police.
Risk Assessment and Management Panels	Also known as RAMPs, these are multi-agency partnerships that manage high-risk cases where victims are at risk of serious injury or death. These are described in Chapter 6.
Summary offence	A less serious offence than an indictable offence, which is usually heard by a magistrate.
Summons	A document issued by a court requiring a person to attend a hearing at a particular time and place.
Triable summarily	Specific indictable offences that can be prosecuted in the Magistrates' Court of Victoria, subject to the consent of the accused and the magistrate.
Universal services	A service provider to the entire community, such as health services in public hospitals or education in public schools.
Warm referral	A referral to a service where the person making the referral facilitates the contact—for example, by introducing and making an appointment for the client.
Young person	A person up to the age of 25 years.

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