



Royal Commission into Family Violence

WITNESS STATEMENT OF BERNADETTE MCCARTNEY

I, Bernadette McCartney, Executive Manager, Community Support of Bethany Community Support (**Bethany**), 16 Ballarat Road, Hamlyn Heights, in the State of Victoria, say as follows:

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

Current role

3. I am the Executive Manager of Community Support at Bethany Community Support (**Bethany**). I commenced in this role in 2012.
4. Since April 2012, I have also chaired the risk assessment management panel (**RAMP**) for the Geelong area.

Background and qualifications

5. I hold two degrees: a Bachelor of Education and a Bachelor of Social Work that I obtained from Melbourne University and La Trobe University in approximately 1991 and 2000, respectively.
6. I began my career as a teacher, and then commenced working with people who had complex needs, including deinstitutionalised clients, in relation to their homelessness and challenging behaviours. A short time thereafter I retrained and moved into social work.
7. I worked in child and family services for a time. I also worked in homelessness and mental health at the Western Region Health Centre, where I oversaw the service delivery arm of the Multiple and Complex Needs Initiative (**MACNI**). In that role I was exposed to a number of risk management practices, directed towards the

State's most complex clients, and to the concept of sharing risk across multiple platforms.

8. When I began at Bethany I was introduced to the Strengthening Risk Management (**SRM**) program, of which the RAMP is a key platform. This concept of bringing together different groups and information sharing was by then fairly familiar territory to me.
9. Prior to my time at Bethany, I had not used the Victorian Family Violence Risk Assessment and Risk Management Framework, commonly referred to as the common risk assessment framework (**CRAF**). Although I had previously worked with a number of women who were victims of family violence, and I understood the context of family violence, I had not practiced in the area. I immediately became very familiar with the CRAF working at Bethany.

Bethany

10. Bethany is funded to deliver specialist family violence services and programs to woman, children, and men. It is the only community service organisation in Geelong specifically funded to work with men who use violence and it receives all L17 referrals from Victoria Police for men in the Barwon area.
11. Bethany has made a submission to the Royal Commission which contains further details of its services and programs in the family violence field and its recommendations for change. A copy of that submission is attached to this statement and marked "**BM-1**".

CRAF

12. I think that the CRAF is a really good tool, and that CRAF training is good training. I like that the CRAF directs its users to look for certain markers, although I note that those markers are not weighted. If you were to tick all of the items in the CRAF, what would that indicate? It may be that it is common sense. History also tells us that there are women who are not meeting certain markers and yet they are still at a great risk.
13. CRAF training places a strong emphasis on what the women being assessed is saying, and the importance of that cannot be underestimated. I think that the woman does understand the risk she faces, inherently. To overcome a scenario where the woman may not herself comprehend that risk, or where perhaps she has

normalised the violence, would require the assessor to have sufficient family violence experience, or to be supervised by people with sufficient experience.

14. The family violence sector is not a well-resourced sector, and it has been my observation that it has attracted many workers with lived, rather than professional, experience. I certainly think that there is a role for workers with lived experience, however the CRAF relies upon a person's professional judgement. It really does depend on having people within these programs who really understand the management of risk and who are supervising its assessment by others, if not assessing it themselves. You cannot simply train people in the CRAF and let them go. Those using it at the front line need to be resourced, and there needs to be a line of supervision to ensure that it is being used correctly and monitoring what happens afterwards. There is some prospect that if you simply drop the CRAF into an agency in the sector that is already stretched, to the extent that it is used, the CRAF will be viewed by those within the agency as something that they are required to do and end up just being placed into a woman's file once done. Risk is such a fluid concept, it can change in a moment, and three or four times a day. For it to be an effective tool, workers need to be using it on an ongoing basis.

RAMP

15. The RAMP involves multiple agencies coming together to communicate and share critical information about victims of family violence that are at a "high risk", and about the perpetrator's whereabouts and circumstances. The RAMP provides an opportunity for those present to develop a risk mitigation plan and associated actions designed to keep the victims safe and to hold the men accountable.
16. The participating agencies include specialist women's family violence services, Victoria Police, Corrections Victoria, Child Protection, Child FIRST, clinical mental health services, drug and alcohol services, specialist men's family violence services, the Department of Health and Human Services (DHHS) Office of Housing, Community Legal services, and the Magistrates' Court. I represent Bethany at the RAMP, and the viewpoint of the specialist men's services. I am also responsible for Chairing the RAMP.
17. The RAMP approach was initially piloted in Geelong and the LGA of Hume within Victoria. An evaluation of the pilot was completed in December 2013 and I was part

of the reference group for that evaluation. The final evaluation report by Thomson Goodall Associates is attached to this statement and marked "**BM-2**".

Referrals to the RAMP

18. The majority of referrals to the RAMP are made by specialist women's family violence services and are made with the consent of the woman concerned. We also receive referrals from Bethany, Child Protection, the Police and the Family Violence After Hours service (managed by Bethany). Women and children are the subject of the referral, and the perpetrator is listed, along with the details of his behaviour.
19. For a referral to progress to the RAMP, I have to be assured, along with the referrer, that the risk faced by the victim/s is one of imminent death or serious injury. Inherent in this assessment is that the family violence will continue to occur without intervention. What qualifies a case for the RAMP is the likely nature of that continued family violence such that the victim/s faces not just the risk of future violence but of risk of a fatal or near fatal outcome.
20. In considering whether a case is appropriate for the RAMP, I ask the referrer for the victim's background and identify what markers of imminent death or serious injury are present. These markers are those set out in the CRAF, and include:
 - (a) a rapid increase in threats or specific threats/plans to kill or harm;
 - (b) threats in the context of separation or family law;
 - (c) a history of family violence offending;
 - (d) the perpetrator's attendance at the victim's property or access to weapons;
 - (e) the perpetrator having been in and out of prison or having demonstrated a disregard for law;
 - (f) the perpetrator's previous propensity for engaging with support services, and whether he has any internal motivators for change;
 - (g) the perpetrator saying "I don't care if the Police kill me", or "I have nothing to live for if I am not with you"; or

- (h) an imminent, significant event, including a release from prison, or the birth of a child.
21. I do considerable research before making a decision on a referral, and often I will ring Victoria Police and Corrections to ask whether the perpetrator is a person known to them. This also provides us an opportunity to inform the Police of anything that we might know from having worked with the perpetrator that the Police do not. I will be particularly concerned when the Police verify that in their interactions with the perpetrator, he has proven to be difficult or violent. Similarly, if one support service has been managing a family by themselves and they tell me that the risk is too uncontained, and that they cannot shoulder the risk alone, that is a marker that this is a really dangerous situation. When a family is referred that has had no previous exposure to support services, they are often of most concern, as there is no established boundary of behaviour or no benchmark for what is possible. Conversely, where there has been a consistent attendance on the family by statutory services, there is a level of tolerance of risk that I do trust. In making a decision on a potential referral, I will be influenced by a whole range of issues; no one factor is determinant.
 22. The referral system is not always perfect. I imagine there are a number of cases in Geelong where the RAMP is not involved and there is that imminent risk. The science of it relies on workers being able to identify the relevant markers. We have done a lot of promotion to key service providers where we think high risk presents itself. Within Victoria Police, Child Protection, specialist family violence services, the Family Relationship Centre; these organisations are all very strong at identifying where they think there is a high risk case.
 23. I do receive a number of referrals that are not appropriate for the RAMP and do not progress to the panel. My view is that this often results from service fatigue and the referrer being otherwise unsure of how to coordinate the particular victim. Some people view RAMP as a case management conference and it is not. In these instances, I will nevertheless try to mitigate the risk with the referrer over the phone. A number of matters are dealt with outside of the formal panel process.

RAMP procedure

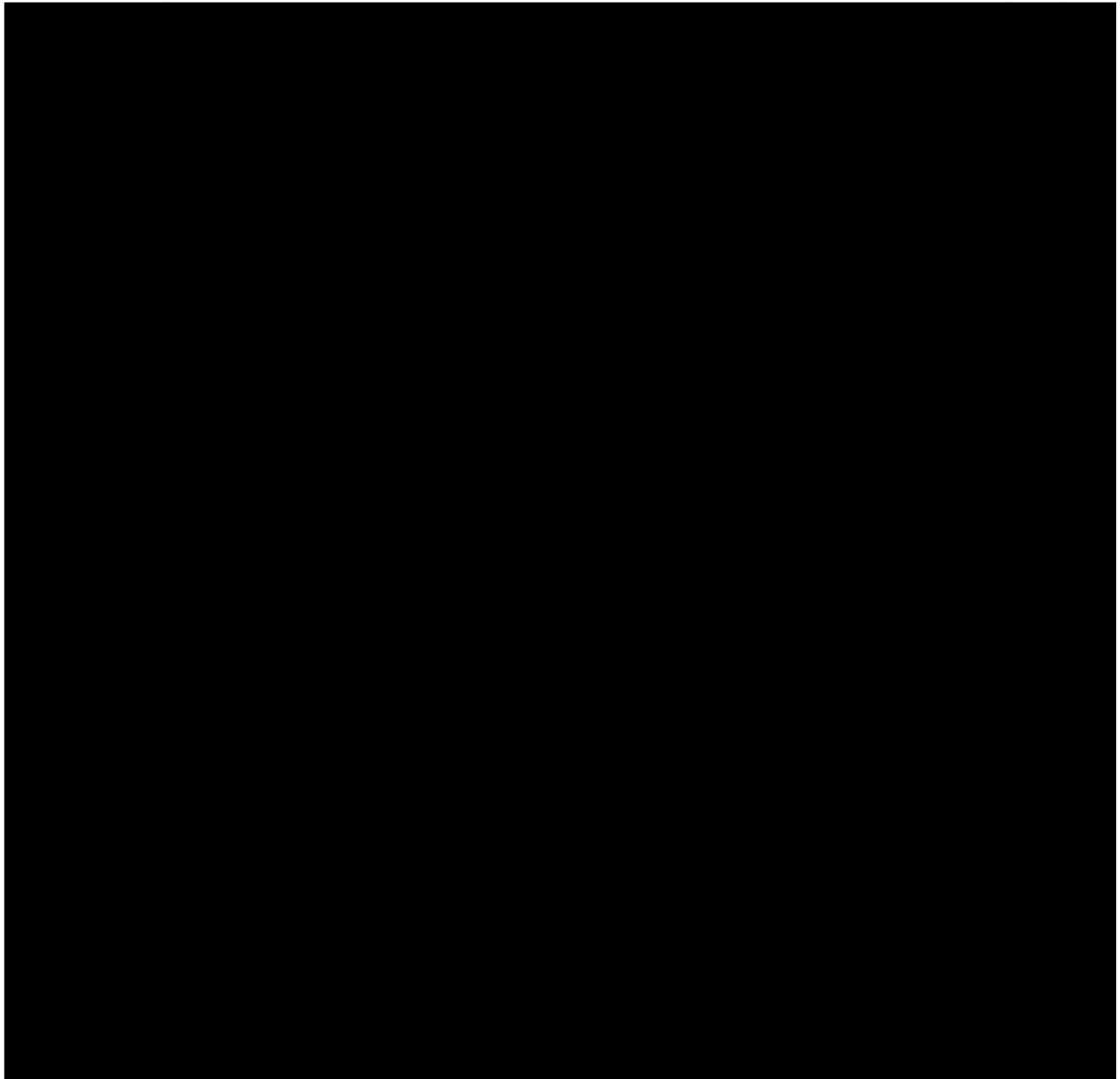
24. One week before the RAMP convenes I will issue a case list to the panel members containing the names of the people successfully referred. The case list will also

state the reason for referral, and will indicate where the case hits the eligibility criteria, including whether the perpetrator has made specific threats; the victim is pregnant or has recently given birth, the history and type of violence (i.e. highly controlling or jealous behaviours can be understood as presenting significant risk; a perpetrator's history of largely physical violence with poor control); and whether the perpetrator has access to weapons. Receipt of the case list prompts the RAMP members to talk to their various databases, to clinicians and to workers who might be assisting those families. The RAMP members then come along to the RAMP armed with this research. The information sharing is governed by a Memorandum of Understanding between the agencies.

25. By these various agencies providing this information at the RAMP, we are able to comprehend the full history of the perpetrator's conduct. It presents the full gamut of his abusive behaviour, as well as his level of engagement with support services that might assist him to change his behaviour. Generally speaking, with the perpetrators before the RAMP, there has been very minimal, if any, engagement with specialist men's programs. The information that is provided by the women's specialist services (if the victim is engaged) is also a critical component of the RAMP because it is often current, and the woman's prediction of the risk of harm is almost 100% accurate. The victim knows what is going on because they have learned to live with it. Similarly, children become expert at predicting violence, and a children's case worker is often the bearer of important information at the RAMP. We are also able to access the whole family history, and its interactions with any service arms. We can marry and analyse the risk of family violence and how that risk might be intersecting with drug and alcohol use, or with mental health issues. We discuss all of these things during the RAMP.
26. Part of my role as chair of the RAMP has been to manage the competing perspectives on risk. Everyone views risk differently, according to a whole range of factors. What has become apparent at the RAMP is that Victoria Police and Corrections tend to assess the risk of an incident, whereas specialist Family Violence services and Child Protection will tend to view risk on a cumulative basis. If there is an indictable offence, for instance a physical assault, then Police will view this as a high risk situation. However a verbal dispute would not attract the same level of concern. A formal referral will be made but that will be the end of the story. Conversely, women's services will place a high degree of emphasis on what the woman is saying and her assessment of the risk. Child Protection will similarly be

looking very keenly at the children, if there are any children involved, and will only refer to the CRAF to a limited extent, as that framework principally addresses the risk to the woman.

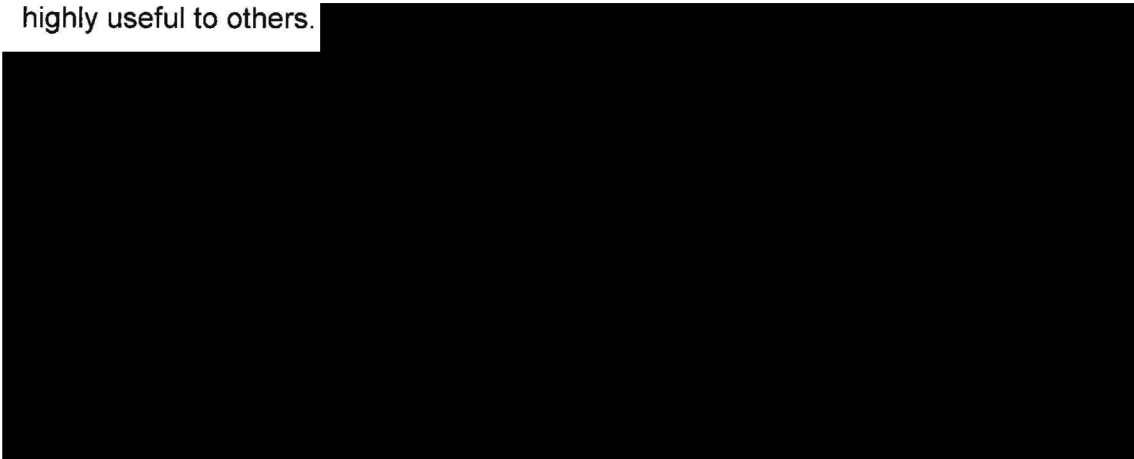
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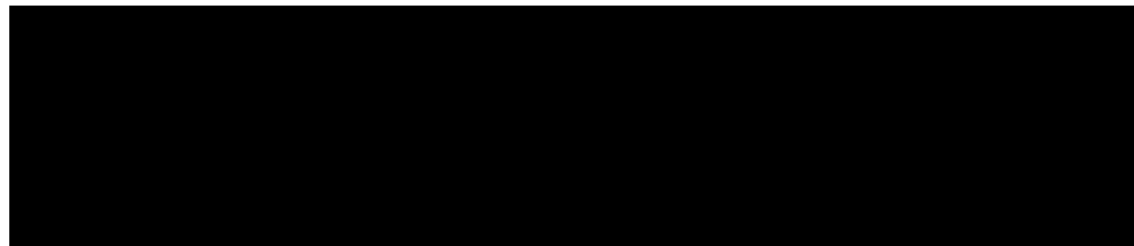
28. In my opinion, this differing approach to risk stems back to training. Police are trained to go into a situation and to try and contain it. They are not necessarily there to understand why violence may have happened, but will try to get a factual account of it. It is not uncommon for it to appear in a Police narrative that "we got there and the woman was verbally abusive". There may not be a great appreciation of the difficulty for the woman in providing an account to Police, with the perpetrator potentially lurking and children in the adjoining room. There will be no gendered analysis or welfare assessment. The Police concern will be for containing the violence in the short term and for public safety. Women's specialist services are

also concerned with containment, however they are also searching for a broader understanding of the situation.

29. The competing perspectives on risk often translates to differences of opinion at the RAMP. We may have considered the information together, moved into the development of safety actions and begun attributing those actions to different people at the RAMP, and someone will say "hold on a minute, I think we have gone too far in this direction". Generally speaking, this tends to be where we have become a little too enmeshed in an assumed lack of capacity in the woman to implement a number of her own safety measures, which is not reflective of what she has been able to do previously to keep herself safe. Disagreement also arises in the context of perpetrators being granted supervised access to their children. The RAMP is often the scene of a really healthy debate. We do not close a case until everyone is in agreement, the risk has been closely assessed and the dangers are well mitigated.

30. The way in which information sharing can occur at the RAMP highlights that many cases will come to the attention of only one agency whose information can then be highly useful to others.
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That absence of an existing relationship with services meant the tolerance for risk had to be very low because we had no experience of how he would engage or whether the risk was static or would escalate. We also are very sensitive in relation to men making threats, in the context of separation and

family law, and threats to kill children – which happens reasonably consistently. It is a matter of tolerance.

Action Plan

32. Minutes are taken during the RAMP and an Action Plan will be circulated by close of business that day. The Action Plan is a reasonably minimal document, setting out firstly, the reason for referral, any updated information on the individuals concerned, and then in a separate column, any actions attributed. The actions attributed will specify what a particular agency is to do and by when. It might state, for instance, "Police to issue Family Violence Order", and then "immediately", if the Police have agreed to that timeframe.
33. The Action Plan is then routinely reviewed over the course of the next month. Once an action is completed, the relevant agency will notify us and we update it. Often for an action to be completed, we will need to inform another agency. For instance, if the Police are serving a Family Violence Order, part of that action will be to let whoever is working with the woman know immediately that it has been served.
34. Often there will be actions around the female herself. If it is reasonably safe for the woman to be reporting intelligence, she is actively encouraged to do that. This is a tangible thing that she can do to help secure her own safety, and increase her sense of agency. Women will usually feel that they can do that, as long as that information will not be presented back to the perpetrator and she feels she has some control over how it is to be used. Further, we do not underestimate the woman's capacity to relocate themselves. Sometimes a woman will have great means, great support networks, but they just have not informed that network about the extent of the risk. In some instances, it will be appropriate for the woman to relocate herself.
35. The period of time that a family might stay in a RAMP depends entirely on the circumstances of the particular case. The longest period we have had to date, in four years of the RAMP's operation, is approximately six months and that was for a particularly difficult situation.
36. We always revisit previous cases at the beginning of a RAMP meeting. Where there is an outstanding action, it gets raised then. The responsible agency will be asked why they have not completed a particular task. Generally speaking, the

agencies are quite good at completing their actions. Police and Corrections are exceptional at performing their action items.

37. It is important to recognise that the RAMP is just a point of time. The families concerned continue to be managed within the services that they were in prior to the RAMP. If an agency refers a case in, they remain responsible for providing ongoing support services, separately to the RAMP. If a case is referred to us without any supports associated, then there will be an allocation made during the RAMP.
38. The only way that a family would come back to the attention of the RAMP, once the matter had been closed, is if it is re-referred.
39. No women or child that has been the subject of the Geelong RAMP has died.

The impact on perpetrators

40. What we know about men who use violence against family members is that they rely heavily on different systems in the sector not sharing information. For many years, men who use violence have been able to rely on this lack of communication. The RAMP changes that by sharing information that is timely and correct. With this information in the right hands, there is really nowhere left for the perpetrator to move. I imagine perpetrators hate the RAMP system because they are looking for ways to slip through the sector but are unable to. The RAMP acts as a kind of spotlight on the perpetrator. It sends a really clear message to him and to the broader community, that 'we are watching you.' No matter where you go across these sectors, we know about you. The RAMP creates a web of accountability. If we are serious about increasing accountability for men, then closing the information gap, as the RAMP does, is critical. The reality is that we spend the majority of the time at the RAMP talking about accountability. The data we have indicates that the more we are able to make a perpetrator accountable and visible, whether through compliance with an order, active treatment or imprisonment, the more the woman's experience of safety increases.¹

A broader application of the RAMP

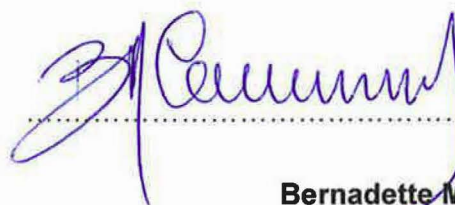
41. I believe that the RAMP model, or a variation of it, would be useful to address cases beyond those where there is an imminent risk of death or serious harm. The

¹ See generally the final evaluation report by Thomson Goodall Associates attached to this statement and marked "BM-2".

principles of the RAMP are to apply a comprehensive risk assessment, to share information freely and willingly, for the purpose in which it is intended, and to develop a sound risk mitigation plan. I do not see any reason why those principles should not be part of normal, everyday practice.

42. If we take the example of a referral from a woman's service who is assessed as facing a realistic risk of harm, but who does not meet the high risk threshold required by the RAMP, we would still need to collect information from the sector and share it, if we wanted to better understand and manage the risk faced by that woman. The way the family violence sector is structured currently, that would be a very labour intensive exercise. The male and female services are completely separated. In the first 18 months of the RAMP, Minerva, a specialist women's service in Geelong, did not refer a single person to the RAMP, because they did not want to share their information. There was a clear signal from Minerva that they did not trust that the RAMP knew how to manage risk. In my experience, the family violence sector really does not allow for information sharing outside of the RAMP.
43. The convening of the various agencies should be a daily occurrence. In my view, the agencies should be funded together as part of the standard response to family violence. There are examples of how this has worked successfully in the State, in the country and internationally.
44. In addition to the fact that there have been no deaths, the RAMP has built significant capacity across sectors that did not have a have a great understanding of family violence. People within the Department of Health and Human Services and health professionals are now trained in the CRAF and have actively started screening for high risk family violence. The RAMP has also built a platform for information sharing that is very strong, and the agencies are clear about what information is to be shared. The Police at the RAMP will not talk about non-family violence offending; they may allude to other high risk activities if it is of some relevance, however otherwise they will only talk about family violence offending. The seniority of the individuals involved helps to guard against the misuse of information.
45. The RAMP also increases dramatically the accountability of perpetrators, as I have set out above.

46. When you see some of the RAMP outcomes, you think that this should be everyday practice.



Bernadette McCartney

Dated: 8 July 2015