



**Royal Commission**  
into Family Violence

## **WITNESS STATEMENT OF JANINE MAHONEY**

I, Janine Mahoney, Chief Executive Officer of Safe Futures Foundation (**Safe Futures**), Croydon, in the State of Victoria, say as follows:

1. I am authorised by Safe Futures 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 Chief Executive Officer of Safe Futures, a role I have been in since 2011.

### **Background and qualifications**

4. I have worked in the family violence sector for 33 years. I began as a graduate within the Commonwealth Department of Social Security, working within the area overseeing family violence and homelessness. I was at the Department when funding first started for family violence support in Victoria and across Australia. I progressed within the Department to the role of Acting State Manager in Victoria.
5. After a number of years in public service, I commenced working full time in community sector specialist family violence services.
6. I was the Chair of Domestic Violence Victoria (**DV Vic**), the peak body for family violence services in Victoria, for six years. At this time I took a lead role in lobbying politicians and government bureaucrats around family violence issues.
7. Approximately four and a half years ago, I saw an opportunity to bring some smaller family violence service providers together. The sector was made up of a number of little refuges and outreach services, who were not connected and were unable to provide the responses that were required. There was a lot of fragmentation: each of the services worked with clients in a different way and collected information in a different way, and there was no capacity to share that information. I proposed a

merger of two of the smaller agencies, Brenda House and Maroondah Halfway House, which was very successful, and has become what is now Safe Futures.

8. Two subsequent service acquisitions has seen Safe Futures grow to become one of the largest family violence response organisations in Victoria. We are the single largest provider of family violence accommodation in Victoria: we have approximately 60 properties at any given time, and provide approximately 130,000 nights of accommodation per year.

### **Safe Futures**

9. Safe Futures believes that all children, young people and adults have the right to live safely in their community and we have programs and services which respond to the broad range of people who experience violence, including the following:
  - 9.1. we established the first family violence disability response in Victoria and lobbied for disability packages that allow women to stay in their home or go into a refuge and get the support that they require;
  - 9.2. we set up the first family violence school for children who have been rendered homeless due to family violence; and
  - 9.3. we are in the process of establishing an elder abuse response.
10. We partnered with Victoria Police to develop the Improving Safety in the Home pilot that has successfully provided safety for extreme risk clients with the use of comprehensive risk assessment, property assessments, security technology, case management and personal safety training.
11. We understand violence in the home to include control, abuse and physical assault. Safe Futures is committed to building an understanding of the long term impact and cycle of violence, and to creating solutions to protect those at risk or experiencing control, abuse and physical violence.
12. We believe that a response ensuring those that are the first to know are also those that are first to act is central to a solution that provides safety and support at the earliest possible time.
13. Safe Futures has successfully developed and implemented an alternative to the traditional response that waits until a crisis point has been reached. The model

expands referral from traditional sources to include organisations that recognise indicators of control, abuse and violence.

#### **Safe Futures' proposed model of response to family violence**

14. Safe Futures proposes the adoption of a model of response to family violence that is premised on triage with comprehensive assessment of risk, safety and support requirements. The model advocates for direct accesses to resources, ranging from safety strategies and immediate necessities, including electronic technology, through to therapeutic, educational and wellbeing programs.
15. Safe Futures' model will:
  - 15.1. create a shared understanding of the indicators of family violence – control, abuse and violence;
  - 15.2. identify those at risk of harm at the earliest possible time;
  - 15.3. improve the safety, stability, health, wellbeing, recovery and long-term outcomes for survivors;
  - 15.4. deter and make accountable those that use control, abuse and violence with increased capacity to progress criminal justice responses;
  - 15.5. deliver programs focused on strengths based support to address the abusive, controlling and violent behaviour or those putting others at risk of harm and enable them to change their story and the cycle of abuse within their family;
  - 15.6. measure and monitor qualitative outcomes in addition to collecting qualitative data; and
  - 15.7. apply resources to create the best possible individual and public value.
16. Safe Futures has made a written submission to the Royal Commission that provides a high level outline of the sector reform required to implement the above, as well as the key features and benefits of the proposed response model. Attached to this statement and marked “JM-1” is a copy of Safe Futures' submission to the Royal Commission.

17. Four critical elements comprise the proposed family violence response model:
  - 17.1. **RECOGNISE** – The first to know is the first to act.
  - 17.2. **RESPOND** – A comprehensive assessment identifies risk, triggers a safety response and establishes a 'duty of care' plan to ensure safety.
  - 17.3. **REBUILD** – A comprehensive assessment identifies immediate support needs and initiates case management and referrals to ensure stability.
  - 17.4. **RECOVER** – Outcomes focused, strength-based support provides pathways to health, wellbeing and opportunities to reach potential.
18. The interaction between these four elements, discussed further below, has been set out diagrammatically in a chart entitled "Recognise, Respond, Rebuild, Recover" which is attached to this statement and marked "**JM-2**".

## **RECOGNISE**

19. Every day thousands of Victorian women and children experience family violence. These women and children often don't recognise their experiences as family violence; they have not yet reached the point of crisis and they do not realise support is available.
20. There is a broad range of professionals who may become aware of the indicators of control, abuse and violence who might support a child, young person or adult in recognising the need to take action before the situation reaches a violent stage. Professionals within the following sectors in particular are most likely to be the "first to know": finance, health, community and education sectors, legal services, police and Corrections, sporting, cultural, corporate and spiritual organisations.
21. Education and responsibility are the two key elements to ensure that those that are the first to know are the first to act. With inconsistent education and no obligation to respond, it is no surprise that the majority of people experiencing control, abuse and violence reach crisis point before the community responds.
22. All relevant organisations, government agencies, unions and industry associations must unite to provide their workforce with the consistent education to recognise the indicators, referral pathways to relevant specialists and accountability and adherence to best practice.



23. First responders and frontline professionals generally have a poor knowledge and understanding of control, abuse and violence, and how to respond appropriately. Professionals who are not trained to recognise the indicators may miss opportunities to immediately improve safety and support to those at risk of further harm. Further, inadequately trained professionals may inadvertently cause increased risk through improper reactions or responses.

### ***Education***

24. Safe Futures supports the development of a formal education program to provide first responder and frontline professionals with the knowledge, skills and tools required to accurately refer and perform support tasks, such as evidence gathering and documentation.
25. An initial comprehensive and consistent base unit common across all professional qualifications should be followed by a unit tailored to the diversity of different professions and reflect the specialist requirements. For example, those in the health sector would undertake study on identifying the indicators, treating and documenting ill health and injuries.
26. Training could be offered as face-to-face or virtual on-line training. The merits of the development of on-line capabilities in the context of family violence is expanded upon in this statement below.

### ***“Change your Story”***

27. Safe Futures is also working with Phil Huzzard of Accelerator Communication and Paul Gardner, formerly of Greys Advertising, to create the “Change your Story” advertising campaign.
28. The campaign recognises that many men who use violence experienced it as a child. These men have an opportunity to use the strength they have gathered from surviving abuse for good rather than evil; they can be the superhero in their own story, and change their children’s lives for the better. It is about breaking the cycle of violence.
29. The campaign will have a drop down number for men to call and engage in online men’s behavioural change programs, and the 1800 RESPECT number for women to call. It gives the capacity, at a national level, for men and women to seek help without being blamed; without family violence being about statistics; without family

violence being about power and control. Men are not going to speak up and ask for support if they are being demonised. We are more likely to get a response if we say “we believe you can change this, you’re strong – you can change everything for how you are and for your family as well”.

30. We believe that the only way to make a change in the community is to really broadly disseminate that information. The campaign has drawn upon elements of other successful campaigns, including the TAC Drink & Drive campaign, and applied them to family violence.
31. The campaign is still in the planning stages but I have great hopes for it.

### ***Communication***

32. Communication is the critical connecting factor for Government to achieve its family violence objectives. Safe Futures supports reform that includes information connection technology (ICT) and communication solutions to forge stronger relationships across all relevant agencies, progress multi-agency responses, and strengthen government, non-government and corporate partnerships.
33. The “Integrated Technology Solutions” diagram highlights the minimum requirements and connectivity for an individual organisation’s internal communication, within an integrated ICT strategy. Attached to this statement and marked “JM-3” is a copy of the “Integrated Technology Solutions” diagram.
34. Whilst recognising protocols governing privacy and information sharing, we must create opportunities for shared capacity building and training of all relevant service systems nationally.

### ***Circles of Support***

35. To achieve safety, best client outcomes and public value, an exchange and referral platform and ICT software solution has been developed by Telstra Health to deliver multi-agency inter-operability and coordination, whilst supporting the capability for agencies to operate autonomously.
36. Telstra Health has worked with Safe Futures and Knowledge Community to oversee the development and implementation of a client centred, family focused referral and case management ‘cloud’ solution that is maximum security, low cost, efficient,

scalable, integrated and inter-operable. The system will capture and makes accessible client data and risk profiling, that is currently not available.

37. Safe Futures' "Circles of Support" chart, attached to this statement and marked "JM-4", demonstrates the technology platform that is being provided by Telstra Health:

37.1. The largest circle represents the exchange platform: that is what everything sits on, and is how information is shared in and out of the tool.

37.2. The referral platform is where we are proposing the risk assessment sits. The referral platform is also able to share information in and out; it is not governed by privacy regulations because of a duty of care: if a person is at risk of harming themselves or harming others, the duty of care overrides those privacy concerns. By entering all of the data onto that platform, we are able to identify a woman's risks and then determine what referrals to make, as explained on the "Recognise, Respond, Rebuild, Recover" tool at "JM-2".

37.3. The purple circle, for case management, is governed by privacy: everything that sits on that platform is commissioned by the client. This circle stops the client from having to repeat their story by collating client information. Instead of having to go to the Doctor, a family violence service and other support agencies, and telling her story a number of times, she is able to tell relevant professionals information that builds her story, is captured on the ICT client file, and then is at her discretion able to be shared. Professionals and the client can continue to add to and build the client record. She can determine particular people will only have access to elements of that information: she can share it all or in parts. It has an archive capacity for historic records, and those records can be retrieved to populate the database. It also has the capacity to link to other members of the family, and to other services the client might be connected to.

37.4. The central circle is the client. It is important to tailor every response around the person concerned, and not put everyone into the same bucket. We advocate a CARE plan, which is discussed further below.

37.5. Multiple service agencies can create the content in one or multiple circles. Each of the agencies that a woman may be connected to, a number of

which are set out in the small circles at the bottom of the chart, can have that input. It may be that a school is undertaking an education plan for a child; a mother would be able to share information relating to the child to the school, and the school share back to the client file information relating to the child. The school doesn't need to know any information around family violence issues, or in any depth, but it gives the capacity for the parties to share that information.

- 37.6. The agencies set out at the top of the chart are those with a duty of care to provide safety: Child Protection, Emergency Services, family violence and family services. Whereas agencies below are the sectors that the client will often need for support, and information will often need to come from them to ensure safety.
- 37.7. The arrows between the agencies and the circles, and within the circles themselves, are around permission to share information. The information goes two ways: agencies can include their information into the pool for the purposes of a risk assessment and similarly, if information comes in from another organisation that may change a risk assessment, that information is available to the agencies that require it.

### ***Triage***

38. This model of response compliments and supports emergency services assessments and responses. The model has capacity to triage and better align low and medium risk cases to early intervention safety and support responses to that police and paramedics are available to concentrate on high and extreme risk clients requiring an immediate 000 emergency response.
39. As I expand upon in my statement below, one of the major impetuses for developing this model was an understanding of how stretched emergency service providers are, under the current system, and the consequence that many women do not get an adequate emergency response.

### **RESPOND**

40. Safe Futures strongly recommends exploring the introduction of the highly successful Family Justice Centre model in Victoria. The Family Justice Centre model, developed in the United States, provides co-location of a multidisciplinary

team of professionals who work together, under one roof, to provide coordinated services to those experiencing control, abuse and violence.

41. The core concept is to provide one place where survivors can go to talk to an advocate, undertake a risk assessment, plan for their safety, have an interview with a police officer, meet with a prosecutor, receive medical assistance, receive information on accommodation and get help with transportation and immediate needs.

### ***Risk assessment***

42. Having utilised the Family Violence Risk Assessment and Risk Management Framework (**CRAF**) since its inception, we identified that it was nowhere near adequate. In consultation with Victoria Police, we therefore designed our own comprehensive risk assessment. We also sourced the risk assessments from every State and Territory in Australia and best practice assessments globally to ensure all relevant information was included.
43. Our risk assessment incorporates the following factors that the CRAF does not:
  - 43.1. Risk to property – we use a private company called Protective Services to go out and expertly assess the property. If a woman's safety or intervention order (**IVO**) is being breached at home, then we install CCTV cameras. We also change locks, install security doors and windows, security lighting and if necessary, create a safe room. If the breaches are not occurring at home, then those resources may not be required.
  - 43.2. Cyber risk – we assess how often the perpetrator is texting her and what his activity is on social media. We assess what issues she has in that regard and develop a safety plan around it. We train women on cyber safety.
  - 43.3. Risk factors associated with the perpetrator – the police have told us that family violence services actually have a lot more information on perpetrators than the police often do. The woman may be privy to the information that the police need, including on drugs, weapons, criminal activity or connections, so we collect that information as well.

- 43.4. Cultural risks – a lot of the women who require a family violence response have got additional risks associated with their particular culture. We look at what particular cultural risks a woman may face.
  - 43.5. Risks associated with disability – research has identified that people with a disability are twice as likely to experience control, abuse or violence.
  - 43.6. Risks to the children – we assess not only risk to children from their father, but also any other risk that the children may in fact be experiencing. We have ensured that the risk assessment is also responsive to the information required by Child Protection. The risk assessment incorporates the legislative requirements for mandatory report to Child Protection. So many people are able to, and do, identify when children are at risk, yet do not know whether to report it or not, and are fearful of the consequences of making a wrong report. Our response makes quite clear when there is a risk to a child that requires a report to Child Protection. If it requires a report to family violence services, that is identified as well.
44. My firm belief is that everybody should be able to get a risk assessment at the very earliest possible point: the first to know should be the first to act. If that first point is when a woman applies for an IVO, then that is when the risk assessment occurs. However if a doctor, teacher, paramedic or other professional identifies risk or elements of risk, that is when we believe they should fill in that electronic risk assessment.
45. What our model does, through the communication capabilities referred to above, is facilitate the inclusion of all of the information captured by support agencies in the risk assessment. Everything within a Police L17 will be incorporated into a risk assessment, however we know that there is capacity to build that risk assessment from the agencies in the small circles below. Teachers identify things when children are at school: there are indicators that they might see. Similarly, we know that paramedics have information in relation to family violence.
46. This model gives us the capacity to build the profile of risk, where that has never been done before. police, paramedics, schools, family violence services will all contribute elements around risk, which builds a profile. When risk escalates, on the basis of new information that is contributed, that is flagged and it is sent to those agencies who need to provide a safety response. When a situation of risk is



reported, a risk profile is generated to brief emergency services attending the incident. We are able to determine what flags go to which particular organisation: that is all part of the programming.

47. The "Technology Assisted Emergency Response Strategy" diagram highlights how Safe Futures' response model operates in practice. Attached to this statement and marked "JM-5" is a copy of the "Technology Assisted Emergency Response Strategy" diagram.

### ***Duty of care and penalty***

48. Some risk elements alone may be perceived as low risk, for instance if the perpetrator has mental health difficulties, as identified by mental health services, that may not of itself require a comprehensive safety plan. However, if drug and alcohol services note that the perpetrator is using methamphetamine or "ice", and the woman discloses to family violence services that he has a weapon; when you put those risk elements together it changes the complexion of her risk. Suddenly you think 'this woman is at a huge risk'. Our tool brings risk elements together and the background programming ensures that if you have certain connects, it throws the assessment up from low to high, or from high to extreme. Appropriate practices are already programmed in, so workers do not have the choice to not make a referral.
49. In Safe Futures' submission to the Royal Commission we have advocated in favour of the introduction of duty of care legislation, because at the moment, a professional's decision to ignore indicators can in fact create additional risk or harm to women. A professional who is charged with responsibility for a woman's safety should answer to why they made that decision, if inaction leads to harm. Our model clearly spells out what is required of professionals and how to meet legislative requirements.
50. Safe Futures' submission to the Royal Commission also notes the need for a training package to sit alongside our risk assessment tool, to ensure that workers are using it in the same way. This ensures consistency of responses and the best possible outcomes for all women and children.

## REBUILD and RECOVER

51. Identifying indicators of family violence and providing targeted referrals to specialise family violence responses at an earlier point in the cycle of violence can reduce the long-term demand on mainstream services. This can ultimately result in tangible and timely client outcomes, opportunities for more appropriate utilisation of resources in mainstream services, and the increased ability for mainstream services to focus on core business.

### ***Safety Plan***

52. Risk assessment is not an end in itself, its purpose is to create an effective safety plan. If every element of our risk assessment is completed, then our response requires the creation a safety plan.
53. A safety plan is the product of consideration of the things that need to be done to ensure we mitigate the risk identified by the risk assessment. If, for example, it has been identified that he has a weapon, one of the steps might be notifying the police of the weapon's existence. We put into the safety plan all of the things that the woman and her advocate need to improve her safety. Those things may include:
  - 53.1. an IVO;
  - 53.2. CCTV technology;
  - 53.3. a Safe-T-Card – the merits of which are addressed further in my statement below; and
  - 53.4. notifications to other duty of care service providers.
54. Our safety plan flags when a risk assessment needs to be reviewed. At the moment, there is no consistency for reviewing risk assessment. So our model would say, if a woman is at a certain level of risk, the worker is required to reassess it every couple of days to ensure that what has been put in place is in fact mitigating risk. If that risk is not being mitigated, then the worker is prompted to ask what else can be done. Our model ensures accountability for making sure safety is evaluated at every point along the way. Once a woman's risk has been mitigated, the requirement to evaluate may be downgraded to every few weeks or monthly; that can be programmed in. Importantly, nobody gets a chance to ignore the risk assessment once done.

55. It is important that you tailor a safety plan around each particular person.

### ***CARE model***

56. The Safe Futures CARE model is a client centred case management response that incorporates a comprehensive risk assessment and safety planning, support and needs assessment, and intensive case management and therapeutic recovery programs. CARE stands for:

- 56.1. Client;
- 56.2. Advocacy – through case management;
- 56.3. Resilience – through therapeutic treatment;
- 56.4. Education.

57. At Safe Futures, an advocate works with each individual woman and child to identify their safety and support needs within a holistic framework, and then assists referrals to appropriate support agencies.

### ***Outcomes***

58. In addition to increasing safety, and decreasing risk, the Safe Futures model of response generates outcomes. In the past, family violence services have had very little capacity to identify outcomes in relation to safety or support need. What our response does is demonstrate, if you have done each of these things, that you have achieved an outcome.
59. If risk is decreasing, you are achieving outcomes and you are providing what you were contracted to provide by government.

### **Application of the Safe Futures proposed model: virtual response**

60. Safe Futures proposes that this model could be used by all family violence services.
61. The model gives a capacity for a virtual response. Telstra Health has developed a system with a high level of security that is necessary for a family violence response.
62. This provides an opportunity for specialist services to go into rural and remote communities, and reach women with a disability who might be housebound, or women with small children who cannot travel to a service provider. If there is a

woman speaking Arabic in Mildura, we can connect her to a specialist Arabic worker with this virtual response.

### ***Remote IVO hearings***

63. All sorts of opportunities arise from this. If you look, for instance, at the challenges currently faced by women in rural communities around IVOs: women will have to wait until a Magistrate arrives in town before that protection will be awarded, and we know that women and their workers face a very high risk going in and out of the court.
64. This risk would be mitigated if you set up remote sites, as is done for the accused in criminal cases currently. The remote sites could be the offices of specialist family violence solicitors, where the woman could attend safely to participate in the hearing. One central Magistrate could then convene a hearing and issue an interim IVO, and then a full order, over the internet. This would save enormous resources and provide an immediate response.

### **Origins of the Safe Futures model**

65. For a number of years I have worked with the Victoria Police in relation to high risk cases of family violence. My experience has been that approximately 80% of women who obtain an IVO to allow them to stay in their own home will have that IVO breached. These breaches are not just occasional breaches, but are consistent and ongoing. This is supported by evidence from the research team at The University of Melbourne.
66. Accordingly, the police receive a call out every four minutes in relation to family violence. The resources simply are not there to respond to those cases. Because of the magnitude of the case load, it is really luck of the draw which woman gets a response and which does not.
67. I recall drafting a witness statement for a particular high risk client with a police officer, who was at the time responsible for coordinating the vans for Altona, Williamstown and Sunshine. In the course of one hour, that police officer received ten calls requesting an immediate family violence assist, including one where a woman was being threatened with a knife; two calls from Child Protection services, both for family violence; one call in relation to a drug raid; and one call in relation to the discovery of a dead body. The officer had one van on the road. Out of all of

those calls he had to choose which to send the response to; he chose the woman with the knife threat.

68. It was at that point that I realised there is simply no way we can do this work, if we continue to try to respond to the crisis end. We needed to consider what can be done to significantly reduce the number of call outs: to deter perpetrators from acts of violence. That way, when call outs do occur, the police will have considerably more resources to respond.
69. At the direction of Ken Lay, we worked with Assistant Commissioner, Steve Fontana, to look at other models of deterrence that had been trialled but not endorsed by Victoria Police. In particular, we looked at the "B-Safe" program, which from my point of view was a success, however the police had not been able to endorse it because it directed people away from a 000 response. B-Safe involved a back to base security alarm, so alerts would be responded to by a security company, at first instance, and then escalated to police, as appropriate. As a philosophical matter, the police will not endorse any system that does not call them in an emergency. We thought, if we can't use a back to base response, what else could be done to create a deterrent.
70. We drew upon our knowledge of women's experiences in trying to apply for or enforce IVOs in court. We know that one of the biggest barriers women face when they get to court is that it is often her words versus his. Rarely does a judge have independent evidence or witnesses to rely upon when someone has experienced family violence in the home. The first thing we thought of was to put in CCTV cameras that could not be tampered with and would live stream film to a secure location. If police needed it, that footage could be retrieved and used as admissible evidence. We sought companies with cameras with film of the right quality and eventually came across a company called Protective Services, the directors of which are again former police officers. Protective Services understood what we were looking for and why we needed it.

#### **Safe-T-Card**

71. When I met with Protective Services, they showed me a Safe-T-Card, on the basis that it would be useful for Safe Futures Foundation staff, as lone workers providing services in a high risk profession. As they were going through the Safe-T-Card's

functions, for me it was a real lightbulb moment: I thought 'Oh my goodness, this is exactly what we can use for women in high risk'.

72. When you press the alarm button on the Safe-T-Card, it provides an immediate global positioning system (**GPS**) location and live audio stream. The newer models have live video functionality as well. The alarm goes straight through to a 24 hour call-centre on the emergency services band, which does not drop out due to interference or high use. The call-centre operators can see and hear what is happening, and so the alarm is immediately verified. Most alarms are not verified; they are just alerts, and this creates a difficulty for police in determining whether the alarm is false, once it goes off. The concern is that the police will be sent out time and again when people set them off accidentally. Safe-T-Card's alarm is verified immediately, and we have arranged with police that when the call goes through from the call-centre, it has the highest alpha code; so it will be prioritised over other call outs. Then, as police are dispatched, the call-centre can provide live updates: whether GPS has updated because the woman has moved; they can hear, and, in the future, see what is happening. We can generate a risk profile for the police, which is not a full risk assessment, but a profile of information that is determined by police to be useful, including on weapons, drug use and criminal activities.
73. The Safe-T-Card has the capacity to be connected into the Telstra Health IT solution as well, so all of that information is collated. It can also be used to monitor GPS tracking bands worn by men, so that if a perpetrator comes within one kilometre of the Safe-T-Card, an alert goes off and she can be proactive about putting herself in a place of safety.
74. Currently, to buy one Safe-T-Card costs \$600, with a \$40 per month monitoring fee.

#### **Improving Safety in the Home program**

75. Safe Futures runs an Improving Safety in the Home program with 40 women from the Eastern region of Melbourne, classed at an extreme risk of family violence by police. Each of these women has an IVO in place against a former partner. A component of that program is the provision of Safe-T-Cards and training.
76. Perpetrators are informed by the police that these women have been given the Safe-T-Card and CCTV cameras, and that deters them from breaching their IVOs.



77. In the initial pilot of 21 clients, we had no incidents of a breach after the provision of the Safe-T-Card. Since the conclusion of the trial period, we have had one breach. In that instance, where the woman was held hostage, the police had been unable to locate the perpetrator to inform him that she had been provided with that technology, prior to the incident.
78. When she was held hostage, with her two children, she was in possession of her Safe-T-Card. She managed to press the safety alert and police arrived within ten minutes. The card recorded him screaming that he was going to kill her. He is now facing multiple charges and being held in remand.
79. For the remainder of our clients, some of whom had been previously experiencing up to 40 or 50 breaches of IVOs per day; through constant calls, attendances at work and at home, and who were having to call the police every day, their harassment has completely stopped. For the first 12 months of the program, we achieved 100% deterrence.
80. The Safe-T-Card is such an effective deterrent because the power that these men have got is in building fear through repeat visits and repeat interactions with the woman. They are not held accountable for that. The Safe-T-Card brings that accountability and gives evidence to the police. What we hear from women anecdotally is that men really do not want people to know about their breaches, or for it to become a crime. An IVO is a civil order until it is breached and that is proven. The minute it becomes a crime it is a public record and it effects employment capacity and the ability to travel.
81. If you were to multiply the cost of a police call out by all of those women and the number of calls they previously had to make, the saving of resources and the time of police is significant. The cost of one police call out alone is more than the cost of a Safe-T-Card or a camera.

### ***Early intervention***

82. More generally, the cost benefit of an early intervention, and of keeping a woman safe, and in her home, is enormous. It costs approximately \$23,000 to put a woman into a refuge, and that is before any consideration of the costs of emergency call outs, interactions with the justice system, Ambulance Victoria, Corrections and out of home care.

83. However, really, the primary reason for doing this is for the personal saving to the women and children concerned; the reduction of fear, and actually giving them back their lives.
84. Many of the women in our program were too scared to leave their homes, to go to work or to take their children to school. The program has made an amazing difference to their quality of life.

### **Crime Prevention Authority**

85. Safe Futures proposes the establishment of a national "Crime Prevention Authority" (CPA) to hear and determine application for financial assistance to increase safety and support measures for those assessed at risk of harm.
86. Where people are identified by the police, a Magistrate or other experts as requiring an early intervention for safety, they could apply to the CPA for things such as CCTV cameras, Safe-T-Cards, counselling, education around safety – whatever is required.
87. At the moment, with the Victims of Crime Assistance Tribunal (VOCAT), people have to wait until they are a victim, until the worst possible point; the point of crisis, before they get a response. Then we give them some money and say "we are sorry that happened to you".
88. The CPA would not wait until a woman was assaulted. Where there was evidence she was at risk, she would be provided safety related expenses in advance. An application for funding would follow the comprehensive risk assessment process described above.
89. We believe that the CPA should be funded by proceeds of crime, from proceeds of gambling and from revenue raised by fines associated with breaching IVOs. This is set out in further detail in Safe Futures' submission to the Royal Commission.

### **Working with men**

90. At Safe Futures we believe that you don't just work with women and children to prevent family violence, you absolutely have to work with the man as well.
91. We have partnered with an agency called Violence Free Families, who have developed an online men's behavioural change tool. They have had it evaluated by

Monash University and by The Melbourne University. It has the highest level of success rate for a men's behavioural change tool that we have come across: 70% success, as evaluated by The Melbourne University. The fact it is an online tool has been identified as the reason for its success. There are a number of challenges to overcome when a program is face-to-face:

- 91.1. Men do not like talking about their relationship failures in front of a whole range of strangers.
  - 91.2. To participate, men have to travel, often at an inconvenient time in the evening, and may have to leave work early.
  - 91.3. Often the program will be culturally or spiritually inappropriate.
92. The online tool has the capacity to group men by reference to a particular factor as required: you might have an Arabic group, an indigenous group; FIFO workers, each of which log on at a particular time from home. These men are not identified, and the studies show there is a high level of participation. In fact, during the trial, there was two instance of men becoming very upset when they had difficulty logging into the system, and they actually rang up I.T. for support, because they were finding it so helpful.
93. The men also connect with their partners. After the online session, they're asked to sit and talk with their partners and try to identify together some of the man's behaviours that might change. They identify triggers; what is making the man angry; what builds those triggers; how are they mitigating that, and they develop an understanding of the impact on partners and children. Many men absolutely do not think of the impact that family violence has on children. When you start to talk to men about that fact that this is a generational issue: that over 85% of men who use violence experienced it as a child, and they prove that cycle, that is often when they want to make a change.
94. My firm view is that the majority of men who use family violence experienced it as a child. There is a lot of research now, globally, that shows if you experience one incident of family violence, you are likely to experience post-traumatic stress disorder (**PTSD**). The more incidents you experience, the higher the level of risk of PTSD, and the more challenges you are going to face. We know that PTSD plays out with a reliance on drugs and alcohol, depression, anger and isolation.

95. We would like to see online tools, such as that developed by Violence Free Families, form part of a case management strategy for men. We should be looking at circles of support for men, or "Manspace". This support should not only be therapeutic responses, but also consider other impacting factors in their lives, which are possibly creating an increased risk for the woman. If you have a case management approach that is looking at homelessness; finances; drug and alcohol issues; mental health issues, and you combine those responses with therapeutic and resilience responses, then you will see change.

### **Context of family violence**

96. We need to recognise that we cannot keep saying power and control is the only explanation for family violence, or framework for responding to it. We need to look at why family violence occurs.
97. The prevalence of childhood experiences of violence amongst men who use violence is why we must look at addressing this issue with children at the very first point we see indicators: no matter how old the person is; no matter whether it is a male or a female perpetrator; a young person or an adult. The numbers of people in juvenile justice systems, in youth homelessness services or out of home care who have experienced family violence is telling. We have always looked at family violence as a dot point under each of those societal challenges; in fact, it is the root cause of them.
98. When considering responses to men who use violence, historically we have had a strong focus on accountability. There is no question that where a crime is committed the police and the justice system must respond to ensure perpetrators are held to account. As a community, however, we must also look to respond in a way that supports men to change and stop their use of controlling, abusive and violent behaviour. Reducing the stigma associated with seeking support and providing programs that identify the strengths that perpetrators have to change their behaviour and rebuild their lives will assist in breaking the generational cycle of violence.
99. We have always been crisis driven in the past, and that means we leave it until the worst possible point and people become homeless because of it. The majority of women I have worked with did not need to become homeless. That could have been prevented, if we meaningfully intervened at the earliest possible time.

100. We would never have needed anywhere near the family violence services, crisis accommodation responses, homelessness responses or emergency responses that we do now, if we had an early intervention model. If we create a family violence response that intervenes at the very earliest point, then by default we create an intervention for all of those associated challenges we have in the community as well.

A handwritten signature in cursive script, reading "Janine Mahoney", written over a horizontal dotted line.

**Janine Mahoney**

Dated: 20 July 2015