Royal Commission into Family Violence

WITNESS STATEMENT OF HELEN MARGERY BOLTON

I, Helen Margery Bolton, of 1/59-63 Spring St, Geelong West in the State of Victoria, say as follows:

1. I am authorised by Barwon Centre Against Sexual Assault (**Barwon CASA**) 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 currently the Chief Executive Officer (**CEO**) of Barwon CASA based in Geelong. As CEO, in partnership with the Board, I am responsible to ensure the success of Barwon CASA in achieving the vision, strategic plan and objectives of the organisation into the future. In my role I provide leadership, strategic management, vision and business acumen for Barwon CASA.

4. I am a member of the Victorian Centres Against Sexual Assault Forum (**Victorian CASA Forum**) and a Board member of the National Association of Services Against Sexual Violence, and a Board member of the Barwon Community Legal Service.

Background and qualifications

5. I have worked in the areas of sexual and family violence for more than 25 years, including direct service provision, executive leadership, governance, policy and legislation. Between 2008 and 2011, I was employed as the Senior Project Officer leading a team of staff in the Family Violence and Sexual Assault Unit with the Department of Human Services in Melbourne.

6. Previously I have held executive positions as Manager of the Geelong Family Relationship Centre, Community Support Manager with Bethany Community Support, Senior Project Officer, Department of Premier and Cabinet, Office of

Community Building and several years working for the former Department of Human Services, Victoria. My career commenced in 1991 with the Centre Against Violence in Bendigo (formerly **EASE**) and providing crisis care on call for the Loddon Campaspe Centre Against Sexual Assault for several years.

7. I commenced working with Barwon CASA in 2011 as the CEO. I completed my studies in Social Sciences at Monash University in 1990 and I have completed extensive professional development and hold Diplomas in Project Management and Frontline Management.

Barwon CASA

8. Established in 1978, Barwon CASA is a specialist sexual assault and family violence service. The Centre was established through the efforts and contributions of concerned community members and continues to receive strong community support to this day. Our organisation has a solid history in delivering the highest quality services in the specialised field of work. Our vision is "*to promote recovery and work towards a community free from sexual assault and family violence that is committed to the principles of social justice and human rights."*

9. Covering the Barwon and Wimmera Districts we employ over 40 staff with qualifications in psychology, social work, family therapy and psychotherapy. Services include free and confidential specialist counselling to people who have experienced recent or past sexual assault or family violence. We have 24-hour crisis response for recent sexual assault, including coordinating forensic medical care and justice services.

10. Barwon CASA also provides a family focused, prevention and early intervention therapeutic service to children and young people under the age of 15 who have engaged in problematic or abusive sexualised behaviours.

11. We have a strong commitment to the prevention of violence against women and run a prevention program in secondary schools that aims to build respectful relationships, address inequality and challenge violence supportive attitudes. We provide specialist training, secondary consultation and community education to professionals, government bodies, schools and community services. Our recent training has included delivery of elimination of violence against women training via UN Women in Kiribati in the Pacific, and recognising and responding to physical and sexual abuse and neglect to Transport Accident Commission (**TAC**) and Worksafe Victoria.

12. We are a partner in the Barwon Multidisciplinary Centre (**MDC**) co-located with Victoria Police, Sexual Offences and Child Abuse Investigation Team (**SOCIT**) and Child Protection. In this specialist model, partner organisations support adult and child victims from the first disclosure of sexual assault to criminal prosecution. MDCs provide safety, support and access to justice within an integrated, seamless environment. The centre demonstrates the importance of collaboration among highly trained and experienced professionals working together to support victims and toward the apprehension and prosecution of offenders.

Sexual Assault in Victoria and the co-occurrence of family violence

13. Barwon CASA refers to 'sexual assault' and 'family violence' as forms of gender based violence. Our organisation supports the evidence that there are shared drivers of this violence and proven strategies to prevent and address these. Sexual assault can remain a hidden aspect of abusive relationships. Sexual violence is one of the most difficult of crimes to detect, deter, police, or punish. Sexual offences are one of the most under reported crimes, and conviction rates for rape are substantially lower than for other criminal offences.

14. There are a number of personal, social, gendered, cultural and institutional barriers that prevent people from reporting sexual offences; therefore, it is likely that reported victimisation rates underestimate the true incidence of sexual assault. The most recent Personal Safety Survey found that 4 out of 5 women who had experienced sexual assault did not contact the Police about the most recent incident.

15. Through our counselling we observe that women are able to identify physical violence by their partners as family violence, however do not readily recognise that non-consensual or forced sex by their partner constitutes a crime of sexual assault. Evidence supports that many women and children who are sexually assaulted know the offender and often they are family members. For many women the perpetrator is a partner or ex-partner.

16. A review of current data within our sexual assault funded program showed that over 60% of women identified that they had experienced other forms of family violence. We expect that this figure is actually higher, as we only record this data as a self-identified issue at intake, whereas upon exiting our service women are more informed of the pervasive nature of family and sexual violence and are able to recognise their experience.

17. In the Barwon and Wimmera catchment area there were 4,712 family violence incidents recorded in 2014. A total of 2,992 children were present at these incidents; 32.8% of family violence incidents had at least one child present. Of the 460 victim reports of sexual offences, 32% occurred in the context of a family violence incident (Crime Statistics Agency 2015)

18. Barwon CASA data shows that in 2013–2014 we supported 1,274 sexual assault cases, and police referrals comprised 12% of the referrals. 742 cases had either current or past family violence. We have also identified that women with a disability are over represented within these numbers (17% of total cases), and those with mental health issues presenting at 22%. Overall, approximately 30% of our clients are aged under 18 years and 70% are over 18 years.

19. In 2014 there were 316 sexual offence victim reports to Victoria Police in the Barwon Catchment and 40.3% of victims were 10 to 19 years old (Crime Stats). Based on the wider population incident rates an estimated 300+ people would have experienced sexual assault in the Barwon area in 2014; this suggests that approximately 86% of sexual offences were not reported to the police during this time.

Barwon CASA and Family Violence

20. Family violence is the use of violent, threatening, coercive or controlling behaviour by an individual against a family member, or someone with whom they have, or have had, an intimate relationship. Violent behaviour may include physical or sexual assault and power and control tactics such as direct or indirect threats, emotional and psychological abuse, economic control, social isolation and behaviour which causes a person to live in fear.

21. Barwon CASA provides free, confidential specialised counselling and support to women, young people and children who have experienced or been exposed to the trauma of violence. Barwon CASA Counselling Services provides:

    21.1. Specialised therapeutic counselling for women, young people and children who have experienced family violence either recently or in the past.

    21.2. Specialised therapeutic counselling for adults, young people and children who have experienced sexual assault either recently or in the past.

    21.3. Specialised counselling to non-offending parents, partners, family and friends of people who have experienced family violence or sexual assault.

21.4. A family focused, prevention and early intervention therapeutic service to children and young people under the age of 15 who have engaged in problematic or abusive sexualised behaviours (**SABTS**).

21.5. Outreach counselling services provided across the Barwon and Wimmera regions

21.6. Therapeutic groups for women, men and young people;

21.7. Professional consultation, information and advice;

21.8. School based prevention programs;

21.9. 24 Hour sexual assault crisis care service; and

21.10. Community development and professional education

Multi-Disciplinary Centres

22. Barwon CASA is a partner organisation in the Barwon Multidisciplinary Centre (**Barwon MDC**). The Barwon MDC brings together in a single location the key services involved in supporting those who have experienced sexual assault including Barwon CASA, Child Protection, Sexual Abuse Intervention Team and the Victoria Police, SOCIT.

23. In 2004, the Victorian Law Reform Commission released the Report on Sexual Offences that recommended a series of reforms to improve responses to sexual assault. A key element of the reforms was the establishment of a new model of service and care for those who have experienced sexual assault that is characterised by two core components: the establishment of specialist teams of investigators (responsible for investigation and personal support) and service sites referred to as MDCs. MDCs were formally established in 2008 by the Victorian Government as a component of the Sexual Assault Reform Strategy.

24. Barwon MDC was opened in October 2012 by Minister Mary Wooldridge. MDCs have also been established in Frankston (now Seaford), Mildura and Dandenong and are currently developing in Bendigo and Morwell.

25. The Barwon MDC also provides support to women and children experiencing family violence as Barwon CASA is funded to provide counselling support to this group; child protection also investigate cases of children with serious physical injuries most part within the context of family violence.

26. The MDC model facilitates a collaborative approach between services to provide those who have experienced sexual assault and abuse with safety, support and access to justice within an integrated, seamless environment.

Benefits of the Barwon MDC

27. Practically, our experience is that the benefit of the MDC model is that there is a collaborative model encompassing a shared values space. The model is based around a common purpose commitment to justice for victims of sexual assault and family violence. This collaborative relationship between partner organisations has been crucial to the success of the Barwon MDC.

28. Prior to the introduction of the Barwon MDC, a victim of family violence or sexual assault would either present to, or telephone, Barwon CASA. We would then undertake an intake process where we complete a comprehensive assessment. During this process, we would ask the victim if they wanted a referral to the police, and provide contact details for police services. If the victim did not wish to engage with police, we would honour that decision, and would not seek the involvement of a criminal justice response. We would re-visit their willingness to contact police during our therapeutic support but at that time, engagement with police was not the primary focus of our work, which was to ensure victim recovery from incidents of violence and associated trauma.

29. Over the years we identified that we were losing victims due to the fragmentation of the system. We did not yet have strong relationships with child protection and the police. We would refer cases to the police but had limited further contact with them. At that time, we did not share information unless required with child protection and the police, and we knew we would lose clients between the service systems.

30. The sexual assault crisis care service is a coordinated response to recent sexual assaults between police, the CASA, and the Victorian Institute of Forensic Medicine, or child protection and Victorian Forensic Paediatric Medical Service if the victim is under 18. This coordinated response was central to building relationships between the services which would ultimately grow into the MDC.

Underreporting of sexual assault and family violence

31. There were a range of reasons that victims were not reporting incidents of sexual assault and/or family violence to the police. Police stations can be perceived as cold and clinical places to enter to seek assistance. It is also a very public forum,

as the officer at the desk may incidentally announce in front of others in the waiting room the reason for the victim attending the police. Other victims may be reluctant to report incidents of sexual assault or family violence as they do not have faith in the criminal justice process, or lacked an understanding of what the criminal justice system is empowered to do.

32. In response to this, MDCs have been designed to have a private, warm and welcoming 'CASA like' presence. The police working within the MDC are Detectives and therefore not in uniform; although are 'kitted up' when leaving the building. Whilst detectives at the MDC appear less intimidating to clients and members of the public, we have not found uniform officers attending the MDC to be an issue for our clients due to the safe and CASA like environment the MDC provides.

33. When we moved into the MDC, we had a large number of unreported historical cases of adults who had experienced childhood sexual assault or adults who had experienced sexual assault over previous years who had not reported these incidents to the police. Through moving to the MDC model and the resulting strengthening of rapport and trust between CASA and police, we each gained a better understanding of each other's procedures, values and approaches. In developing better working relationships and a greater understanding we were able to demonstrate our trust in the process and encourage victims to have an options talk with police.

34. An options talk consists of inviting a detective to attend with us in the counselling room to discuss possible criminal justice options. We would ensure that the victim was aware that they did not have an obligation to take the matter any further with the police, but by having a conversation, they would be better informed to make decisions for themselves. Proximity and immediacy of police, child protection and CASA in working together on cases has been of enormous benefit.

35. Recent data from the Crime Statistics Agency indicates that reports to Police in the Barwon catchment spiked in 2013, suggesting the implementation of the Barwon MDC in June 2012 may have facilitated increased reporting to Police. Comparing the total number of reports in 2011 before the MDC, to those in 2013 after its implementation, there was an increase of 45%.

36. That in itself is great evidence that the MDC model works. We also identified a number of cases where, we believe, there were better informed briefs of evidence. By working together, CASA kept appraised of individual cases, and we worked in

a more collaborative way with SOCIT, which assisted the victim to think about their evidence and inform the brief. Ultimately, better informed briefs lead to more prosecutions.

Improved professionalisation of CASA

37. I consider that being part of an MDC has provided the opportunity for our organisation to strengthen our viability, increase our profile, enhance practice and develop the capacity of our workforce.

38. The MDC has strengthened our governance, provided a robust infrastructure, assisted to retain and attract highly qualified and experienced staff, enabled greater training opportunities, improved our knowledge base and capacity to advocate across the system and ultimately resulted in greater professionalisation of our organisation and staff and a better service being delivered to victims.

Improved responses for victims

39. The following are examples of how working within a MDC has improved the ability of the services to work together for better outcomes for victims of sexual assault.

Ongoing contact between services

40. The MDC model enables and encourages different parts of the system to work together in an ongoing way in relation to cases. It is not simply a matter of easier referrals but a shared investment in the case. For example we had a case where a victim of sexual assault made a statement to Police against her ex-partner. The complaint was then investigated by Police. However, during the subsequent counselling process she became aware of the full definition of sexual assault and that what he had done constituted rape as in sex without consent. By working with the Police in the MDC, she was able to add to her complaint with a further statement and it was successfully prosecuted. Prior to the MDC, that probably would not have occurred.

Immediate safety responses

41. The MDC model has significantly improved our ability to provide an immediate response to secure the safety of victims in circumstances where we might previously have had limited capacity to act.

42. For example, an adolescent girl attended Barwon CASA for counselling regarding previous sexual abuse from a step father. There was a shared care arrangement

between the biological mother and biological father. The biological father had been bringing the young woman to the counselling sessions at Barwon CASA. During counselling the young woman disclosed that her biological father was sexually assaulting her. At that time he was in the Barwon CASA/MDC waiting room. We advised the young woman we had a duty to act on the information and immediately went to SOCIT and child protection and advised we had a disclosure by a minor and that the perpetrator is in our reception. We were able to lock down the centre and the police did an immediate video recorded evidence statement with the young woman. The police then went into reception, confronted the perpetrator who made a full disclosure.

43. Prior to the MDC model, in a situation such as this, we would have had to telephone state-wide child protection intake and 000, and ask them to intervene immediately. Ultimately, we would most likely have had to send the victim home with the perpetrator as we did not have the power to detain him. We would then simply hope that police and child protection attend the family and remove the child. For cases such as this it is invaluable to have a MDC model.

More supportive Police responses

44. Sometimes Police will decide that it is not possible to proceed with a prosecution, as there may be insufficient evidence for a successful prosecution or a range of other issues. Police now often ask for a CASA Counsellor be available to attend when they advise the person, as they acknowledge it can have a significant impact on the victim and state “we would like you there to support the person while we tell them.” This practice did not happen when we were not located together in a MDC.

45. As a CASA we also have a better understanding of the imperatives that underlie some Police decisions, and can assist and support the victim in some highly distressing processes that may be necessary in the interests of a successful prosecution. For example, in might be 2am and a woman has been raped by unknown offenders in a park. We are in hospital with her and its now 4am and she has had a forensic medical examination, and the police will say “We need her to go back to the park”. Previously, we might have responded “No, she’s too tired”. We will be advocating for her immediate needs – she has been up all night, she needs to go to bed. Now we understand that there’s probably evidence there in the park that needs to be collected before dogs are walked in the morning or the rubbish is collected and evidence disappears for example. Now we ask if she wants to attend and will say to her “We will be there, we’ll come with you, are you

okay? Would you like some juice or food or, we've just got to get you there, it's really important." So it has changed our practice.

Information sharing

46. The benefit of having someone in close proximity cannot be understated. The sharing of information with consent has been fantastic. We have the conversations now. It's easy to say "Can I just catch you? Have you got five minutes" and to have conversations about clients, to keep appraised of the case has been one of the most powerful elements of working together.

Client experiences of the MDC model

47. We undertake an annual evaluation of our services. Our most recent activity of collecting this data has included inviting clients in our waiting room to draw or write about what they think of their experience through the MDC. People responded saying that the MDC made an enormous difference to them. One of the quotes was "It's actually saved our lives". Clients have reported that the co-location of services in MDC has made accessing services much more manageable for them and made a real difference in the way we worked together for their case.

48. We are able to prioritise cases based on their immediate need and complexity in discussion with MDC partners. If required we can remain engaged with them through the whole criminal justice process, which can take years. Clients express their appreciation and relief that we were there with them on their journey.

Strengthening the Barwon MDC

49. I consider that there are a number of opportunities to further improve the MDC model. In particular, there are a range of additional services that would be very valuable additions:

    49.1. There is a significant need for mental health and alcohol and drug services. We have a huge cohort of people who access the service who have substance abuse and mental health issues, likely associated with the experience of trauma. If the person attending the service has current and impeding substance abuse issues, we are generally unable to support them. It is very hard to work with someone therapeutically if they are currently using, or if they are self-medicating to the degree that it is

severely impacting on their mental health. Ideally, we would strengthen the alcohol, drugs and mental health programs at the Barwon MDC.

49.2. The Department of Health and Human Services has recently funded a nurse position to go into all the MDCs. We have requested that the nurse be a mental health practitioner, but this appears not possible. Whilst having nurses located in the MDC is beneficial, a mental health practitioner is a much higher priority for us.

49.3. The expansion of legal services would also enhance the MDC. Currently, we have a monthly visiting legal clinic at the Barwon MDC. This has been an excellent resource for clients and it is very helpful for staff to have the ability to consult around aspects of a specific case such as eligibility for VOCAT. Police have also referred victims to this service. Ideally we would have an onsite lawyer who would be able to provide a more integrated response. This would ensure legal services are available to all clients on a needs basis.

49.4. An MDC coordination platform would reduce duplication. Multiple services receive referrals for the same high risk, complex families and individuals. The MDC could act as a central triage point to coordinate intake and assessments across a geographical area. Currently various service providers receive L17s for women and children, and men; we have systems for family violence cases to be referred to and from child protection, child first and services connect, we have crisis care after hours services for family violence and sexual assault. Our experience of the information sharing and coordination that occurs in the MDC, between CASA, Police and Child Protection is that a central coordination point mitigates the need for families to navigate a complex service system. A central intake platform would create a more innovative, effective, flexible client centered system that better manages high risk cases.

49.5. Resource and enable greater collaboration between the Victoria Police Family Violence Unit (**FVU**) and the MDC. And expand and co-locate services. This could include assessing the feasibility and resourcing to expand co-located services at Barwon MDC such as RAMP, Office Public Prosecutions, Victorian Legal Aid, Victims of Crime, financial counsellors and health services.

50. Another issue for our service is men who have a childhood sexual abuse history and a current family violence abuse pattern. MDCs are designed as victim only centres and need to remain as such. Barwon CASA protocol is that if a male has an intervention order and has used violence they are not eligible for our service. If we are unable to work with this group, there is very little in the way of services that can be provided to them that addresses both issues. This leaves a significant service gap, where there are opportunities for intervention but we cannot provide a service within the MDC. We currently refer to the Men's Behaviour Change Programs however there is little uptake of this. Ideally there needs to be a capacity to have response for men who are victims of childhood abuse, however have a family violence offending behaviour as well.

Therapeutic work with children

51. Barwon CASA provides therapeutic services for children who have experienced the trauma of sexual or family violence. Parents or carers bring the children into our centre and we work with them, and often we provide child focused parent work for the parents or carers. We feel there is a need to embed our learnings of trauma informed care into the culture of the family or placement. This is particularly the case for children and young people in out of home care placements, where there is a need to ensure carers and staff are part of the therapeutic response.

52. Barwon CASA is considering ways toward implementing a program that provides trauma informed therapeutic responses to children in their environment of the home or placement.

Intensive intervention with highly vulnerable families

53. There is a need to intervene in vulnerable families in order to break intergenerational cycles of violence.

54. In my experience, many of the young people that present to our service have grown up in families where violence has been used as a form of control and it is part of the culture of the family. There is often a history of neglect and abuse in those families; not always, but often. There are issues around the impact of trauma and the development of infant attachment. A lot of the families disengage from appropriate supports, schooling and other services.

55. We are able to identify vulnerable families that are most at risk and we require effective responses to wrap services around them. Trauma informed therapeutic

responses for children and young people are critically important. This is particularly the case for out of home care placements where we see constant placement breakdowns and attempts at reunification.

56. We support a number of children who are in our out of home care system, kinship care, foster care, or residential placements where placements break down. A high priority is also placed on reunification but we know that that family hasn't been resourced and supported well enough to be able to sustain the family and it breaks down again; often in an environment of abuse and family violence. We need to get better at providing early intervention home based support where we are really working in the home in a trauma informed way about how to support that family.

57. We have some really complex families and we need to consider how can we work to support them and their children so that we're not continuing to work with the next generation in 20 to 30 years.

Working in regional and rural areas

58. Barwon CASA also manages sexual assault services in the Wimmera area of about 400 square kilometres from the South Australian border, Hamilton, Casterton, down to near Warrnambool right up through the Wimmera toward Mildura. We have an office in Horsham, with five staff. It is associated with Barwon CASA, not the MDC.

Our Wimmera office is located opposite the Police Station and Child Protection is just about 100 metres behind that building. In essence it is a virtual MDC. In establishing our Wimmera services we developed a protocol with child protection and police about how we would work together in the spirit of collaboration. We have regular liaison meetings and recently established a crisis care unit within the CASA with great support and advocacy toward this from Victoria Police and DHHS.

59. Relationships are central, collaborating on cases and having frequent case consultation meetings, talking about our practice and why we do what we do. It is about building partnerships and a shared investment toward good outcomes. We discuss particular cases, thinking about their journey through the service system, and what they are needing at different points has been important. Having a shared interest in developing the capacity of the local service system via the development of the Crisis Care Unit was really useful in building collaborative relationships.

60. Whilst there are numerous barriers to overcome in delivering rural services, such as meeting the needs of a dispersed population across a large geographical area, particularly for women and children experiencing violence. In some respects a regional area provides a greater opportunity to ensure appropriate assistance to victims, as the stakeholders and service providers have established relationships and know the capacity of each other and can harness resources. There is a collective interest in working together, an opportunity to build a central clearing point of information around common trends, or families within the region who may require specialised support, and share best practice strategies appropriate to the community within the catchment area.

Recommendations

61. It is essential that the family violence and sexual assault sectors build upon our specialist expertise and approaches this includes enhancing governance platforms, building collaboration and partnerships, strengthening workforce development and resolving information sharing protocols.

62. As community confidence in reporting sexual assault and family violence grows, so too does the demand on services. In the past 5 years reporting to Victoria Police of both family violence and sexual assault has increased. We require a system that is robust in responding to the increasing demand and the MDC has shown this capacity.

63. We know there are many high risk and complex cases that receive variable levels of assistance and support and our current service system is fragmented and complex to navigate, particularly in times of crisis and significant risk. It is critical to be able to offer a highly visible, highly responsive platform that has a single point of entry. The MDCs have a high profile and are recognised within communities. They are prime facilities which can be developed into prominent centres against violence.

64. It is timely for a review of duplicated and historical systems, to consider opportunities for co-location services and an emphasis on enhanced collaboration between the services. The sector needs to build on and improve specialist intake, including highly skilled triage systems that can act as the central point of intake for all family violence and sexual assault cases within a geographical area. The MDCs are a significant infrastructure investment by the Victorian governments and have proven to be highly effective in their capacity to achieve better outcomes.

65. The MDC model is unique in that we are all highly specialised organisations and practitioners; the Police are sexual offences detectives, Child Protection are sexual abuse investigators and CASA counsellors are highly trained and experienced psychologists and social workers, combined this workforce is formidable in supporting victims and addressing their needs and issues and ensuring justice.

66. There is opportunity to expand co-located services within MDCs to become fully integrated specialist hubs. This highly specialised service platform has proven its worth and efficiencies in bringing key specialist services together. The facilities are strategically positioned to expand to include other family violence services, including the Victoria Police Family Violence Unit, RAMP, Office Public Prosecutions, remote witness facilities, Victorian Legal Aid, Victims of Crime and health services.

67. MDCs provide the opportunity to develop a centre of excellence in trauma informed therapeutic intervention that responds to the increasing complexity of cases and recognises the impact of family violence upon families who enter the child protection system and that provides early intervention for those in the child protection and out of home care system.

68. Invest in a state wide MDC evaluation to build an evidence base on the effectiveness of the MDCs, including the practice approach of partner agencies and how this has been positively influenced and the unique outcomes achieved. Implement a database between Victoria Police, Child Protection and CASAs to document the client access and specific client centred outcomes through the whole episode of support to criminal justice outcome.

69. Share learnings from the SABTS evaluation and expand capacity in accredited agencies. SABTS is an important and effective early intervention program, we need to continue to develop an evidence base and ensure programs are gender informed and accountable to victim centred practice. Continue research, monitoring and evaluation and workforce development. Increase the age of the young people who access the SABTS program to 17 years.

70. Ensure greater access and responsiveness for women with a disability experiencing violence and implement a state-wide roll out of the Making Rights Reality program.

71. Implement programs for men who have a childhood sexual assault history and current family violence offences who require a therapeutic response for their childhood experience and accountability for their use of violence. (note: no causal link is implied).

72. Invest in the building blocks of gender equality and significant resourcing and roll out of gender based violence prevention programs and coordination across key settings such as identified by VicHealth and Our Watch.

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Helen Margery Bolton

Dated: 10 August 2015