

**IN THE MATTER OF THE ROYAL COMMISSION
INTO FAMILY VIOLENCE**

STATEMENT OF SUPERINTENDENT STUART DAVID BATESON

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Filed on behalf of: State of Victoria
Prepared by:
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Level 33
80 Collins Street
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I, SUPERINTENDENT STUART DAVID BATESON, Superintendent, Victoria Police, SAY AS FOLLOWS:

1. I am a Superintendent with Victoria Police. I have held this position since May 2014. I am the Divisional Commander of the North West Metro Region (Division 2).
2. As the Commander of Division 2, I am responsible for the provision of policing services in the local government areas of Maribyrnong, Hobsons Bay and Wyndham.
3. I was appointed a member of Victoria Police in 1987. During my policing career I have performed a variety of operational and corporate roles, including 12 years in the Homicide Squad as an investigator and investigation manager.
4. I hold a Bachelor of Policing (Investigations), Graduate Certificate in Fraud Investigation, Graduate Certificate of Applied Management, and a Masters of Business.
5. I currently sit on a number of committees, including the Western Metropolitan Regional Aboriginal Justice Advisory Committee and the Western Metropolitan Children and Youth Area partnership.

SCOPE OF STATEMENT

6. I make this statement in response to a notice from the Royal Commission into Family Violence (the **Royal Commission**) pursuant to s 17(1)(d) of the *Inquiries Act*

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2014 (Vic.) requiring me to attend to give evidence at the Royal Commission and to provide a written witness statement.

7. In this statement I respond to a request by the Royal Commission for information regarding Module 11: Initial Police Response to Family Violence. In particular, I have been requested to give evidence regarding the embedded Forensicare Program at Footscray Police Station.
8. I understand that a number of statements have been filed or will be filed by other members of Victoria Police in relation to Module 11. In so far as they may overlap, this statement should be read together with those statements and other statements filed by Victoria Police members.

EMBEDDED FORENSICARE PROGRAM AT FOOTSCRAY POLICE STATION

Background

9. In January 2015, Victoria Police entered into an agreement for the provision of services by the Victorian Institute of Forensic Mental Health (**Forensicare**) to the Maribyrnong Family Violence Team and the Centre for Forensic Behavioural Science at Swinburne University. To assist police members with risk assessment and management of family violence cases, Forensicare agreed to place a full-time senior clinical and forensic psychologist at the Footscray Police Station for six months, between January and July 2015 (the **project**).
10. Dr Troy McEwan was involved in the development of the project. Dr McEwan is a clinical and forensic psychologist at Forensicare and lecturer at the Centre for Forensic Behavioural Science at Swinburne University.
11. The project was funded by Macedon Ranges and North West Melbourne Medicare Local (**Medicare Local**) with the assistance of their CEO, Dr Vanda Fortunato. Medicare Local had previously identified family violence as the primary health risk factor to women in Melbourne's western suburbs. Medicare Locals are primary health care organisations established by the Australian Federal Government. Medicare Local coordinated primary health care delivery and addressed local health care needs and service gaps. I understand that the National Medicare Local Program was recently discontinued and that, beginning 1 July 2015, Medicare Locals will be replaced with a new structure of organisations called Primary Health Networks.

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12. The monetary funding for the project totalled \$150,000. This provided for the embedding of a forensic psychologist from Forensicare at Footscray Police Station, and an evaluation of the pilot by Dr Troy McEwan and a research assistant.
13. The forensic psychologist embedded at the police station was Dr Melisa Wood. I understand that Dr Wood is also giving evidence at the Royal Commission in relation to Module 11.

How the project operated

14. Dr Wood worked with members of the Maribyrnong Family Violence Team at Footscray Police Station, five days a week, during business hours. The Maribyrnong Family Violence team comprises four police members, a Sergeant and three other ranks.
15. Dr Wood's primary role was to undertake enhanced risk assessments in identified family violence cases in order to assist police to best manage those cases. Dr Wood used the 'Brief Spousal Assault Form for the Evaluation of Risk' (**B-SAFER**) tool to assist in this task. The B-SAFER tool is a checklist or guide for assessing risk for spousal assault. It was developed and trialled in Canada and was based on a comprehensive review of the scientific and professional literatures regarding spousal violence, spousal violence risk assessment and victim safety planning. In addition to assessing risk, the B-SAFER tool also assists in identifying risk management strategies including monitoring, treatment, supervision, and victim safety planning.
16. Members of the Family Violence Team referred cases to Dr Wood that they thought were particularly high risk. Additionally, because Dr Wood was a part of the team and located in the same workplace, she had knowledge of the various matters members were involved in and would sometimes point out high-risk cases. Having Dr Wood work in the same location as the Family Violence Team five days a week meant that she became aware of matters simply through regular conversations with the team members.
17. Dr Wood was generally able to conduct risk assessments with very little delay. In conducting assessments, Dr Wood would most commonly receive information about matters in the following ways:
 - 17.1 from Family Violence Risk Assessment and Management Reports from

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members (L17 Forms) that were completed by members;

- 17.2 by having further discussions with the police members involved; and
- 17.3 in some matters, by conducting site visits or otherwise contacting the victim and/or perpetrator.

- 18. Once Dr Wood had completed her analysis she would provide the relevant police member with a report. The report included a risk assessment and suggested management strategies that could be implemented. Suggested management strategies included referrals to other providers, talking to the victim and/or perpetrator about particular issues, considering ways to successfully alter the perpetrator's mind-set, and better understanding the circumstances in which family violence occurred. In addition to written reports, Dr Wood also provided informal advice/feedback to members.
- 19. As part of the project, members that worked alongside Dr Wood were required to record a range of data about how they handled family violence cases. For example, members were required to record the management strategies they employed and to demonstrate their decision-making processes. This data collection function did add to members' workload. Ideally, we would have employed a Victorian Public Service staff member to be responsible for this data collection function and thereby better manage the workload of frontline members.

Case study

- 20. I provide the following case study to illustrate Dr Wood's practical input in the management of family violence matters by the Maribyrnong Family Violence Team.
- 21. The perpetrator in this matter had been married for approximately fifteen years at the time he separated from the victim in 2014. The perpetrator and the victim had three young children who remained living with the mother. In the latter part of their relationship, there was an increasing level of domestic partner violence from the perpetrator, varying from verbal aggression to physical assault, which led to the end of the relationship. After separation, the perpetrator's behaviour escalated, progressing from partner violence to various forms of stalking behaviour.
- 22. An intervention order was put in place that prohibited the perpetrator from approaching or contacting his spouse or children.

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23. The perpetrator was arrested, charged, and remanded on several occasions in relation to acts of family violence, but was subsequently released on bail. After being released the perpetrator continued to re-offend by engaging in stalking-like behaviour in breach of the intervention order.
24. Key amongst these actions were repeated instances of what would appear to be "chance meetings" where the perpetrator would be at or near locations where he knew his spouse and children would likely be. When interviewed by police, he would deny his presence, or state that he was only passing through the area while carrying on some other activity. Viewed in isolation, these chance meetings could be seen as genuine coincidences, but when viewed as a whole they revealed what appeared to be an ongoing and deliberate course of conduct.
25. Dr Wood conducted an assessment of the matter based on an interview of the victim spouse, and records held by police. There was no opportunity for Dr Wood to interview the perpetrator. The assessment determined the case to be 'high risk' of both stalking and physical violence, which could possibly escalate to life-threatening violence. The assessment identified that the nature of the perpetrator's behaviour was predominantly stalking. This was evidenced by stalking behaviours for a period exceeding six months at the time of assessment, escalation in the frequency of incidents, and persistence in spite of intervention order conditions and bail conditions intended to curb the perpetrator's behaviour, even where his actions had led to his arrest.
26. Dr Wood recommended certain measures be taken in relation to the safety of the spouse and children, and that police request the court to order a pre-sentence psychologist's report in relation to the perpetrator. Dr Wood's assessment indicated that such a report would likely recommend the court direct the perpetrator to undergo specialised programs addressing certain behaviours, such as stalking, in addition to more general violence/anger management treatment.
27. Dr Wood played an active role in assisting the investigating police members to determine the mindset of the perpetrator during the ongoing investigation. Dr Wood's physical presence at the police station enabled her to develop an excellent knowledge of the case and the specific actions of the perpetrator. Consequently, she was able to confirm to the investigators the potential for serious violence by the perpetrator against his wife and children.

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28. Dr Wood's involvement in the case contributed to ensuring that police devoted sufficient investigative resources to comprehensively investigate all necessary aspects of the case, leading to the successful prosecution of the perpetrator and increased safety for the wife and children.

Evaluation

29. Dr McEwan and her research assistant are currently undertaking a formal evaluation of the project. They will consider the effect of the program on referrals, the confidence of members, recidivism, and differences between case management strategies employed by the Maribyrnong and Wyndham Family Violence Teams (the control group in the project). It is anticipated that the formal evaluation of the project will be completed, and a report released, in October 2015.
30. One of the benefits of having an embedded forensic psychologist from Forensicare working with the Family Violence Team was that she had access to the state mental health services records of victims and perpetrators. Dr Wood was able to consider these records in the discussion about appropriate management strategies. Dr Wood would ordinarily obtain the victim or perpetrator's permission to share such records with Victoria Police. Alternatively, in cases where there was a serious and imminent threat to a person's safety, Dr Wood was able to share the relevant person's mental health records without their consent.
31. In my experience, the project was very successful. Having an embedded forensic psychologist not only assisted members to identify family violence risk factors, but also contributed to increased confidence by members in managing high risk cases of family violence. Being part of a family violence team can be very demanding on members, emotionally and otherwise. Members felt reassured by the fact that they had exhausted all resources available to them in order to understand the nature of family violence, identify risk factors, and manage and/or prevent family violence incidents. Dr Wood's involvement enhanced the team members' understanding of risk and assessment in family violence matters, and subsequently strengthened their ability and confidence in their judgements. Ideally, I would have liked to see the project extended beyond the initial six-month pilot, although unfortunately funding constraints prevented this.

Future directions

32. Victoria Police, Forensicare, and the Centre for Forensic Behavioural Science are currently exploring further funding opportunities that would provide for the continuation and expansion of the embedded Forensicare program and to fund other family violence related initiatives in the local area.
33. An integral part of the 'second phase' of the embedded program would be providing expert psychological consultation to Family Violence Teams in the North West Metro Region (Division 2). Based on experience from the initial six-month pilot, it is anticipated that this role could be one of consultation and supervision to the Family Violence Teams, by assisting and educating members in how they conduct risk assessments. In some complex or particularly high risk cases, the forensic psychologist would be directly involved in conducting risk assessments and developing management plans.
34. In addition to providing direct assistance to the Family Violence Teams, the forensic psychologist would be a member of the Risk Assessment and Management Panel (**RAMP**) in the North West Metro Region (Division 2). Ideally, they would also provide expert evidence at bail applications. This would assist the police members to communicate to the court the subtleties of high-risk cases.
35. We are also considering the possibility of restructuring the family violence teams and evaluating logistical support provided to overcome issues such as a lack of permanent staff and to improve the unit's identity. In addition, it is hoped that the second phase of the project could develop and implement formal education and training for family violence team members, and also provide an opportunity to improve the ability of members to effectively triage higher risk family violence cases.

Signed by

STUART DAVID BATESON

at Melbourne

this 27th day of July 2015

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Before me

