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VICTORIAN ROYAL COMMISSION INTO FAMILY VIOLENCE

MELBOURNE

THURSDAY, 23 JULY 2015

(9th day of hearing)

BEFORE:

THE HONOURABLE M. NEAVE AO - Commissioner

MS P. FAULKNER AO - Deputy Commissioner

MR T. NICHOLSON - Deputy Commissioner

COMMISSIONER NEAVE: Ms Ellyard.

MS ELLYARD: Good morning, Commissioners. The focus of today's evidence is risk assessment and risk management. These are topics which are well known to many people in many areas of life: workplace safety, financial affairs, business matters. It is very common to use the phrases "risk assessment" and "risk management" in many areas of life. The focus today, of course, is on the specific ways in which those words are understood and the specific ways in which those concepts are applied in the context of family violence.

On day one of the hearing you heard through the evidence of Dr Cumberland and Assistant Commissioner Steendam about the way in which the concept of risk assessment and differing understandings of risk came to form part of the family violence response and the fact that in the 2005 Steering Committee report on the creation of a unified system a key recommendation was the need for a common understanding of risk through the development of a common framework.

That common framework has indeed been developed and some of the evidence you will hear today is about that framework and the extent to which it has contributed to better risk assessment processes in the family violence area.

But part of today is going to be about some very basic things because although the phrase "risk assessment" and "risk management" is often used, it appears that perhaps they are not always used to mean the same thing. So, one of the questions that we want to address today is the very basic question of when we speak about risk

assessment and risk management in the family violence context, what are we talking about? Risk of what, assessed how, assessed to what end, managed in what way? Who should be doing the assessment, what should the outcomes of the assessment be, what tools should be made available to people, how should those tools differ depending on the role the person is playing and the capacity they have to manage whatever risks may be identified?

The list of themes for today are, firstly, what is risk assessment? Secondly, what are the limitations on the capacity to assess for risk in a family violence context? Thirdly, what's the role of a Common Risk Assessment Framework or tool? Fourthly, what are the strengths and perhaps the limitations of the current Common Risk Assessment Framework and, if it should be changed, how should it be changed?

Next, once risks are identified through a risk assessment process, how are they to be managed and to what extent is it a useful exercise to do a risk assessment if you are not going to be able to manage the risks that are then identified.

Next, what role can a multi-disciplinary model of risk assessment and management such as the risk assessment and management panels that are presently under consideration in Victoria, what role can such panels play in assessing and managing risk and is there a broader application for that kind of multi-disciplinary approach beyond the very high risk cases to which that approach is currently targeted?

Next, what's the role of technology in managing

risk and we are going to hear some specific evidence that builds on some evidence that you heard on Tuesday as part of the homelessness and housing day about the way in which certain technological innovations can manage risks to victims, and then, finally, to what extent can we say that the tools and frameworks that have been developed over the last 10 or more years have made people safer? Do they work? If we haven't been able to conduct that measuring yet, should we do it and how could that be done?

Some of the key recommendations that arise in some of the submissions that have been made to the Commission thus far and which the Commission may wish to consider include, firstly, reviewing and revising the Common Risk Assessment Framework, which is the present statewide framework for assessing family violence risk, and that review might include changing its nature to include what's referred to as an actuarial tool rather than its present model of structured professional judgment.

Secondly, the recommendations about improving training in how the Common Risk Assessment Framework is embedded, targeted training for different audiences, the development of particular training packages that take account of the different ways people in different parts of the community encounter family violence and family violence victims.

There's also a theme that comes through in recommendations of the need for a risk assessment tool that specifically addresses the risks posed to children because there's general agreement that the framework we have at the moment doesn't provide such an opportunity.

There's also a potential gap in the current model in that it really is largely directed at the risks posed to women by male intimate partners and, as the Commission has heard, family violence is a much more diverse phenomenon than that. To what extent do we have or is it possible to develop risk assessment frameworks that respond to different forms of family violence?

Then, finally, a key area of recommendations that have been made to the Commission for its consideration relate to the use of multi-disciplinary approaches and technology, both to manage risk but also to potentially enable the sharing of information so that risk assessments can be done more effectively.

There will be a few key words that come up a lot today. Wherever possible we are going to try to avoid the use of acronyms, but it might be unavoidable. Let me be clear what those key phrases are.

The Common Risk Assessment Framework, often referred to as CRAF, is the framework developed as a result of the 2005 Steering Committee recommendation to be the statewide framework that should be used by all those professionals who are faced with a situation of family violence and called upon to conduct a risk assessment. Wherever possible we will refer to it as "the framework", but if anybody says "CRAF", that's what they mean.

Similarly, there will probably be a lot of reference to RAMPs, Risk Assessment and Management Panels. They are a relatively new phenomenon that, as the Commission will hear, were piloted for a couple of years a couple of years ago. The State evidence today will deal in some detail with the ways in which it is proposed that

that model dealing with high risk cases might be rolled out across the state. So, wherever possible we will refer to them as "risk assessment panels", but if we say "RAMPs", that's what we mean.

Turning to the witnesses that you will be hearing from, the first session will be a panel of Professor Cathy Humphreys, whom the Commission has already heard from a couple of times, and Professor Jim Ogloff, who will be appearing today and tomorrow. The focus of that session will be on the theme of what is risk assessment, how can it be used in a family violence context, what are the learnings from other jurisdictions and indeed perhaps from other parts of the Victorian jurisdiction such as the way in which risk is assessed in other criminal contexts for the way in which family violence risks can be assessed.

Following that, there will be another joint session involving Ms Libby Eltringham and Ms Catherine Plunkett which will focus particularly on the Common Risk Assessment Framework, its history, its present structure, how it is currently made available by way of training, and their perception of its strengths and its limitations.

After that and straddling the lunch break, we will have the evidence of Ms Bernadette McCartney, who is a convenor of a risk assessment management panel and who will give specific evidence about that panel process and her perception of its broader implications beyond high risk cases.

We will then have the perspective of the State, of Mr Widmer from the Department of Health and Human Services. His statement deals with both the Common Risk Assessment Framework and the Risk Assessment Management

Panels.

Following that, we will have the perspective of a victim of family violence, a woman who for the purposes of the Commission's proceedings is being referred to as Ms Lyndal Ryan. She will give some evidence particularly about the way in which technology helped her manage the risks of violence that she was faced with.

There will then be, as the final element of the day, a final panel involving Ms Janine Mahony, who is from the Safe Futures Foundation, and Mr Steve Schultze, who is from a company called Protective Services, which will deal with two issues: Firstly, this idea of a multi-disciplinary approach to risk management where multiple agencies can share information perhaps across a technology platform, but also the way in which risk management can be done through the use of technology, and risk management can be done in a way which, rather than has been traditionally the case focusing on managing risk by doing things to the victim, moving her to a refuge, making her change her life, protecting her from the effects of violence, instead thinking about risk management strategies that are more perpetrator focused and that address the risk to the victim by focusing directly on the perpetrator. That will provide I hope a useful lead-in to the evidence you will hear tomorrow, which is specifically about perpetrator interventions.

So I will invite Professor Humphreys and Professor Ogloff to come into the witness box, please, and be sworn. I note Professor Humphreys has been here before. It might not be necessary to swear her again, but I'm in the Commission's hands.

COMMISSIONER NEAVE: I don't think we need to swear Professor Humphreys again.

<CATHERINE HUMPHREYS, recalled:

<JAMES ROBERT OGLOFF, sworn and examined:

MS ELLYARD: Professor Humphreys, may I turn first to you. Your background and credentials have been well established before the Commission already. In the context of risk assessment, have you and some of your colleagues prepared a paper and submitted it to the Royal Commission titled, "The role of risk assessment and risk management in the response to family violence"?

PROFESSOR HUMPHREYS: Yes, we have.

MS ELLYARD: I take it that that report, together with its attachments, sets out your views and perspective on this topic?

PROFESSOR HUMPHREYS: It does.

MS ELLYARD: Professor Ogloff, you have prepared a witness statement which is dated 20 July 2015?

PROFESSOR OGLOFF: Yes, that's correct.

MS ELLYARD: Are the contents of that statement true and correct?

PROFESSOR OGLOFF: Yes, they are.

MS ELLYARD: You have attached to your statement a copy of the submission made to the Royal Commission by your organisation?

PROFESSOR OGLOFF: Yes, correct.

MS ELLYARD: Can I invite you, Professor Ogloff, to outline for the Commission your present role and your professional background?

PROFESSOR OGLOFF: I currently hold really two roles. One is as Director of Psychological Services and Research for the

Victorian Institute of Forensic Mental Health, Forensicare, which is the statewide forensic mental health service for adults in Victoria. I have a joint Chair in Forensic Behavioural Science at Swinburne University of Technology, where I run the Centre for Forensic Behavioural Science, which is a research training and professional development institute run cooperatively between Forensicare and Swinburne University.

MS ELLYARD: To what extent does your work involve direct contact with people who have been either victims or perpetrators of family violence?

PROFESSOR OGLOFF: My work is very much involved primarily with perpetrators in terms of my direct clinical work. As we have set out in our report, between 30 per cent and 50 per cent of the patients we treat at Forensicare and assess are typically family violence perpetrators. I also do research in the area of the long-term effects of child sexual abuse on victims and currently don't have contact very often with victims, but in the past have worked, for example, in the Children's Hospital with victims of child abuse.

MS ELLYARD: One of the things that you set out at the beginning of your statement, beginning at paragraph 9, is, as the Commission has understood, the diverse phenomenon of family violence and in particular you refer at paragraph 11 to an estimate by you and your colleagues that at least 30 per cent of family violence situations don't fall into what might be regarded as the conventional male perpetrator, female intimate partner victim model. How is that 30 per cent figure derived?

PROFESSOR OGLOFF: That figure is one we derived in our work

most recently. First I should say that's quite a well accepted figure in research internationally, but the particular numbers we have obtained come from work with our police forensic behavioural science and Forensicare work in the Footscray area where we have a senior clinical forensic psychologist working in a family violence team. So it is really looking at all the cases and incidents of family violence coming to the police and then partialing out what are the kind of situations that fit into that.

Certainly the largest number are male to female perpetrated partner violence. Then the 30 per cent comprises a range of other categories, including child to parent violence, same sex partner violence and also female to male violence, and of course even - although surprisingly rarer cases - parent to child violence.

MS ELLYARD: What about I think you have mentioned at some point the issue of sibling violence, violence within a family, one child to another child. Is that a phenomenon that you are aware of as well?

PROFESSOR OGLOFF: It certainly is. Again, I think the difficulty is partly how these events or incidents are organised and which agency has responsibility for them. Certainly within Child Protection a lot of the parent to child and child to child incidents arise. In the policing context, it seems that some of the child to child incidents are contained more within the home and aren't always subject to police intervention except in more extreme cases.

COMMISSIONER NEAVE: It would be fair to say, Professor Ogloff, that by focusing on the events that come to the attention of the police, some of the damaging but less physical

forms of violence perpetrated in the context of an intimate relationship between heterosexual people would not be included.

PROFESSOR OGLOFF: That's exactly right. It's really a threshold issue, and also I know the Commission has had evidence previously that within, for example, the family context, parents, for example, in some work we are doing are very reluctant to contact the police if it's a child, even adult child, who's actually perpetrating violence and obviously the police incident is typically quite a high threshold.

COMMISSIONER NEAVE: Thank you.

MS ELLYARD: Professor Humphreys, can I turn to you. What's the historical story about the development of risk assessment in a family violence context? How does it arise and how is it that we have reached the point where at the moment the focus of such frameworks as are available tend to be focused on male to female intimate partner violence rather than the broader gamut of family violence situations that can arise?

PROFESSOR HUMPHREYS: I guess a lot of the risk assessment tools that are being used in the family violence context have been developed in relation to intimate partner violence and working back from serious incidents of violence against women, but also some men, and also from domestic violence homicides. So when you work back from that, then you get the actuarial tools that are quite specifically able to address intimate partner violence.

Those tools don't really operate for the other areas of violence, but when you have I guess such a large segment of the family violence population being intimate

partner violence and male violence against women, then that's where we have had the development of these risk assessment tools.

So when you have also tried to apply the same thing to children and work back from the deaths of children in the context of family violence, you haven't got the numbers to be able to create a useful actuarial tool. The best you can really do is to say that the violence towards children in the family violence context and the deaths of children in the family violence context tend to be related to the severity of violence that the woman has experienced. So if she's experiencing a lot of violence, then there's a relationship to the severity of violence that the child is experiencing. But it's not as close a correlation as you would get on just intimate partner violence that relates to adult victims of violence.

MS ELLYARD: Professor Humphreys, I think you are identifying that the risk assessment tools that we have have arisen in the context of observing terrible events and looking then backwards in time to how those terrible events might have been predicted and then perhaps avoided.

Can I turn to you, Professor Ogloff. At paragraph 25 and following in your statement you deal with some very foundational principles about what risk assessment is and the different ways in which risk of violence can be assessed. Can I invite you to speak about those matters, please?

PROFESSOR OGLOFF: Yes. Just to summarise the information presented there, risk assessment irrespective of the context we are actually looking at is simply the process

of identifying particular risk factors that increase or decrease the likelihood of a particular event occurring. So, as Professor Humphreys mentioned, in the development of, say, risk assessment tools for intimate partner violence, typically what happened is researchers looked at outcomes such as serious harm against partners and worked backwards mathematically to identify risk factors that related to an increase of that particular behaviour.

As I point out here, there are different categories of risk assessment tools and I think it is very important to spend a minute on this because usually these are misstated. So, the typical situation where a clinician is making a judgment without guidance we call "unstructured clinical judgment". That is generally seen in contemporary times as suspect because it relies on the individual judgment of the particular person and of course it's not a process where you can identify from what foundation they are making those decisions on. So, generally speaking across different domains unstructured clinical judgment really isn't supported.

At the extreme opposite end is what we call the "actuarial assessment". Again, actuarial assessments are often misstated as being more than they are. Actuarial assessments, and the term derives from actuarial science, which is taking an outcome, in this case, say, harm to a partner, serious harm, and looking mathematically at an array of factors that were present over time to identify which factors mathematically relate most strongly to that particular outcome. So it's entirely mathematically derived and the items are then weighted based on the relative strength of the particular factor to the outcome.

So, for example, in one of the tools developed overseas, something like psychopathic personality disorder, while rare, if it is present it has a very high likelihood of relating to ongoing violence. So a factor like that would carry a very high weight, whereas another factor which might occur more frequently but relate to less serious harm would have a lower weight.

So the actuarial tools really are in their own category because they don't require clinical judgment and they have strengths insofar as they can relate to the prediction of violence, but they have a lot of weaknesses as well. Just very briefly, because they are based primarily on variables that don't change over time such as gender or variables that change very slowly such as age, they are not helpful for managing risk. So they can identify for police or other decision makers a relative level of risk, but they provide essentially no guidance in risk management. So they don't target - you can't identify targets for intervention and there's no solutions around management .

So the last category conventionally of risk assessment then is called "structured professional judgment". This is also the most recent, developed about 25 years ago. In fact, a measure called the "spousal assault risk assessment" was the first structured professional judgment tool to actually be published and validated. That's not just in family violence, that's in offending assessment, risk assessment generally.

So the structured judgment really draws on the actuarial model because the risk factors identified come from the literature as being empirically validated. That

means we know from the literature that a particular factor relates to an outcome, in this case family violence. The advantage, I think, of the structured professional judgment tool is that it allows an individual who conducts an assessment to look more comprehensively at the situation, and while they draw on risk factors they can use professional judgment - that's the entire idea - to supplement that.

If you just very briefly think about these measures together then, the strength of the actuarial is that it's relatively quick, it makes a relatively good decision at predicting the general level of risk, it can be administered generally by non-professionals, so non-mental health professionals, and it doesn't require professional judgment. Again, that's sometimes what the field calls for. So, sometimes police or others have to make a quick decision that this is a situation where we need to remove a perpetrator or in fact somehow provide protection to family and they don't have time or resources to look at long-term strategy.

The structured professional judgment tool, though, on balance has more utility, but it requires a higher level of training and expertise and of course all of these tools are only as good as the information they are based on. So, rather than saying there should be one or another tool, what we say in other areas, including family violence, is that really you use the right tool for the situation.

So, in an ideal situation you would be able to use an actuarial tool for people who are unable to train their expertise to make in-depth decisions, but then you

would have the opportunity to have a more comprehensive assessment, say when a particular matter is referred to a risk assessment panel or other body, where a multi-disciplinary team can actually look at a range of factors to make decisions and then use that information to help manage change.

MS ELLYARD: When we think about risk factors, I think one of the points you make, Professor Ogloff, is that there are effectively two kind of risk factors. There are those risk factors which are static and then there are those risk factors which change which might be commonly referred to as dynamic. Can I invite you to speak a little bit more about what's a static factor, what's a dynamic factor and the relevance of the two kinds of factors to the kinds of risk assessment that might need to be done.

PROFESSOR OGLOFF: Again, just to be very clear, when we talk about risk assessment in this area we draw on science in all areas. So, if I could just use a very brief example from health, to give an example. If you think about risk for a heart attack, heart disease, we know that there would be factors that an individual can't change or control. These would be typical static variables. So they might be things like your genetic make-up, they might be things like your particular age and matters like that that can't actually change. Similarly, if you've had a previous heart attack, then that would increase your risk for subsequent heart damage. Then there would be dynamic variables which can be modified. So that would be exercise, diet and interventions such as medication that you could actually use.

So, in the risk assessment in intimate partner

violence area that analogy extends. So again there will be static variables which are very important in establishing the level of risk, but they are not helpful again in identifying anything to modify. The most obvious examples again would be gender. We know that, as a class, males are much more likely to engage in serious intimate partner violence. Similarly, we know that having a history of violence, particularly in family violence but also a broader history of violence, also increases rather dramatically the person's risk for future violence.

Neither of these variables can actually be changed, so you certainly can't change gender and you can't change history. So while they are important to establish what we would say is a risk status, the individual's level of risk, they are not helpful in saying, "How do we manage the person in the future?" For example, everyone who engages in family violence has done it at least on one occasion. So, everyone who does it once doesn't necessarily repeat it. How do we differentiate?

That's when we turn to these putative dynamic variables. The dynamic variables are things which include both contextual variables, so the environment, but also individual variables. That would include people's attitudes and values, it would include things such as their mental state, it would include things such as substance abuse and of course more contextual variables such as dynamics of the situation they are in, access to victims, access to weapons, all of these sorts of things. So really the risk management requires knowledge of all these static factors and the dynamic factors.

MS ELLYARD: When we take into account all of those dynamic factors, I just want to be clear about the extent to which you are defining them as being part of the risk assessment process or the risk management process. Are all of those dynamic factors relevant to the level of risk or are they only relevant to how you are going to manage that static underlying risk that always exists?

PROFESSOR OGLOFF: They are really relevant to both. In the literature, so again as I mentioned, the two categories are the structured professional judgment and actuarial. All of the most recent evidence shows that, with respect to the capacity to predict risk, they are roughly equal mathematically. So there's been major analyses, the first one done in 2007 and one published in 2013, and they draw the conclusion that the instruments, as long as they are validated, they are really both effective in the risk prediction question.

So the reality is it doesn't matter which one you use. It's again who uses it is important. But for risk management and also in measuring change over time, then you have to use something other than an actuarial tool, because again just back to the heart disease example, you need to be able to measure change over time and the same with managing family violence risk, so you need to have a metric to indicate has a level of risk actually reduced.

So, if you are looking at those dynamic variables I mentioned, such as attitudes, values, substance abuse, mental state, context, if changes are made in those areas we have to have some confidence that they will relate to real change back in the relationships. So that's again where the professional judgment tool can help.

MS ELLYARD: You have used the word "validated" a number of times. Can you explain what you mean by a tool being validated?

PROFESSOR OGLOFF: Validated really means that there has been a process of empirical evaluation. Again, how tools are developed can be purely mathematically, like an actuarial tool, or most structured professional judgment tools are rationally developed. So it means that the clinicians and researchers look at the literature, draw on experience and identify factors. But the measures are only useful when they have been empirically evaluated to determine that they actually do measure what they are intended.

I can say that, for example, there have been many, many risk assessment tools developed, but at the present time in these recent reviews there would be only, say, between three and five that would withstand empirical scrutiny. So you can have highly experienced individuals develop these tools, but when you actually mathematically test them sometimes they are not effective and not effective in certain contexts. So again when I say validated, I mean it's been mathematically and empirically evaluated.

COMMISSIONER NEAVE: Can I just clarify that. So you mean that in those contexts you would look backwards to see how accurately those measures have predicted future outcomes; is that how you do it? Mathematically, obviously, but you are looking at the tool and you are saying, "Well, it got it right in," I don't know, "50 per cent of cases or 70 per cent of cases." That's what you are talking about. It's a retrospective evaluation.

PROFESSOR OGLOFF: You do it both retrospectively and

prospectively. Retrospectively means, for example, if we had a measure that's being used, we look at the number of cases that have occurred, we look at the outcomes such as new incidents of family violence or repeat incidents of family violence, and we measure that retrospectively.

The best evaluations are always prospective where you are evaluating today and you are then monitoring and following and measuring over time. The difficulty of course is that takes years. So if you developed a tool today, you might not know for 10 years. So, for example, in my research we have developed a tool measuring inpatient aggression. We developed that tool based on research from 2001 to 2004, published it in 2005, and only this year was it identified in international guidelines as best practice. It's taken 10 years of research.

So that's why these retrospective evaluations can be very helpful, because you can have a better, a more rapid capacity to measure these outcomes.

DEPUTY COMMISSIONER FAULKNER: Just before you leave this point, you have also mentioned in your metadata analysis comparing the predictive accuracy of the risk prediction methods the fact that basing your assessment on a partner's or the victim's own perception seems to perform equally as well. Is that correct?

PROFESSOR OGLOFF: Yes. The best tools incorporate both the - three things, really: the perpetrator in detail, the context and of course the victim, and the victim's perceptions and experiences with the situation.

DEPUTY COMMISSIONER FAULKNER: I'm trying to get to is it just as good - I start wondering what the great benefit of actuarial work is if just asking a woman about her own

perceptions would be as valid and as good as a predictor.

PROFESSOR OGLOFF: The tools that look at a victim's perspective don't just ask that. There's one, for example, called the dangerous assessment which really has again 20 items that measure aspects of perception. So that's very helpful again for risk prediction, but not helpful again for measuring change over time or risk management.

MS ELLYARD: Professor Humphreys, did you want to comment on that last point?

PROFESSOR HUMPHREYS: I think it does raise some issues about what's the role of these risk assessment tools and some of it is to guide the professional judgment as well. So, in fact if you have a really good assessor, they have that checklist in their head of 20 factors that are on the danger assessment tool and are asking the woman about those factors and therefore she comes through with roughly the same information, but in a way it's because there is a very good assessment done on the basis of some quite detailed questioning, which is different from someone coming in and just going, "Tick the box, have you experienced domestic violence". You will get then a very unnuanced picture of what that violence is all about.

So there is a sort of an issue about, yes, the risk assessment is partly to gain a picture of the risk, but it's also to help guide professionals as well about what they should and could be asking about.

PROFESSOR OGLOFF: I think that's a critical point because the actuarial tool doesn't do that. Again, that's why I think, like I said, there should be a stepped process where the structured professional judgment, that's exactly

what it does. The only point I would want to emphasise is it's just like getting into an aeroplane. The pilots fly these planes all the time, but they don't just go from their head; even though they know all the risk factors, they know all the dials, they have very clear guidelines.

So, in my clinical work, even though I have done this work for many years, I still rely very much on an instrument to guide me. As Professor Humphreys said, it's very important how questions are asked and what's asked. So it's really the relationship between the professional judgment and experience and knowing the right sorts of questions to ask.

MS ELLYARD: Professor Humphreys, this seems to lend itself to the description that you gave in your paper, which is risk assessments and art, rather than a science. I wonder would you unpack that statement a little bit?

PROFESSOR HUMPHREYS: I think that we have to be really careful not just to be driven by the assessment of risk, that in fact there's an awful lot that falls outside and it's not a predictive tool. So what you are trying to do is prevention rather than prediction and that this is a guide rather than something that we should slavishly go, "Okay, if there's this level of risk, then this is exactly what we should do." I think there has to be a professionalisation which feeds and is part of the assessment process.

MS ELLYARD: Can I ask you to speak a little bit more and perhaps you, Professor Ogloff, too. You just said it's not predictive. Do I understand you to mean by that that, when we engage in a process of risk assessment, it's not as scientific as we can specify with accuracy the

particular risk that is going to arise and the particular risk that we can try to mitigate. It's less specific than that; is that correct?

PROFESSOR HUMPHREYS: Yes, so that in fact you will have a lot of people that look very high risk that in fact may have stopped themselves for a range of reasons from continuing their violence. Similarly, you will have people that look pretty low risk who then do atrocious things. You can't necessarily use the tools or even professional judgment to predict some of that.

So when we are thinking about what's the role of risk assessment and risk management it's a very helpful guide, but it's not the whole story, and we do it because there's a range of other things, I think, that you get from having things like a common risk assessment or an agreed framework.

MS ELLYARD: Professor Ogloff, would you wish to add to those comments?

PROFESSOR OGLOFF: I agree entirely with that. We are dealing with complex behaviour and of course you don't know when context will change. So, the best tools have good predictive accuracy, so they are predicting much, much better than chance, but nothing can ever predict perfectly. There are many issues much more complex than we would have time to ventilate today, such as what we call the base rate of an event. So, in risk assessment, the more rare an outcome would be, the harder it is to predict, whereas a higher base rate is much easier to predict.

So some of the very unusual situations, as Professor Humphreys mentioned, will be missed. So you

will have individuals you think are high risk and they don't do anything, and you will sometimes have individuals who you identify as lower risk who do atrocious things. So it requires a system, not just a tool, and highly skilled people to identify and manage those risks.

PROFESSOR HUMPHREYS: I guess, too, it's not just about risk either. It can be very much about victim impact. If a child or a woman has been traumatised and has symptoms of post-traumatic stress, then you don't need to do much for her level of fear or the child's level of fear to be dramatically escalated. So it is a question of some form of human right, too, about the extent to which people live with unmanageable levels of fear which may not take much to trigger.

So the levels of protection they may need, particularly I'm thinking about children going on child contact, it is assumed that because the violence has stopped that the shadow of the violence no longer continues. In fact, that may not be the case for that child, and many of the children will tell us that's not the case. So it's about management of wellbeing as well as management of risk.

MS ELLYARD: I think this also leads then to the question of risk of what. When we are assessing the likelihood of risk, risk of what? Risk of an escalation, risk of a repetition, risk of ongoing trauma because of fear that might not be based in reality? Professor Ogloff?

PROFESSOR OGLOFF: That's right. Typically we are trying to measure risk of basically what we call persistence or repeat behaviour and escalation. Professor Humphreys actually is right, though, and I strongly agree with this

point, having worked with abused children, is that I think sometimes we focus more on physical harm and forget about the psychological and emotional harm that occurs in those situations.

So I have seen many, many perpetrators who have not, for example, physically touched their children, but the children are incredibly traumatised and they are nonetheless damaged by victimisation. So when these risk assessment measures are developed, the starting point is what is the outcome you are looking at, and again the ones that are validated really focus on repeat harm to a partner and escalation of that harm. There really aren't any validated tools that pick up the broader context. So that's where the clinical judgment and experience of a team needs to come to play.

That's why it is always important to speak to victims in these evaluations because, again as Professor Humphreys said, their perception of what's happening is important, but also people have very different thresholds for wellbeing. So you can have people who withstand incredible amounts of trauma without much damage, and other people who are actually quite sensitive to it. So these things need to be taken into account.

MS ELLYARD: Professor Humphreys, did you want to say something more on that?

PROFESSOR HUMPHREYS: I wanted to say something more about risk management. I think we have been better at risk assessment than risk management, so what flows from the risk assessment then I don't think we necessarily have agreement about what the risk management should be.

I know that when I was working in England and we

were looking at the police responses to the development and the implementation of different forms of risk assessment, I know that one of the better performing police forces, they had almost no high risk offenders because they managed the risk. As soon as it was high risk, they would manage the risk to bring it down. They had a series of strategies about how they would do that and they were agreed within that force.

So they actually came through - when you looked at it, they came through with very few of their perpetrators who were high risk because in fact they had managed the risk. I think that, too, particularly in relation to how we do those agreements, so that in some contexts, so often in the child protection context, say, we see the management of risk as separation. Actually, some of those children are no safer through separation. In fact, in most of the risk assessment tools separation is considered to be a higher risk, not a lower risk.

So we don't necessarily have an agreement about the management of risk in relation to the family violence sector as a whole.

MS ELLYARD: Does that also bring into play this question of the intention or powers of the person who's conducting the risk assessment, the extent to which they are going to be able to manage the risk and the tools that they have at their disposal to do that, so that, for example, the extent to which the police can modify the risk might be quite different from the way a child protection worker or family violence worker could moderate the risk?

PROFESSOR HUMPHREYS: I think it raises the issue of working together in teams. If you shift to much more of a

perpetrator focus, then you do have to bring in both the police and the courts in a stronger way to be able to jointly manage the focus and the risk management of the perpetrator. That creates a different space and a different way of risk management than if you focus only on the victims of violence, whether they be the women and the children.

MS ELLYARD: To take a practical example, if you approach risk management from the perspective of looking at the victim, does that mean, for example, you might do certain things to insulate the victim from the effects of the violence and perhaps move her to a new location, things of that kind, whereas if your focus is on the perpetrator you might have him moved or have him dealt with by the police or sent to behaviour change or something of that kind?

PROFESSOR HUMPHREYS: Yes, I think the strategies for risk management are different depending on your focus and I think, too, just to focus a little bit more on the separation thing, often in the family law situation and with family dispute resolution workers, they see once the separation has happened, then the violence historically doesn't matter. Well, actually that's not the case at all. There's a huge amount of post-separation violence, and the past violence and the static factors are actually just as relevant going forward for that child being able to be given an opportunity to separate from violence as well.

So it isn't just the woman. We shouldn't be just saying, "Why doesn't she leave?" Actually the children, we don't say to children, "Why don't they leave," because often we don't give them those opportunities.

MS ELLYARD: Isn't your point also that if the approach to risk management focused on the perpetrator, the question would not be about the women or the children; the question would be about the man and what was being done to change his behaviour either by himself or by others?

PROFESSOR HUMPHREYS: Yes, it creates a different focus and a different way of managing the family violence context.

MS ELLYARD: Professor Ogloff, can I invite you to comment on this topic?

PROFESSOR OGLOFF: I think the only sensible way forward is a risk management system. If you think about, again moving away from this context, just reducing road toll, for example, it draws an analogy. You are looking at all the strategies that help. So one is you do focus on the driver, so we make sure drivers are well experienced before they start, we have systems in place to monitor their behaviour and stop them from driving ultimately if they get to a point where they lose points. We also focus on making cars better and having better safety equipment.

So in family violence it's the same thing. We need to have focus more broadly. I think the systems that work best would be systems where you are able to identify the higher risk situations and manage them with these broader approaches because the problem, of course, we have is such a high volume of cases that it's impossible to apply the same level of scrutiny and management to all of the cases, and of course many of the cases don't require that.

So in the existing police data, for example, we see approximately 20 per cent of cases where there's been a call-out for a domestic violence incident as having a

repeat, so 80 per cent don't have repeats. So, within that 100 per cent of cases seen, if you were to apply the same level of scrutiny to all the cases, you would essentially be using resources for the 80 per cent that should be attributed to the 20.

So it's having a system's approach, not just an agency focusing on an individual, whether it is a perpetrator or victim.

COMMISSIONER NEAVE: Again I would like to get to the source of that 80/20 division because at the moment we are struggling with that question. What percentage of cases are repeat, the same person coming back and back again, and what percentage are people who may be inhibited from further acts of violence by, for example, an intervention order?

PROFESSOR OGLOFF: We can provide the data. We are working with Victoria Police on this and we have a large dataset that we have been working on with them. We are happy to provide that data.

COMMISSIONER NEAVE: Thank you. We have certainly made requests to the police for data and it may be that we will get that too. But it would I think be useful for us to liaise with you in that area because you may have already done a lot of work.

PROFESSOR OGLOFF: Yes.

COMMISSIONER NEAVE: Thank you.

MS ELLYARD: Professor Humphreys, one of the issues that you have taken up in your statement is about the potential risks of focusing on high risk cases and perhaps the unintended consequences that that might have for the 80 per cent. Can I invite you to speak a bit about that?

PROFESSOR HUMPHREYS: I think that we are really talking a lot about whether you have a tiered response, and in fact because of the demand - we have 60,000 incidents in the year and huge amounts going into women's services and into Child Protection and from police and through the courts, so that everyone is trying to manage demand and therefore they are using a tiered response. They are going, "Okay, this is really urgent." If you watch the women's services and how they manage, they are using a tiered response. They're going, "Okay, this one is really urgent. No, this one, can we deal with it." So they are doing the ramped-up way of management.

I think that if we are talking about that, then we do need to have some regularity and consistency across the sector about how we think about the tiered response, how we think about the different levels of risk.

One of the things that can happen is that then you only focus on those that are high risk and we lose any prevention capacity to get in early. We know that in fact getting in early saves you money as well, and saves a huge amount of distress. So there needs to be both the ability to respond at the high risk end where you are liable to get deaths, where you get rape, where you get terrible kind of physical harm and mental harm, so we need to be responding and have a system that can respond at that level, as well as the system that has some capacity still left in it to respond early at an earlier intervention level.

So I think that we do want to be able to develop our response at the high end and I think that we are on the way to doing that. But it's undeveloped at the moment

and requires greater resourcing and also greater development and skill. But I'm concerned that you miss also the earlier intervention if we don't have the both/and approach.

MS ELLYARD: Isn't also the risk perhaps the risk of focusing on high-risk cases is that one is to some extent privileging those women who are at risk - it sounds an odd way to put it - of serious physical harm and potentially doing nothing about those women who are experiencing intolerable emotional abuse, for example, but are not at risk of being killed, there is a risk that in the end they receive no intervention and there is in practice then a prioritising of some form of violence over others?

PROFESSOR HUMPHREYS: Yes, I totally agree with that statement.

PROFESSOR OGLOFF: I think that's right. It's not a matter of all or nothing. I think it's more of a gradation of level of service. Again, it's similar with the health situation. Everyone who has a health ailment will get intervention, but the ones who require most complex medical approaches will get higher intervention. So I think that's important. Also, any useful mechanism of tiered approach will require the capacity to bring in cases that don't always meet those rules, and this is usually done through panels where you have individuals through different agencies can nominate a case which a panel can then look at. So it's level of scrutiny and a level of support going up a gradation rather than an all or nothing approach.

MS ELLYARD: Is it also then about an analysis of who should give that differentiated response? For example, in the very high-risk cases the response might be appropriate to

come from the police. In other categories of cases the response might not be so much a police response but an intervention through other means? Professor Humphreys?

PROFESSOR HUMPHREYS: Yes. I think if we just talk about the high-risk response, if you are looking at that, then clearly someone has to be looking after the women and their children, and sometimes some men, in that space because they are at high levels of risk and they may have housing needs, they may have - they will have a whole lot of needs.

At the same time we need to then be shifting the focus to the perpetrator very strongly. I think one of the risks in terms of the development of the multi-agency risk panels is that they don't become offender focused enough, that they are and should be - because the victim is not there, they should be offender focused. It's very important that our risk assessment and our risk management at the high-risk end is about the perpetrator and how you bring the leverage of the statutory systems into play to really manage the perpetrator.

MS ELLYARD: Can I turn then to what we have in Victoria at the moment. We have, as I think the Commission has already heard, a Common Risk Assessment Framework that was developed some years ago. Professor Ogloff, where does the Common Risk Assessment Framework sit amongst the categories of forms of risk assessment that you spoke about earlier?

PROFESSOR OGLOFF: I think it is more of - as it is called - a common framework than a particular tool. So within the Common Risk Assessment Framework there are risk assessment protocols, but in and of itself it's more of a risk

framework for a general - I think an understanding of risk and factors that are central to ongoing family violence rather than a particular risk assessment measure.

MS ELLYARD: As later evidence today will describe, the Common Risk Assessment Framework invites users to consider three different elements: the victim's own perception of risk, the presence of risk factors and then professional judgment?

PROFESSOR OGLOFF: Correct, yes.

MS ELLYARD: To what extent are the risk factors that are identified there risk factors that have been validated in some way as having a correlation to future violence?

PROFESSOR OGLOFF: I have been critical of that particular part of the common risk framework, the actual items, because to my knowledge they have never been validated. As I mentioned in the statement, just scrutinising this, there are items which are potentially red herrings, that is items that probably aren't showing to relate to particular outcomes, and then missing from the tool would be other items that are relevant.

So in my view I think the common risk framework is very important and has really moved the state in a considerable way. I think there's no doubt, and you simply want to build on that momentum. I think the way to enhance it, though, is to make sure that the particular - if I can use the word "tool" - tools that are contained within it actually measure what we are expecting them to.

Also, as I mentioned, there's basically a maximum risk assessment that, the more experienced and skilled you are, the more you rely on your professional judgment and

guidance; the less experienced and skilled you are, the more you have to rely on, for want of a better term, checklists. I think in the application of the framework a lot of people are being asked to do far more than they are actually capable of doing in making these decisions.

That I think is well accepted, and the elements of the checklists that are contained within the framework don't, for example, have total scores, they don't really help guide the decision making. So a lot is left up to the individual, and I think that's fine if you have a highly experienced multi-disciplinary team approach. But it's not if you have an individual in a job trying to understand how to make a decision with this particular measure.

MS ELLYARD: The list of historical risk factors that the Common Risk Assessment Framework invites decision makers to consider includes a long list of behaviours or attributes of the perpetrator of the situation. Can you give us some examples of the kind of red herrings that you are talking about, issues which might not be a good predictor of future violence, although they may indeed exist in the relationship that's been violent in the past?

PROFESSOR OGLOFF: I put a couple of examples just in my statement. If I could just take a second to find those.

MS ELLYARD: Certainly.

PROFESSOR OGLOFF: Beginning in paragraph 37 and forward.

MS ELLYARD: So, for example, paragraph 41?

PROFESSOR OGLOFF: That's right, 41. So I will just give some examples. I say there that it doesn't adequately allow for an assessment of the broad range of risk factors, and many items listed that purportedly relate to risk - and in

the measure, for example - I'm sure you have seen it, but they have an asterisk besides a number of items and it says basically that relates to a risk of the victim being killed or almost killed.

But among those are a range of things which simply don't have that relationship borne out. So that would include controlling behaviours, even harming pets, harming animals, and then other items such as unemployment or stalking the victim.

Similarly, we know through our research certainly with stalking that a very small cases of stalking result in what is identified as "victim being killed or almost killed ". So that's exactly the point I make, is if a person didn't have adequate understanding, then they might believe these items - if these items are present, then they are related to a particular outcome. Again, there's no way to actually - there's no guidance around how you put this information together.

MS ELLYARD: So is this part of the problem with that looking backwards approach, say, for example, it may be that in every case of domestic homicide stalking was present but that's not to say that those who stalk inevitably kill?

PROFESSOR OGLOFF: That's exactly right. That sort of relationship - I use a silly example when I teach where I have assessed offenders now for more than 30 years and I have noticed in all heroin users that I have seen they have drunk milk as a child, except those who are lactose intolerant. So if you heard that you would assume that milk drinking is related to heroin use later. But of course the missing component is how many people in the population drink milk and how many go on to actually use

heroin.

So the same within risk assessment. So, for example, if you have something like the presence of unemployment we know there's always a high percentage of people in society who are unemployed. If you have controlling behaviour, if you have stalking, the base rate of those behaviours is quite high, but it doesn't always relate then to ongoing violence.

If you take the cases where there has been violence and you try to look backwards without knowing what the base rate in the population is, you might wrongly begin to assume some of these things are risk factors when they really don't discriminate those who cause damage and those who don't.

DEPUTY COMMISSIONER FAULKNER: Could I just interrupt, Counsel, for a moment. I'm hearing a picture where what is being predicted is physical harm. Is it also a purpose of the framework to predict the burden of disease that will be borne by the victim? Are we into that space? I have heard women who say, "I wish he'd killed me. It would have been more bearable in some ways." Are we just trying to predict physical harm, or is there an attempt to predict burden of disease that someone will carry for the rest of their life?

PROFESSOR OGLOFF: I think they both need to be predicted. But I am just saying the tool as it stands on the form has asterisks which say, "If these items are present those items are related to these matters." The police, for example, use a variant of those forms in a measure called the L17, and they are left with the same situation.

I think that goes back to the issue of you have to ask

what you are predicting risk of.

So I think, as I mentioned earlier, we have to look at psychological harm, we have to look at damage and burden on the family and victims. But at the same time very often we are looking at, "Will this behaviour repeat or will it escalate?" That's where decision making is required.

DEPUTY COMMISSIONER FAULKNER: My question is: as it currently sits, what is its emphasis? Is it attempting to do all of those things at the moment, or is it largely structured to a repeat of physical violence?

PROFESSOR OGLOFF: I think that's probably its weakness, if there is a weakness, is that it tries to do too much. I think it's very difficult for people on - it's, first of all, used by people across different agencies for different purposes, and I think that is the strength in having a framework. But the weakness is trying to use a particular tool for purposes for which it isn't validated or useful.

DEPUTY COMMISSIONER FAULKNER: Thank you.

PROFESSOR HUMPHREYS: I think that you can only agree that the risk factors named in that aide memoire are relevant but whether they are predictive is the issue. Of course, you know, having your pets killed, that's an absolute act of terror. Nothing distresses children more or women more than having their pets killed. It is an enormous threat about, "I can do this to the pets. You're next." You know, it's got all - as well as the way in which people care and love their pets. We get children to care and love their pets. So killing pets is actually terribly relevant, but it may not be predictive of fatality.

So I guess that in a way just highlights, yes, we do need to know about violence towards pets, it's a really relevant factor in the family violence area because of the issues of wellbeing, because of the experiences of what that means in terms of threat, but it doesn't necessarily mean that it's predictive of death. So I think that it does raise issues about what's the risk assessment for, for whom and what are we trying to do with it.

MS ELLYARD: So a risk assessment framework that was intended to guide decision makers about how to intervene in the case of women at risk of being killed might look quite different from a framework that was designed to help people identify the kind of damage being done to victims and the way that damage should be addressed?

PROFESSOR OGLOFF: Yes, and, again, just drawing on Professor Humphreys' point, often the items aren't well defined. So it doesn't say anything about the context. It talks about harming an animal. I can tell you from experience with police and clinicians they look at that item and they look at the person's history and has there been evidence of harming an animal, because a lot of times people aren't trained to point out, as she has rightly, that in the context of a family situation that's very different.

The same with unemployment. In and of itself unemployment can't be a very helpful measure. But unemployment can be very helpful if you understand the context of the situation in which this is occurring. So that's the concern I have. It's really too little for some of the purposes we are asking it to fulfil.

MS ELLYARD: Professor Humphreys, how have some of these complex issues been dealt with in other jurisdictions?

You have worked in the UK, for example. What balance is struck there between actuarial factors and professional judgment in trying to assess risk in family violence circumstances?

PROFESSOR HUMPHREYS: I think it's interesting that, when you talk to people that are managing the multi-agency risk panels there, the DASH tool that's used - and, sorry, I don't know what that acronym stands for, I can't remember, but there's kind of an agreed tool and everyone seems to be - I don't know whether everyone, but actually there's a general happiness about going, "Yeah, look, we have an agreed tool that we use," and if there's enough flexibility in it to be able to get a range of different people to the panels, it does seem to be that we are dealing with the most serious end of the spectrum, and it's almost like the issues around risk assessment have been faded into the background.

The tool they are using is relatively simple. It's not validated. So they are looking at validation processes. So I think it would be better as a validated tool. They probably could do that on the basis of the data they have collected over many years now. But there does seem to be a value in having an agreed process that's relatively simple.

MS ELLYARD: Professor Ogloff, from your perspective in North America, for example, are there tools that Victoria could draw on in any review of the framework that we have at the moment?

PROFESSOR OGLOFF: Yes. I agree with Professor Humphreys again. The reality is that there are tools which are used.

PROFESSOR HUMPHREYS: We are in furious agreement.

PROFESSOR OGLOFF: We are. It is like two sides of the same kind of person with different backgrounds. But I think the reality is there are. So the best example in the work that I do is there is a tool that's been - it was originally developed - I mentioned it earlier, called the spousal assault risk assessment, which was developed originally around the early 1990s. It's been used in different jurisdictions and validated.

The group that have worked on that are from Canada and from Sweden. They have worked with police in both jurisdictions, and they have recently published research showing that, as again Professor Humphreys said, when these things work well the risks actually reduce.

What they found, though, is that the spousal assault risk assessment, which has the terrible acronym "SARA", it's actually - the information required is beyond the ken of, say, most police officers. So they developed a briefer form, which is - a brief form of that measure which is working very well in police forces now in different jurisdictions and in family violence services.

I think the hallmark is these have to be quite straightforward. Similarly, what we really want them to do is not necessarily predict an outcome but we want them to allow us to triage cases so that there's a rapid way of identifying in a quick way that this needs a higher level of attention, and then you can have much more scrutiny, as long as you always have the capacity to allow other cases which don't seem to be as high risk to also be referred.

For example, in our risk assessment work you could have somebody who looks low risk on a tool but they

might have one risk factor that is very, very profound. I work primarily in the mental health forensic service. We might have someone who has had no history of violence, no history of aggression - a case I'm thinking of is a man in his 40s who all of a sudden ended up killing a flatmate. When you look at the history, there was a very significant mental illness.

So if you were to do a risk assessment where risk with mental health is one item you might identify him as low risk. But, if you understand the dynamics, one factor can actually bring this into the higher risk group. So I think starting with a tool that's well accepted is important, as long as you don't think that it is going to be the be-all and end-all of the process.

PROFESSOR HUMPHREYS: If I could just add another thing there. I think too that risk discloses over time as well. These are old figures that I could give, so they would have changed, but they give you a picture of the pattern, that when KPMG did a benchmark of family violence services from the police and the specialist family violence sector the research found that only two per cent of 886 cases recorded by the police saw six or more risk factors, and at the same time the women's specialist family violence services in the same period saw 34 per cent of women with nine or more risk factors.

Once the woman is out of that moment of crisis you actually see a lot more risk emerging, and particularly women only talk about the sexual violence they have experienced once they are in a trusted position. It's very unlikely that at a police incident you will hear about sexual assault, unless it is actually a call for

sexual assault. But actually that's a very serious factor in terms of danger and it's a very serious factor in terms of impact on wellbeing. There's an important thing about information sharing and the fact that we are going to miss a lot of risk as well.

MS ELLYARD: Professor Ogloff, you made this point I think earlier on as well that risk assessment is only as good as the information on which the assessment is being conducted.

PROFESSOR OGLOFF: Yes.

MS ELLYARD: In the example that Professor Humphreys has just given the police would be conducting a risk assessment based on less information than might emerge at a later time. How are we to deal with that situation?

PROFESSOR OGLOFF: There are two approaches. Again the tiered approach is sensible. Drawing on our experience in the Footscray family violence team, exactly that's their experience as well. So the first responders are the constables. They collect information. They make decisions about - in a review decisions are made about what cases need to be reviewed further by the family violence team.

The team goes out, they collect more information and they are assisted by a senior clinical forensic psychologist who works with them and that allows you to develop a picture. So the trick to this is making sure that when you develop the first assessment that it's actually what we would call - it has a high degree of specificity, which means that if they find it's a low risk it really is a low risk.

Again, drawing on medicine, it's exactly the same

principle. If you are feeling unwell, medical procedures start with the least intrusive. So you might have a blood test. If that's negative, you want to be confident that you don't have the ailment. If it is positive, it doesn't mean you necessarily do but it means you will have a further examination. So the way you do it is you make sure your initial evaluation has a relatively low threshold so it's then looked at by the next level. That's the way all of these processes work in different areas.

PROFESSOR HUMPHREYS: Can I just say that I do think that information sharing - when you look who holds the different information, that information sharing is incredibly important for both risk assessment and risk management. So bringing the information together, particularly in high-risk cases, is so important.

I think that in Victoria at the moment we have a situation that's highly dangerous because, whereas we were making progress in the two demonstration site risk assessment panels, now that the Privacy Commissioner has got in there to have a look at this they have decided that that level of information sharing is problematic. It may be because we are trying to bring in different people as core partners to the risk assessment panel; I'm not sure. But certainly the messages that have gone out to the sector at the moment are that, where there was sharing of information, they are now stopping it. That's highly dangerous. I think it's very problematic, the situation we are in at the moment, and it's also stopped the development of the RAMPs at the moment.

So I think we are in quite an urgent situation

because women can die if we are not having information sharing; and I do think that, whereas I think we were progressing, there has been a real interruption to it at the moment and I think it would be worthwhile trying to think about how we make some better progress in this area.

PROFESSOR OGLOFF: I wasn't aware of that, but we are having the same experience at Forensicare. Among the services Forensicare engage in there is some work with DHHS in evaluating perpetrators both of child abuse but also more recently of family violence more broadly. We are having exactly the same difficulty, which is as simple as having a capacity for Forensicare to get, say, a valid criminal history from police and DHS. So this information sharing is critical. As I said repeatedly, the evaluations are only as good as the information. If we can't have a system of rapid ability to share information then we will be limited in our capacity to both look at likelihood of future events but also management.

PROFESSOR HUMPHREYS: You never get one coronial inquiry about children's deaths or the death of women that doesn't say something about information sharing was poorly done.

COMMISSIONER NEAVE: New South Wales has some legislation that permits information sharing for these purposes. That would presumably be something that both of you would support.

PROFESSOR HUMPHREYS: Absolutely critical.

PROFESSOR OGLOFF: I agree, yes.

MS ELLYARD: Professor Ogloff, another issue associated with good quality information that you identify in your statement is the extent to which victims feel able to volunteer information or the extent to which victims fear

that volunteering information might be used against them in certain circumstances. Can I invite you to talk about that issue a little.

PROFESSOR OGLOFF: Yes, just in general I think it is very difficult for victims. We see many cases where victims are unwilling to disclose information or information changes often in the face of feeling afraid. We also see situations where - and I use an example of the child to parent victimisation - parents are afraid of if they telephone the police will the young person be maybe taken away or whatever. So I think those are some of the difficulties.

The starting point has to be again a degree of confidence that the situation be managed in a way that will help the people involved, not just have a response that isn't attractive to people. So you are trying to make people safer rather than actually making people feel like there aren't options to be made safer.

MS ELLYARD: The Commission is going to hear later today from a lay witness who will say, amongst other things, that she didn't report many of the breaches of the intervention order that she experienced because of a fear about the way in which Child Protection might view her if they were aware that her children were being exposed to that level of potential violence. Is that a scenario that either of you are aware of?

PROFESSOR OGLOFF: Again we see this in some of our work. Some of the work we do at Forensicare is with Child Protection where we do assessments of perpetrators, people who have either been suspected to have abused children or have actually been found guilty of abusing children. We

certainly do see that where there is a reluctance to share information because or course DHHS has an obligation to look at the protection capacity of, if I can call it, the parent who is not the offender, and often times people are in situations where they are reliant on the perpetrator for a range of issues, financial and otherwise, and it makes it very difficult for them to share information.

I find this a very difficult issue, though, because ultimately we have an obligation to protect victims and children, but at the same time we have to have a less potential draconian system where better decision making can be made about those matters.

MS ELLYARD: Professor Humphreys, one of the attachments to your statement deals specifically with the issue of information and child protection and the way in which child protection practices perhaps influence the ability of women to give information.

PROFESSOR HUMPHREYS: Yes. I think I talked about it last week, but I will repeat it because I think it's so important. I do think that when women ring the police for help they are not making a referral to Child Protection, and that we need to respect that. I think it's an ethical issue as well as an issue of not flooding our child protection system with referrals that will never get through the threshold for child protection.

So I do think that we have to think about the differential response, that is how you actually don't report everything to Child Protection where there's a domestic violence incident because most of it won't reach the threshold for an investigation. So I think there's an ethical issue there that's really important.

I also think that we do need to be very cognisant of the fact that in Victoria we don't take into the out-of-home care system very many children relative to other states. It's mainly when you have family violence, you have a range of other factors that are disabling usually the mother, but sometimes the father as well, which would lead to children being brought into care.

MS ELLYARD: You mention the ethical issue associated with taking a woman's report of violence beyond the point that she intended it to be so that it becomes a report to Child Protection rather than a report about her own experiences of violence. But isn't there also an ethical issue in relation to those children given the clear information that the Commission has that even if the children were in another room at the other end of the house they are nevertheless bound to have been victims of that violence too?

PROFESSOR HUMPHREYS: Certainly children are victimised as part of domestic violence incidents and we shouldn't underestimate or underplay the significance and the distress for children in that situation. Whether all those children will be best managed through an investigation in the child protection system is another issue. But it means that we have to develop the pathways for a better response to children which should be probably community based rather than necessarily within the tertiary child protection system.

MS ELLYARD: This is another example of where, risk having been identified, the issue is with how it is managed and whether it is appropriately managed through a referral to statutory services or whether it's better managed through

other means?

PROFESSOR HUMPHREYS: Yes, and the very important capacity and development of practice within all service systems to refer to Child Protection where there are incidents of domestic violence and where it is appropriate. So, say, within the high risk multi-agency panels, the RAMPs so-called, Child Protection must be a core player within those multi-agency panels because if the woman is experiencing severe violence and you have a very dangerous offender then it is dangerous for the children as well. So there is a role there.

In a significant number of those cases the woman will be separated. But the children may still be at risk of harm. If it is at the level of needing to be at a RAMP, at a risk assessment panel, then actually the children are at risk of harm. We shouldn't downplay that. It may be that Child Protection does have a role there, even if the woman is separated, or it may be that we have to do something much more sensible in the family law system to make sure those children are protected and that there isn't ongoing post-separation violence.

MS ELLYARD: Professor Ogloff, from your perspective one of the issues that's been identified in relation to the CRAF is that it doesn't presently respond really at all or at least not sufficiently to the role of children as victims in their own right. Are there tools that we could draw on or learning that we could draw on from other places about how to develop some kind of framework or tool that deals specifically with children and the risks posed to them from family violence?

PROFESSOR OGLOFF: There has been far less development of any

tools really around children, and partly it's a very complex issue because it's not just the child, it's not just the environment, it's everything; it's the parents, grandparents, other people, schools and so forth. So it's very difficult.

But I think there needs to be - I would use the word - "draconian" rather than a trigger that now there is an investigation, say a woman has been victimised by her partner, police have notified Child Protection or Child Protection gets notified. She's now in the middle of an investigation. Her capacity as a parent is being questioned. There needs to be an intermediate step which is through a risk panel or otherwise where there is a review of the situation but it may not necessitate an actual investigation for that individual.

But at the present time there aren't well validated tools. There is certainly literature on what are some of the risk factors, but there aren't well validated tools specifically for children.

MS ELLYARD: Would you expect that those tools will come into existence or is it simply going to be an area where it is never possible?

PROFESSOR OGLOFF: There are some. For example, in our research group we have researched children's death. We have a database of children around Australia who have been killed by parents particularly, and we have looked at that sort of data. But it's a very specific outcome. Again it's very heterogeneous, the factors that relate to that. So I think these will slowly be developed. But the problem is, as I said, the complexity around the context that's so important.

DEPUTY COMMISSIONER FAULKNER: In evidence that's to come later there is reference to something called "Assessing Children and Young People Experiencing Family Violence: A Practice Guide for Family Violence Practitioners". Are you aware of that particular document?

PROFESSOR OGLOFF: I am aware of it. Again, it's guidelines rather than a particular, what I would call, validated risk assessment measure. So it talks about context and factors but not specifically decision making.

DEPUTY COMMISSIONER FAULKNER: Thank you.

MS ELLYARD: Professor Humphreys?

PROFESSOR HUMPHREYS: I can see that we are out of time and - - -

MS ELLYARD: No, we have a little bit longer.

PROFESSOR HUMPHREYS: I just wouldn't mind making an extra couple of points that aren't necessarily right on topic, firstly, just to say that there is the development of a risk assessment - a self-assessment tool that's in process for women online, which I think has a great deal of potential for the whole of the family violence system in Victoria. So Professor Kelsey Hegarty is developing that through a project called "I-DECIDE".

I think we shouldn't sort of shy away from the highly useful ways in which women can also self-assess their own risks and developing tools that will help them do that. It will be important, and they are using validated tools within that self-assessment thing.

I guess the second thing is I think one of the strengths of the Victorian system to date has been that we have kept the police and the wider family violence service system roughly on the same page in terms of risk

assessment, that the risks that are outlined in the L17 parallel the risks outlined in the Common Risk Assessment Framework. I think that's a great strength of the system. I think that as we sort of travel forward, trying to keep everybody on the same page is really helpful and needs to be one of the issues that we continue to keep an eye on.

I think one of the issues there will be the tiered response for police is about how do we manage our tiered response and what does that mean in terms of our risk management, and because that should be offender focused it may look slightly different from the tiered response that the women's services will develop in terms of managing and supporting and understanding the risks to the woman and to the children.

We shouldn't let that get in the way, but we also shouldn't be - as we shift to a tiered response it may look slightly different for different sectors, and it's about how we hold it together and recognise that there will be commonalities but maybe some differences that are important as well.

MS ELLYARD: Professor Ogloff, could I invite you to comment on that idea, that there might still be a common framework but the ways in which people operate within that framework might over time become quite different?

PROFESSOR OGLOFF: Yes. I say that in my statement. I just want to take the prerogative too to raise one issue that we address both in the statement but also in our submission, which is really related to risk assessment, and that is the Forensicare, one of the mandates of Forensicare is to do pre-sentence assessments for the courts. So we are the client of the court. A magistrate

or judge can request an assessment. It's very infrequent that we have requests in the family violence space. We think that's a great shortcoming, and we know from experience that a comprehensive evaluation of risk factors - mental state, personality, substance abuse and the like - can be helpful in sentencing, because we deal with many cases where people are sentenced without benefit of that advice and the broader issues about risk management, risk assessment are simply not addressed.

I just yesterday saw somebody who had within a six-month period been in prison for two stints, very brief periods of time, with no comprehensive assessment to assist in any kind of informed decision making. So I think that's a missing piece of the puzzle.

Finally, both Professor Humphreys and I and our groups are working with the police in validating and developing some particular risk assessment tools, including validating ones used overseas, which I think is a promising area and may in fact develop within that framework tools that are more specific to a particular purpose.

MS ELLYARD: Can I take you up on what you'd said about the extent to which Forensicare are asked to write pre-sentence reports, and I take it that you are asked much more commonly in other areas of offending, like, for example, sexual offending?

PROFESSOR OGLOFF: Everything, except family - for me, having worked in this sector overseas, and this is the third country, sixth jurisdiction, it's the only time I have seen that, having been a forensic psychologist for 30 years, where we don't. I'm not sure why. I don't know

if it is a culture or what. We do see them but we see them when it's usually very, very complex, often where partners or other family members have been killed or seriously injured, rather than in a more routine sort of process. It has implications for funding and so forth, but it's certainly - it's just a curiosity why there aren't requests in that space.

MS ELLYARD: From your perspective, are there differences to the way in which you try to assess future risks in family violence incidents from the way in which you assess future risks in sexual matters, for example? Are there particular characteristics of family violence that lend themselves less to the kind of predictive work that you do?

PROFESSOR OGLOFF: No, not really. In fact, the point we make in our submission is that obviously there's a panoply of cases but we know that particularly complex cases and repeat cases have high rates of complex factors - mental illness, substance abuse and so forth - and those are the cases that we think would be worthy of a more thorough examination, rather than waiting until something actually happens and we end up with a patient then for 20 years or so.

MS ELLYARD: May I invite the Commissioners to ask any questions of the witnesses that they have?

COMMISSIONER NEAVE: I just wanted to explore that last point. Of course, many family violence events are not prosecuted.

PROFESSOR OGLOFF: Yes.

COMMISSIONER NEAVE: They are dealt with by reference to the intervention order, in the intervention order process. I was wondering whether there was any space for the use of

such predictive techniques in the context of intervention orders if magistrates had more time? I mean, now it would be very difficult to do that.

PROFESSOR OGLOFF: In the submission that will be given by our colleague who works in the family violence team, that's a point that she will make, is that in fact - that's part of her role, is really at the more front line with police, informing that decision making. So I think there is a role, and certainly the information from that is that that's been a helpful project. Again, it's a resource issue both for the Magistrates' Court but also for Forensicare.

But certainly where there are complexities they must be examined to assist with decision making, and ultimately our assessments aren't really risk predictions. They are really around risk management and what factors are present that need to be addressed and how might that happen through different systems, mental health, substance abuse and others.

COMMISSIONER NEAVE: Has your colleague been involved in advising police when they apply for safety orders for a victim of family violence what sorts of conditions might be appropriate, and have magistrates been receptive to that if that's been done?

PROFESSOR OGLOFF: That's my understanding, yes.

COMMISSIONER NEAVE: Thank you.

DEPUTY COMMISSIONER FAULKNER: The work that you mentioned a little while ago that you are both working on with the police in relation to improving or validating overseas examples of risk assessment, is that the only work that's going on or are there pockets of work happening

everywhere, and who is engaged in that work? Is it just police with academe, or are the department involved? Is the family violence sector? Who is involved?

PROFESSOR OGLOFF: I imagine there is pockets of work going on in lots of areas. With our work, just very briefly, we're approached by police to assist really in looking at the situation more broadly, and there's been pieces of work done, including initially a development of what was meant to be a screening tool. Then when it was validated out of 60,000 cases it screened out 450. So it wasn't a particularly useful tool. We are now looking at, through the Footscray area and some other work, trying to look at the validation of existing measures.

PROFESSOR HUMPHREYS: There's been a group with the police at police headquarters in the family violence space, so with Steve Stoden here, superintendent, inspector - I can't remember. So there's been a group that's been brought together that has been looking at this issue and certainly now going out to include and be much more inclusive also of the broader family violence sector, because that's terribly important that that occurs.

I guess we have just had a bit of a glitch insofar as the direction it seemed to be going in has had to be re-worked because the tool that was on the way to being developed didn't really tier enough to be helpful. But certainly I think that that will be developed much further in consultation. I know that and I think you will be hearing about the ways in which there should be some redevelopments to the Common Risk Assessment Framework as well. I think trying to keep those two pieces of work right on the same page is going to be critical.

When we were talking last week about police training it was very clear that in fact there's a whole range - you know, there's a thousand flowers blooming out there in the police force, and some of it being terrific innovation and exciting work. But how to get that all on the same page will be something that everyone is seeing as important and maybe the Royal Commission could be extremely helpful.

COMMISSIONER NEAVE: So this was police initiated?

PROFESSOR HUMPHREYS: Police initiated. There's lots of terrific police initiated stuff happening out there, some of it really focused on risk assessment and risk management but not necessarily using validated tools. I think that getting a bit more commonality across the sector, including the police as a whole, will be really important in the future.

PROFESSOR OGLOFF: I think it did arise from the Batty inquest, really, the issues around that particular measure that the police were using has assisted in that. But it's very helpful now to see the police moving in that direction.

DEPUTY COMMISSIONER NICHOLSON: Professor Ogloff, I keep on finding myself thinking about what we can realistically expect of front-line staff in various systems, who at best, it seems from my observation, get quite a rudimentary training in risk assessment. They work in very high-volume situations - - -

PROFESSOR OGLOFF: Yes.

DEPUTY COMMISSIONER NICHOLSON: And don't have a lot of time to spend on individual cases. I think the message I have taken from you this morning, which I want to test, is that at best what we can expect of them is to utilise quite a

simple tool that has quite a low threshold so that it will enable a more senior and experienced person or persons to triage cases; is that what - - -

PROFESSOR OGLOFF: The best examples are ones where all front-line workers have a base level of training. Unfortunately, it's something I often refer to as drive-by training, meaning it's brief - - -

DEPUTY COMMISSIONER NICHOLSON: That's probably all they are ever going to get.

PROFESSOR OGLOFF: That's exactly right. So you have to have the role they play then commensurate with that level of training and experience. But then through family violence teams, through other agencies and ultimately through risk panels you have escalating levels of expertise and increased levels of time and hopefully information to assist in decision making.

DEPUTY COMMISSIONER NICHOLSON: Thank you.

MS ELLYARD: If the Commission has no further questions, I will ask that Professor Humphreys be excused and that Professor Ogloff be let go until tomorrow, where we will be hearing from him further.

COMMISSIONER NEAVE: Thank you very much, Professor Humphreys, and we look forward to seeing you tomorrow, Professor Ogloff.

MS ELLYARD: If that's now convenient I would invite you to adjourn until 11.30.

COMMISSIONER NEAVE: Thank you.

<(THE WITNESSES WITHDREW)

(Short adjournment.)

MR MOSHINSKY: Commissioners, the next two witnesses, who are being called together, are Ms Eltringham and Ms Plunkett.

If they could please be sworn in.

<CATHERINE MARY PLUNKETT, affirmed and examined:

<ELIZABETH ANNE ELTRINGHAM, affirmed and examined:

MR MOSHINSKY: Could I start with you, Ms Eltringham. Could you please tell the Commission what your current position is and just give a brief outline of your professional background?

MS ELTRINGHAM: Yes. I'm the Policy and Legal Worker at the Domestic Violence Resource Centre Victoria. I have a background in education. I came to working in the family violence area sector in the late 90s. I worked in community organisations, community development. I began working at Berry Street as the family violence networker in 1998, I think it was, and took up a role convening or supporting the seven family violence networks across the northern metro area of Melbourne.

As part of that we organised some sort of regional campaigns around family violence. I organised training for the local region, auspicing training into the region from the Domestic Violence Resource Centre, then called Domestic Violence and Incest Resource Centre.

I moved to DVRC, Domestic Violence Resource Centre Victoria, in 2001 then as the community legal worker. Part of my role at DVRC - when I started at DVRC it was sort of a critical time for change for Victoria, so my role changed to being a community legal worker and shifted into policy and advocacy. There were a lot of things happening in Victoria at the time, which the Commission is no doubt aware of, including a women's safety strategy and the appointment of Christine Nixon as the Police Commissioner.

So I worked in those early days of reform in Victoria, involved in leading some groups to meet with the Commissioner, worked with the first statewide Steering Committee to reduce family violence. So I was part of that first group in 2002, I think, that met and has continued to meet in different forms until now, different incarnations of that sort of statewide governance arrangements.

I was involved in the 2005 reform, development of the vision for reform in Victoria, the document called Reforming the Family Violence System in Victoria, and have been involved over the years in a range of reference groups, advisory groups, systems reform advisory groups, and that included a reference group that was involved in developing and working with KPMG on developing the family violence risk assessment and risk management framework, and with the Victorian Law Reform Commission on reviewing family violence laws in Victoria or responses to family violence in Victoria and a range of other groups over the years.

MR MOSHINSKY: Thank you. Have you prepared a witness statement for the Royal Commission?

MS ELTRINGHAM: I have.

MR MOSHINSKY: Are the contents of your statement true and correct?

MS ELTRINGHAM: They are.

MR MOSHINSKY: Ms Plunkett, would you please be able to tell the Commission what your current position is and give a brief outline of your professional background?

MS PLUNKETT: Yes. I am the RAMP Development Officer at Domestic Violence Victoria, which is the peak body for

women's and children's family violence services. My role is to support the implementation of the RAMPs, that is the Risk Assessment and Management Panels, throughout the state. I have 25 years of experience of working with family violence issues. I have provided direct service to women and children for many years. I have managed services, developed new programs, and I have done a lot of structural advocacy work, working with government developing policy.

In Auckland, New Zealand, as manager of the Domestic Violence Centre there which was a 24-hour crisis response service, I established a Duluth based multi-agency intervention program. So I had I guess early experience, before Victoria attempted that kind of model, of establishing that model.

In Victoria I worked in family violence outreach services and I also through that had some direct experience of the homelessness service sector, which is relevant I think to some of the evidence I hope to give today.

MR MOSHINSKY: Thank you. Have you prepared a statement for the Royal Commission?

MS PLUNKETT: Yes, I have.

MR MOSHINSKY: Are the contents of your statement true and correct?

MS PLUNKETT: Yes, they are. I'm sorry, I realise now I have omitted something very important, which is that for the past seven years I have developed and delivered training for the Domestic Violence Resource Centre Victoria, and most of the training that I have delivered has been in the Common Risk Assessment Framework and I have delivered

hundreds of sessions of this training to a variety of professional groups.

MR MOSHINSKY: Thank you. I want to just start briefly with a bit of the history. I was wondering whether one or other of you could just tell us briefly how did this Common Risk Assessment Framework that we have now come about? When did it start? What was it designed to achieve? How did it happen?

MS ELTRINGHAM: I'm happy to start with this and Catherine might want to add. I guess that the Statewide Steering Committee to reduce family violence, meeting from 2002 to 2005 and developing that vision for reform, Reforming the Family Violence System in Victoria that came out in 2005, set some directions and identified the need for a range of frameworks, tools, protocols, codes of practice, ways of shifting the way the system was responding to family violence in Victoria.

One of the things that that document identified or that vision identified was the need for some shared approach to family violence risk assessment and risk management. I think probably in about 2006, Office of Women's Policy that then had a family violence reform or a family violence coordination unit was looking at that cross-government responses and leading some of that work, contracted KPMG to develop a framework, to work with the community sector to look at international and national models of risk assessment.

In 2007 the family violence risk assessment and risk management framework that gets called CRAF was actually released, 2007. I think there were over 500 stakeholders who were consulted in that process of

developing the framework and I was part of that reference group. The conversations were around what was the best approach was looking at what frameworks and tools were being used elsewhere. Victoria decided to take a structured professional development approach. What we ended up with was the framework that we have now.

It's a bit like it was built for purpose at the time. I think it's something that has served us pretty well in terms of a solid foundation, but a whole big training contract was rolled out in 2008 and DVRC, Domestic Violence Resource Centre, worked with Swinburne University and No to Violence. We had the contract to roll out training for that first contract, I think trained around 3,000 professionals in CRAF at that time, over the first couple of years. I can't remember the rest of the question, Mark.

MR MOSHINSKY: I think you have answered the question, thank you. Can you comment on the common part of the Common Risk Assessment Framework? What was it designed to achieve in terms of breadth of coverage and why was that important?

MS ELTRINGHAM: I think what it was designed to do was to try to create some common language and common approach to assessing family violence risk across sectors and settings in Victoria. So, from family violence services through to homelessness services and generalist services, police, courts. There was a vision that said if we are going to try and build an integrated response in Victoria we need to be talking the same language, we need to have some shared understandings about what family violence is, but we also need to have some shared understandings about what

family violence risk might look like.

So one of its purposes was to build some common understandings. I think one of the other things really that it was designed to do was to act as a key piece that would help to knit together a system's response. We didn't have a system's response. I'm not sure we do yet. I think we have a system of development in Victoria or we have had that since 2005. It's been a work in progress and I think it is still a work in progress. But there were some things that were identified as being key to actually trying to build something that was a more systemic response, and CRAF or the risk assessment framework was probably the only thing we really had that still exists, that is still being rolled out in Victoria, that we have access to and we can say, "Well, it is actually out there." Whether it's done everything it needs to do is open for question, which is why we are here. But it has actually done some things quite well, and it has actually gone the distance. We know now - we have built the house and it needs some new rooms or it needs some new doorways or it needs some add-ons, but the foundation is quite strong and quite solid.

Also, one of the things it really did talk about, and I think one of the problems we will trouble talk about later in terms of the risk assessment framework, it spelt out that effective risk assessment needs some core components. We need to agree on what that means. We need to actually be building first of all shared understandings of family violence. You can't do risk assessment effectively if you don't have some shared understanding about what that means, what it is that we are dealing

with, the coercive controlling nature of family violence, the gendered nature of family violence. So it really sort of set some foundations around what needs to underpin risk assessment.

It talks about a standardised approach to risk assessment, and there are three elements in that which we will talk about in a moment. It talks about the need for importantly referral information and information sharing, so shared understandings about how important that is and what that might look like. It talks about risk management, and I agree with Professor Humphreys who spoke earlier that I think we haven't done this so well. The risk management advice in the framework is probably less effective but it is one of the core components, risk management, which includes continual assessment and ongoing case management and risk management.

It talks about the need for data collection and analysis around what we are actually doing and what we are finding out. We probably haven't done that so well either. It also talks about the need for quality assurance, to keep building and revisiting the system and the framework and the approach, and we probably haven't done that as well as we should have either.

MS PLUNKETT: Could I add to that?

MR MOSHINSKY: Yes, certainly.

MS PLUNKETT: I also sat on the Statewide Steering Committee to reform family violence system or to reduce family violence and the report, the Reforming the Family Violence System report that came out of that, was really aimed at creating an integrated service system. CRAF was seen as a tool to achieve that, as one of a number of tools to achieve

integration. The way it was seen to be a mechanism for that happening was that the information sharing which is critical to integrated responses would be shared information about risk assessment between all of the agencies and the integrated system. So it was very specifically seen as a tool for integration.

I have to say that the other mechanisms that might have achieved integration, many of them didn't happen. So we are left with CRAF alone, or the Common Risk Assessment Framework alone, that cannot achieve integration in itself.

MR MOSHINSKY: What I would like to do now is before we get to perhaps some reflections on changes, et cetera, just try to map out what actually happens on the ground now in terms of the Common Risk Assessment Framework.

Perhaps could I start with you, Ms Plunkett. Could you explain - focusing more on the assessment part than the risk management part - but in terms of risk assessment could you just give an outline of what the framework is, how does it work, what are the key components of it?

MS PLUNKETT: So within the framework there is an approach outlined to risk assessment, and I would agree with Professor Ogloff this morning when he commented that there's not a tool that can be applied to risk assessment so much in the framework. It might appear at first glance that there is a tool. What is outlined is an approach to risk assessment.

That tool is designed to be used by many diverse service providers throughout the service system. So it ranges from those service providers who may rarely come

into contact with people who experience family violence, to those who come into fairly regular contact, to those service providers from services that are designed to specialise in responding to family violence, so those are the women's family violence services.

Police are in the framework. There are three Practice Guides. The Practice Guide 3 is the practice guide for specialist response services, including police, so that would be women's family violence services and police. There's a very large number of services that would use Practice Guide 2 in the framework, and then a small number of services who might use Practice Guide 1. Practice Guide 1, it is important to note, is not an approach to risk assessment. It outlines how to identify family violence, so how to recognise indicators and then refer on.

MR MOSHINSKY: So there's three Practice Guides, 1, 2 and 3, and they get more detailed as you go from 1, to 2, to 3; is that correct?

MS PLUNKETT: To be perfectly frank, there's not a lot of difference between Practice Guide 2 and 3. So between the practice guide that is applied to probably the bulk of services in Victoria that don't have a specialist response to family violence but have some response to family violence there's not a great deal of difference between Practice Guide 2 that they use and Practice Guide 3 that is intended to be used by specialist services.

The main difference is that in Practice Guide 3 there is a risk management response outlined, so there's a response to the risk once it's been identified through risk assessment. The risk assessment process is

identical. However, in Practice Guide 3 there are three levels of risk outlined. In Practice Guide 2 the result of the risk assessment is either there is risk present or there is not risk present.

But in terms of the approach that's used to determine the level of risk, it is identical in terms of the way it is outlined in Practice Guides 2 and 3.

MR MOSHINSKY: In paragraph 40 of your statement you outline that the framework, in terms of undertaking risk assessment, is comprised of three elements: first, a woman's assessment of her own level of risk; second, evidence based risk factors; and, thirdly, the exercise of professional judgment. I was wondering if you could just take us through what's involved in each those elements?

MS PLUNKETT: The woman's assessment of her own level of risk, and this is very poorly articulated in the Common Risk Assessment Framework. It doesn't specifically give advice, particularly in the recording template where it is probably required, about how this should be assessed. So, what we in training advise our front-line workers to do is to ask the woman about her level of fear.

I think Professors Humphreys and Ogloff discussed this this morning, that this is a very common risk assessment tool that is considered a fairly good indicator of the level of risk, is the woman's perception of her level of risk, but that is normally assessed in terms of asking about her level of fear.

The evidence based risk factors are what the research evidence tells us are factors that are associated with potential risks. So, they relate to the circumstances of the individuals, the behaviours. Most of

them relate to the behaviours of the perpetrator, so specifically what kinds of behaviours has he used in the past that have been abusive. I think some of those were discussed earlier this morning.

MR MOSHINSKY: Can I just interrupt you at that point. Perhaps if we have the slide put up on the screen of the aide memoire.

MS PLUNKETT: Yes.

MR MOSHINSKY: Which is attachment CP-2 to your statement. This is the list that you are referring to?

MS PLUNKETT: Yes.

MR MOSHINSKY: Can you just take us through a few examples of the type of risk factors that are in that list?

MS PLUNKETT: We start with pregnancy and new birth. There's a lot of research around this showing that rates of violence where there's been violence in the past often increase around the time of pregnancy and new birth, and in some cases the first acts of violence occur at this time.

Risk factors for the victim, that's the first bracket, include things like her mental health issues, if there are mental health issues, her use of drugs and alcohol, which my understanding is relate to her increased vulnerability and perhaps her vulnerability in terms of being unable to make decisions in the moment that might be more protective of her.

The risk factors for perpetrators, that is the longest list there and I can't read them all, but I know them off by heart. They relate to behaviours, behaviours that the perpetrator has displayed in the past. As Professor Ogloff discussed this morning, some of them have asterisks next to them and the instructions are that these

may - "may" is the operative word - indicate an increased risk of lethality. I think I would say that about that. The framework itself, as trainers we would never have instructed people that any of those factors or all of them necessarily point to an increased risk of lethality. They may. My understanding is this came from literature reviews and research that was done to put these together.

The other thing about this is that in my experience of seeing family violence risk assessment tools and the evidence based risk factors that are listed in them, they look pretty much the same. These risk factors come up again and again and again, the same risk factors, no matter where you look at the tools that are used for a risk assessment.

Finally, at the bottom there there are relationship factors, so things like recent separation, which I think is probably the most well known risk factor because it shows itself very much in homicide, in family violence related homicides. Many occur in the context of separation. Importantly - and this is where the framework doesn't give a lot of information, it doesn't guide assessors very well in a detailed way about how to contextualise this information. The research shows that it's not just recent separation; it is about where the perpetrator senses that they have really lost control or access to that partner, normally, and that may occur years after a separation. So it may be when she re-partners, it may be when she moves interstate or away. It may be even when she goes out and gets employment after not having worked for many years, where he senses that she won't return to him.

So it's broader than just recent separation. That's probably a good example of the sort of contextual information that's not provided in the framework to assist assessors to apply their professional judgment to how any of these risk factors - how much influence they might have.

MR MOSHINSKY: Just in terms of understanding how this second element of the three elements works, is this more or less a checklist that the professional would go through and tick yes or no?

MS PLUNKETT: No, it's not. The framework advises that it shouldn't be used as a checklist, that this information should be drawn out in the context of a narrative based interview. So encouraging - and I guess it's become clear and I should have said earlier that these risk assessments are intended to be done according to the Common Risk Assessment Framework by interviewing usually the woman who is experiencing the violence. So that would be a conversational-type interview to allow her to tell her story while the assessor is being alert to hearing and noting any of these risk factors that are coming out in the story and may follow up by asking some specific questions.

In terms of that, the feedback that I have heard in training is that many, many people refer to the aide memoire as the CRAF, so as the risk assessment. It is a widely held belief that this is the risk assessment and that simply going down and ticking the presence of those risk factors tells you all you need to know about risk.

MR MOSHINSKY: Could you tell us then about the third element,

the professional judgment element?

MS PLUNKETT: Yes. So, professional judgment is applied to the first two elements, if you like. So the first element being the woman's assessment of the level of risk, so her level of fear, and the second being the evidence based risk factors. So the assessor must use their professional judgment to decide how much weight to put on any of these things, her level of fear and the risk factors. Because it's not an actuarial tool, there are no values ascribed to any of these risk factors. It is solely up to the practitioner's professional judgment to make that call.

MR MOSHINSKY: How long does it take in practice? If a professional, let's say it's someone working for a domestic violence service, is interviewing a woman and doing this framework, how long are we talking about?

MS PLUNKETT: This is a really interesting question because I think this is again where the framework doesn't serve the purpose that it was designed to. It doesn't give clear advice about how long you might take over a risk assessment or might need to. I think it depends on the level of skill of the assessor. For example, if you are not very familiar with the risk assessment process, but very importantly if you don't understand a lot about family violence, so you don't understand how to interpret the information you are hearing, because that is essential to doing a risk assessment, it would probably take quite some time and I have heard people from homelessness services say at least half an hour to do a risk assessment.

There are things like ideal set-ups where you would say, "Yes, ideally you might want to take half an

hour to explore this with the woman." But for years I ran a crisis service and risk assessment must be done regardless of how little time you have. If you are very skilled and highly trained and experienced, you can do a risk assessment in 10 minutes, and sometimes you must do that because you just don't have any longer, to make some very quick decisions, for example, about triaging, about very importantly to determine that this woman is not at very high risk where you need to have a very immediate response. So, it very much depends on where in the integrated system you are sitting about how long it might take to do a risk assessment.

MR MOSHINSKY: You referred to this before, but can you just outline what are the different places where the Common Risk Assessment Framework might be used in practice, so what type of agencies or organisations use the framework?

MS PLUNKETT: Yes. In terms of Practice Guide 1, which is really about identifying family violence, a very large group that uses Practice Guide 1 are maternal and child health nurses. So the CRAF, the common risk assessment framework, also resulted in a very good initiative in Victoria where all women now in Victoria are screened for family violence following the birth of a baby. They are screened by their maternal and child health nurse around the one-month-old visit. They use Practice Guide 1 to do that screening, so they are probably a very large group that are using Practice Guide 1.

MR MOSHINSKY: Can I interrupt you there. Do you know roughly how long that takes in practice or should take in practice?

MS PLUNKETT: No, I don't. There's no guidance about that in

the framework. It's interesting, because I have not only provided training to maternal and child health nurses, but I also provided a one-off training session to a group of nurses in a local area who had requested a follow-up who had been screening for a year and requested a follow-up. Some very interesting things came out of that, where there was a small group there of four or five nurses who said they just weren't getting disclosures from women, so they said they were asking the questions and they weren't getting disclosures. They said that they believed they were operating in socioeconomic areas where there wasn't much family violence going on.

When we explored this further in the training through some exercises, what came out was that these nurses felt that it wasn't really appropriate to be asking these questions of women who had just had babies. They felt very uncomfortable asking the questions. My analysis of that is that's why they weren't getting the disclosures, because of their discomfort about asking the questions, because if you are uncomfortable, women won't disclose to you. They pick that up very quickly.

I guess I'm telling that story to just say that these nurses are asked to do this, but they are not given really details because the Common Risk Assessment Framework doesn't provide any professional with very detailed information about how long this might take, but the nurses really just have two or three questions they might ask, and I think there's a great deal of variation of the skill that's applied to that by nurses across the state.

MR MOSHINSKY: Sorry, I interrupted you, just to give a broad

coverage of the different places where the framework is used?

MS PLUNKETT: Yes. Practice Guide 2, which is used by far the largest number of professional groups, homelessness services would be a very large portion of that, family support services, counselling services - Libby might need to help me out - community corrections.

MS ELTRINGHAM: Police are listed in Practice Guide 2.

MS PLUNKETT: Yes, although they attend Practice Guide 3 training. Many health services are now using the Common Risk Assessment Framework. I think I list the agencies somewhere in my statement, and I could look to find it, but it is a very wide-ranging list of professional groups.

Here it is. Child FIRST and Child Protection of course receive training. Magistrates' Court staff, legal services and lawyers, primary care partnerships, allied health professionals, disability services, counselling and mediation services, victims of crime assistance programs, men's behaviour change programs who have a capacity to contact partners of men who are in the programs, Aboriginal support services, services for CALD communities, mental health services, alcohol and other drug services, education services, and that wouldn't be - it's not limited to that list either.

MR MOSHINSKY: I want to also ask you, just still getting a sense of what happens on the ground at the moment. Just in terms of training, you have indicated that you have conducted many, many sessions of training. How long does the training take? What's the format for the training? Could you just give us a brief overview of what the training is like?

MS PLUNKETT: Yes. Training in risk assessment, approach to risk assessment, is training in Practice Guide 2 and 3. Training in Practice Guide 2 for that very large group of generalist services, if you like, they are not specialist family violence services, that is a half-day training. It's four hours. It includes a very small amount of introductory information about the nature and characteristics of family violence.

Training for specialists in family violence, which is attended by specialist women's family violence services and by some police, that's a full day of training.

MR MOSHINSKY: Can I ask you now, having outlined I think broadly how it works at the moment, whether each of you might have - sorry. Before I get to reflections, can I just ask about the risk management part of what happens under the framework which we haven't covered yet. We have been focusing on the risk assessment part. Is risk management part of the framework? How does that fit in terms of the framework?

MS ELTRINGHAM: Can I just say something about the training before we move on. The initial contract for training that DVRC, Swinburne and No to Violence were contracted to do actually did involve training in the three Practice Guides. The first one, though, the identifying family violence, was accompanied by a Train the Trainer program. That has since been taken out to regions. I'm not actually aware of how that's working at the moment, but the idea of the Train the Trainer program was that the regional integration coordinators and others would actually be able to deliver some short sessions and

information sessions based on the risk assessment framework. So there was training across the three, but the ongoing training that DVRC has been involved in with Swinburne until 2013 and just DVRC since that time has just been in Practice Guide 2 and 3 and we have had some conversations with the department about the adequacy of the time that's allowed.

I think I would just also like to say something about the way that the CRAF training or the risk assessment training has become almost a default family violence training program. It was never meant to be that. It was really meant to be about training in the risk assessment framework and it assumes a certain level of understanding of family violence in order to be able to do risk assessment, but the time available to actually deliver good training around family violence and training in risk assessment just hasn't been there for that large cohort of services that are going to be doing some preliminary risk assessment.

So, the training is something that is going to need some review as well, but it is very much tied to what we are able to deliver in terms of how the framework sits at the moment.

MS PLUNKETT: It's been the only freely available training in the state in family violence issues, full stop.

MS ELTRINGHAM: For large numbers.

MS PLUNKETT: So a lot of individuals are sent to training by their workplace when there are no structures in place in their workplace to actually operationalise risk assessment processes. They are sent there to receive basic instruction in family violence and that is not what the

training does or what it was intended to achieve.

MS ELTRINGHAM: I would just like to say something about that too. That really signals how, with increasing awareness of family violence in the community, with increased media reporting, with some high profile deaths that have been really over the last few years, the demand for training and demand for people to actually come along and find out about this framework has absolutely - has gone through the roof.

DVRC has just got another contract with DHHS, the Department of Health and Human Services, to provide another 59 sessions, and 29 of those are due to be delivered in this six months to December. I think we had 758 places available. They were advertised on 9 July and 589 of those places have been taken already. There is very little space left for other workers to come into those trainings. They go out, they get advertised, they fill up. We have waiting lists in some areas. We could run another two trainings in a local area and that's just the four-hour program. So there is an incredible demand. People really want to know what to do and how to do it.

The framework has some need for review, but people are hungry for the information and wanting to be more skilled and more informed about family violence, for a start, and family violence risk is the other part of that. It just is a really - it surprised us how quickly they filled. It shouldn't, I suppose, but it did.

DEPUTY COMMISSIONER FAULKNER: Can I just follow on from that. Can I understand a little better, then, are you the only supplier of this training? How does it work? You used the words "freely available". Do institutions pay for the

delivery of it? Are you meeting competing demand, for example, or can other organisations such as police commission you to run training and have extra courses? Is DHHS the only funder? I just don't understand how the supply works.

MS ELTRINGHAM: My understanding would be that DHHS is the main supplier. It was Office of Women's Policy. It has moved over to DHHS now for contract management of risk assessment training. It's been stop/start. We have had two contracts. We had a contract that ran to the end of 2011, then 2011 to 13. Since the end of 2013, well, throughout 2014 DVRC advertised it on our calendar, so we are funded to deliver other training, so we delivered some risk assessment training on our calendar. We delivered some contextualised training on a fee for service basis for some organisations.

DEPUTY COMMISSIONER FAULKNER: But is the risk assessment paid for by the people who come?

MS ELTRINGHAM: For some organisations who contract us to contextualise or deliver to them. Mainly it's as part of our contract, has been.

DEPUTY COMMISSIONER FAULKNER: I'm not talking about the contextualisation. If, for example, there are 100 police who want to do the training, you would then somehow try and fit them in to what DHHS has contracted you for, and they would not pay; they would be paid for by DHHS.

MS ELTRINGHAM: Yes, and DHHS would build it into the contract that they would be delivering, they would be asking us to deliver.

DEPUTY COMMISSIONER FAULKNER: Thank you.

MS PLUNKETT: Can I also say here that training is not at all

adequate to meet the needs of those large professional groups who very much require instruction in undertaking risk assessment, like the police, because it's a generic training. It is actually at the Practice Guide 3 level. It's really designed for delivery to women's family violence services. So it doesn't meet the needs, for example, of Victoria Police and it doesn't meet the needs of other large professional groups. There isn't funding available to contextualise the training and to tailor it to their needs and to use their operational processes to talk about how it fits within their own operational processes.

MR MOSHINSKY: Can I ask you just to address the risk management part of the framework. Is it just about risk assessment or is risk management part of the framework?

MS PLUNKETT: Risk management is a part of the framework under Practice Guide 3 that is for specialist family violence services. So the expectation - in the framework there's very little advice given about risk management, what risk management looks like or what it could look like. It is a huge gap in the framework.

So the services that would be providing that risk management in the main would be women's family violence outreach services and refuge services, all of whom have an outreach capacity; that is, a capacity to provide outreach services to women and their children.

Just on that, I have noted in some submissions a call for services that provide a wraparound service that's very flexible and responsive to the needs of individual women and could be applied no matter where she is at in terms of being pre-contemplative, maybe hasn't decided

what she wants to do, whether she wants to leave her partner, might have left and returned or might have separated some time ago, that there are these services that could wrap around that could also - I think the Victoria Police submission asks for services that can provide that kind of support and assistance to women right through their journey through the legal system.

I just want to be clear here that those services already exist and that they are women's family violence outreach services. They are part of our service system. They are a real linchpin of our service system, but unfortunately they are chronically underfunded, underresourced and so they don't have the capacity to provide - while they do provide in some cases those wraparound services, they are triaging and filtering out probably the bulk of their referrals where they can't provide that case managed support and they also work to varied and flexible funded periods of support.

MR MOSHINSKY: Can I turn now to reflections. You both have a wealth of experience in how the framework is trained and also used in practice. Clearly it provides a foundation and there's widespread training and use of the framework. What are your reflections on the framework itself or how it is used in practice or how it is not used in some places? Where do you see opportunities for improvement? Could I ask you each to respond to that?

MS ELTRINGHAM: In DVRC's submission we have talked about a number of things that we think need review around the risk assessment framework. The first thing we think that really needs to happen is that we need to find out to what extent, with 6,500 people across Victoria from a huge

range of agencies, we need to find out what is actually happening in those agencies and to what extent the risk assessment approach has been embedded into operational approaches within organisations.

Some feedback would suggest that there are variations, we call it a bit of CRAF drift. I think that there's a bit of police are over here talking about reviewing the framework and doing something that might be suitable for their purposes, but we know that some other agencies are doing their own versions of risk assessment. We think that - well, we are not sure. We just don't know the extent to which CRAF has really been or the risk assessment framework or approach has been embedded into operational practice. That's the first thing. We need to have a good look at it and we need to find out what's actually happening on the ground.

We also think as part of that we need to find out whether the Practice Guides are suitable for the groups that they have been targeted at. With the best targeting in the world, we have had different groups attend training that hasn't been suitable for them. Because there were places empty, there were places available, we had people self-identifying as needing to do the specialist training who obviously didn't have much family violence experience, when they maybe should have been at the Practice Guide 2 training.

So there is a bit of work to be done to try to pull that apart and have a look at which groups should be actually attending which levels of training and what should be being expected within organisations, who should be doing what and people being very clear about or the

system being very clear about what is required from a homelessness service, for example, versus a family violence service, versus a court or a registrar or police, and trying to get that sense of being on the same page, but working out what the variations are in administration of the approach.

The second thing that DVRC has identified and through the training, through training feedback, is that there are some content gaps which we didn't have to go into a lot today, but one of the big ones obviously is around it was designed to assess risk to women experiencing family violence. It doesn't provide enough guidance around assessing risk to children. We are really concerned about how we actually get some better advice or guidance around risks of filicide, asking questions about or working with women around identifying her level of fear around something happening to the children. There are some gaps around, as Catherine has talked about, risk management guidance, and we know there's a wealth of practice, experience and expertise held in women's domestic violence services.

It could be useful to document some of that risk management practice. It's sort of assumed that people know what that is, but it's only the people in those services really know what they do. So it would be really helpful to sort of be thinking about how we document some of that and get that built into the framework. I think there's room for the framework to sort of expand a bit and develop some content areas and better guidance, and there are some other areas that we talk about in our submission.

I think the third thing that we would be really

saying is that if we are going to try to continue to have a risk assessment framework that helps unite a system, then we need a really strong authorising environment around how it needs to be used. We need some high level authority within government to say, "We are all going to be using this framework and we need to be bringing in the sort of" - there are bits of guidance everywhere. There are bits of good advice and information in some of the Child Protection Practice Guides. The document called "Working with families where an adult is violent", which came out after Luke Batty was murdered, there's some good advice in there, but how do we actually build that into the framework and how do we make sure that key agencies are actually committed and required to use the same framework?

So, we understand after Luke's inquest that Child Protection saw CRAF as an optional guide. It wasn't required that the Child Protection practitioners would use the family violence risk assessment framework in their conversations with women who they were seeing and where children had been reported for assessment.

Police similarly in the Luke Batty inquest I think showed that they were not necessarily being trained in CRAF, so they didn't necessarily know about some of the risk factors. We would argue - I think once you sort of know the risk factors it is hard to forget them. You don't sort of unknow them. So, if we are training people effectively, it becomes a lens for the way we are sort of hearing stories and listening to women and talking to women and thinking about what needs to happen next.

So that authorising environment is about being really clear about who's going to be using it and in what circumstances, but also providing support to operationalise. So, training has been for frontline practitioners mainly. We haven't had special training for managers of services. Maybe we need to be thinking about that so that we take people through how you can bring along your intake documents and have a look at how you might embed CRAF into the sorts of information that is being gathered and the conversations and the advice that's being given to workers in different sectors and settings.

So there's some authorising stuff that needs to be - really had a look at in terms of a review of CRAF. It's well past time for review. There was a really minor review in 2012, but it's probably time to really have a good look at it and have a look at where, with good foundations, we need to be doing some expanding and renovating and providing better guidance and streamlining it a bit. And how do we actually stop, I think, people going around the back and just seeing the aide memoire as the risk assessment. It's not. It never was meant to be. How do we actually work through that and make sure we are actually getting people to step through the process and the practice approach that is actually described really well - described in the framework that needs some attention.

MS PLUNKETT: I would agree with Libby on all those points. I just would say that I think we could train till the cows come home and not really achieve any more in this state, because what we are doing is working with individuals who move on, who move to other agencies, who move out of

providing services, who have what they retain from training and then they have a recording template that's generic that doesn't even step them through a full risk assessment process that they can't apply in their workplace. They work under enormous pressure in high-volume workplaces, and they are also resistant to using a new process that's seen as a time-consuming process because of the pressure in those services.

I think what I would hear in training is that CRAF is not consistently applied by most of those non-specialist services. Very few have embedded it in their operational processes. Someone who has managed a lot of services, you can't expect frontline workers to undertake any process consistently and regularly if they don't have tools that allow them to do that that are embedded in other processes that take place, that they have to undertake.

So I think a lot of work needs to be done around that, and that is work that won't just occur through training. Training managers is important, but I think that particular advice needs to be provided to large service providers - the homelessness sector, for example, an enormous number of services and frontline workers who could be provided advice about how to embed these processes.

Also, we need to look at you can't also expect to just adopt a process in isolation and then be providing a good response to mostly women who experience family violence. So, for example, I would find it very frustrating doing training and coming to understand that in most of these non-specialist services initial

assessment interviews are done with the individual and whoever they turn up with. They might be with their partner. They might be with another family member. They are not conducted privately. So they can't screen for family violence, for example, and there's been no talk in Victoria about how to screen for family violence, who should screen for family violence. You can't screen for family violence if you have a woman who is accompanied by anybody, even her mother, because you can't assume that she can speak freely.

So the fact that these many non-specialist - non-family violence specialist services don't interview, do initial assessments with individuals alone means for a start they are not services that are designed to be safe for violence to be disclosed. So we have a big problem there. So there's issues around the design of services. It's more than just adopting a new process and putting it into any service regardless of how that service is designed.

There's issues around training in I think notions of coercive control that are very important to understand in terms of how you respond but also how you interpret risk information. I think we need some really good training available in the state, as freely available as CRAF in the best of times has been, for these non-specialist services to try to get that level of understanding there.

I just want to say something about risk management. Risk management is described in the framework rightly as including interagency communication and a multi-agency response. There has been a lot of talk about

that here and about RAMPs and what they can do. It's just not feasible to case conference with - and I have worked with multi-agency responses in the past. It's not feasible to case conference about any but a very small number of cases. It's never going to be, to case conference in a multi-agency way.

That is why most multi-agency responses around the world have involved information sharing across services, one service to another. But someone has to coordinate the sharing of that information and the case management to that family. So someone is coordinating who's sharing information when, who's receiving information, what information is being requested, and at the same time that individual as part of a service is providing an accountability mechanism as well. What is the system doing at this point? What is going wrong? Can it be fixed right now? Is it indicative of systemic issues?

Those are women's advocates in a Duluth based model, and they would sit in outreach services. Advocacy is something that has been given lip service in this state. It's really important because, when you talk about mechanisms to share information or to have multi-agency approaches, they are not there. They are not articulated in Victoria.

So I bring this up in the context of the Common Risk Assessment Framework because the basis of this would be sharing risk information. But who makes sure that it is shared? Who is there at every point in the system when women tend to come into contact with the system? Normally the specialist family violence services.

MR MOSHINSKY: I'm not sure whether the Commissioners have any questions?

DEPUTY COMMISSIONER FAULKNER: I'm particularly unclear about who is the governor of the CRAF, so who has responsibility to then ensure that it is kept up to date, that sufficient training is provided. I can see elements of DHHS, but it can't, for example, audit the police's compliance with the framework. I know it started in the Office of Women's Policy and the development was done there, but who governs the whole process? Who makes sure that training is up to standard? Who makes sure that the right agencies have training, all of those sorts of things? How is it governed at the moment?

MS ELTRINGHAM: I think the governance around the whole family violence system is something that's sort of fell over a bit over the last few years. I think there were some good foundations of governance in Victoria as well, including statewide committees, regional committees, but an interdepartmental committee and high-level commitment from a group of ministers in the previous Labor government who committed to building a whole-of-government approach. We were a long way from getting there, I think, but there was some good work on the ground.

I think the fact that Office of Women's Policy held a family violence coordination function and they held the responsibility for the risk assessment framework and for the training contract was an area where a lot of that negotiation around who would even attend training was held. So high-level discussions at that family violence interdepartmental committee got maternal and child health nurses committed to training every one of their staff in

concert with their framework around asking questions and screening for family violence.

They also worked with the courts to get some agreement that registrars in courts - registrars were the first group ever trained in family violence risk assessment framework. I think there's been some shifts in perceptions around what that might mean now in the courts, but the work that was done to negotiate with various government departments happened at that interdepartmental committee and it was held, and with police support, high-level police support, but those sorts of conversations - my understanding is that some of that wrangling around who was in and who was out happened at that level.

It was a process of constantly trying to bring more government players into the same space and work through some of those issues. I don't think - again, it wasn't a sort of perfect resolved governance arrangement, and I think that's probably something that we need to think about or the Commission is obviously going to be thinking about now.

It's worth looking back to some of the foundations of how we got to where we got to. We did actually get some buy-in that was unexpected, probably. Community Corrections contracted DVRC to deliver a range of training for community corrections officers. They weren't at the table initially, but they were brought in through the statewide committees and through the interdepartmental committee and through the group of ministers that oversaw this.

So that work in progress - and maybe there's a

better way, and I'm not absolutely sure - I don't know what that governance arrangement might look like in the future, but I don't think we should be just sort of planting something over the top. We need to be looking at how we got to where we got to and then what do we need to actually really strengthen that authorising environment to bring more and more - or to really get that commitment to working from a framework that is a shared framework, a shared understanding of family violence, and is a whole-of-government approach.

We talk whole of government, but we don't really - I think we talked about whole-of-government approach but we didn't really know what to do when money came through. There wasn't much experience of how whole-of-government spending might happen when there was big budget bids in 2005.

There's obviously some foundation stuff that's worth going back and having a look at, and working out where things worked well and what worked and where they went off the rails or where there were particular blocks. I think that that navigating work that was done by Women's Policy was really important, and you could say that Women's Policy had the lens of the victims' safety in mind, so more on a page with women's family violence services' principles too.

DEPUTY COMMISSIONER FAULKNER: I can glean from your answers the factors you think should be considered. I'm really trying to get at, at this point in time, this year, who is responsible for making sure that CRAF is as it should be, rolling out to the right people, counting how many people in the sector need training, so - - -

MS PLUNKETT: DHHS.

MS ELTRINGHAM: DHHS holds it currently.

DEPUTY COMMISSIONER FAULKNER: They are responsible for making sure police get trained? I'm just trying to get at the issue of - I can understand that they would write it into their own service agreements, that the people whom they fund through some of their programs and probably not their health programs are funded. But is it clear - - -

MS PLUNKETT: I can answer this. I think the fact that police are trained at all - it is just that training sessions are available and at some point, my understanding is, police have requested that some of their officers are trained. This is not a comprehensive training program for police. Very few police, in terms of overall numbers, are trained at all through the Common Risk Assessment Framework training. So it's normally - there's training advertised occurring in an area, it's DHHS-funded training and the local police family violence unit might attend that training.

DEPUTY COMMISSIONER FAULKNER: Thank you.

MS ELTRINGHAM: Can I just add to that. I think there is great regional variation in terms of who attends training. So in some areas you would get a number of child protection workers attending and police attending, and in other areas hardly any. So it would just depend on what regional leadership looked like as well. So it's the layers of authority and the layers of leadership I think that really need some examination.

DEPUTY COMMISSIONER FAULKNER: Thank you.

DEPUTY COMMISSIONER NICHOLSON: This morning I asked Professor Ogloff what he thought we could realistically expect of

frontline workers in some of these big service systems. I think he confirmed the view that probably the best we could expect of them was to use quite a simple tool in terms of risk assessment that had quite a low threshold, and that that would enable more senior and experienced people to then use that as a base for triaging.

So my question is: if we accept Professor Ogloff's view, what's the appropriateness of the framework in those circumstances for frontline staff? When I look at the Practice Guide 2, it's actually quite sophisticated in many ways and in those circumstances I can understand why frontline staff tend to revert to the aide memoire and do some ticking of boxes. So I would like to hear your views in the sort of scheme that Professor Ogloff suggests how the CRAF - whether it would be appropriate for frontline staff in those circumstances?

MS PLUNKETT: Yes, I agree with that. I think that's why, as you have commented, it is not used. It is commonly not used and it's not used consistently. I think there's the odd committed frontline worker who decides to use it. But generally it's not used in any consistent kind of way. So I think that that is correct.

But I think one of the problems is that, if you say that we know that large numbers of women are entering the homelessness service system requiring assistance and it turns out that family violence is the reason for them seeking assistance, if you say that a comprehensive risk assessment should then be done by a specialist family violence service following their presentation and that would be when that was done you would need to inject large amounts of additional funding into the specialist family

violence service system because at the moment they cannot provide service when it's immediately required in that way. For example, in local areas outreach services all have waiting lists.

DEPUTY COMMISSIONER NICHOLSON: So what you are saying, I think, is that the CRAF as it currently stands wouldn't be adequate to enable the triaging of effort towards the 20 per cent that Professor Ogloff spoke of?

MS PLUNKETT: It wouldn't be in its current form. It doesn't provide enough guidance and advice for professionals who don't have a lot of experience and skill to do that. There's a lot of reasons for that that I have covered in my statement. One of the main reasons is that the recording template, which is considered to be the tool that workers, frontline workers, would use, is really insufficient to do a risk assessment and relies entirely on professional judgment in terms of interpreting the information received. So the professional judgment of a frontline worker who is not a specialist in family violence is - they are probably not going to have the level of skill required.

DEPUTY COMMISSIONER NICHOLSON: I think what you are saying is that the current framework wouldn't do the job for frontline workers under Professor Ogloff's scheme?

MS PLUNKETT: No. The current framework requires a lot of work.

MS ELTRINGHAM: Which is not to say that we think we should start with something new. I think the really strong message would be that it is a solid foundation. It's done a job that has raised awareness, I think, across Victoria. The fact that we have filled 570 places or something in a

couple of weeks for training means that people are aware of family violence and the need for family violence risk assessment training. So a comprehensive review and a look at how it then is rolled out more effectively I think is something that we would really be strongly urging the Commission to consider, and working out what it's going to take to get it right, to do it properly and to make it more manageable.

There's another example, I think, that maybe Catherine might want to speak to, where a sector decides that they need risk assessment training and they know that they need to upskill around their awareness of family violence and awareness of risk, was Community Corrections, who we contracted DVRC to develop some training and deliver some training but also to have a look at their intake forms. Catherine did the work on that. So it was sort of dropped into their intake processes. That would be the desirable approach to working out how you get it embedded into organisations, so a high-level organisational decision made that they needed to be better - a better family violence lens through the assessment processes before even a risk assessment was undertaken. Do you want to speak to that?

MS PLUNKETT: Yes. I have described in my statement the work that was undertaken, and it was actually introducing a screening process so that all female clients into Corrections were screened for family violence. There are very high rates of family violence among that cohort, of past experiences and present family violence.

Then I looked at their initial assessment processes as well and looked at where we would trigger a

risk assessment response, and actually created forms for them from their own forms to guide that risk assessment for that corrections officer, so to take them through step by step conducting the risk assessment, and then the response, which was developing a safety plan, reviewing risk assessment regularly, making referrals; so created all of those, I guess, operational tools that were required for them to embed that process into their existing processes. I think that that is critical, if you want to have consistency and a comprehensive approach in Victoria, that for at least those very large organisations you can provide that kind of advice.

While I have the mike I wanted to add one more thing, which was I was thinking about the risk management - the approach to risk management in Victoria and that very much I think there's a lot of agreement around the fact that we want to see more emphasis on perpetrator accountability, and that's certainly what we are looking at with the RAMPs, the risk assessment and management panels.

But I was thinking about this in terms of where is that response to the perpetrator triggered in the system. In most cases, perpetrators do not present to agencies seeking assistance. Mostly that response would be triggered through the police having contact with perpetrators. But in a large number of cases it would be triggered through women going into specialist family violence services and talking about the perpetrator, and you need to be able to trigger the response from that point as well. So who is going to ensure that that information is shared? How are they going to do that?

I guess I just go back again to you can't case conference about every case. You need someone who is charged with picking that up, taking it back to police or to courts or wherever it needs to go, to Corrections, and ensuring that there's a coordinated approach not only to the safety of the victim and her children but also to ensuring that the perpetrator is held accountable.

MS ELLYARD: If there's no further questions, may the witnesses please be excused?

COMMISSIONER NEAVE: Thank you very much indeed for your evidence.

<(THE WITNESSES WITHDREW)

MR MOSHINSKY: Commissioners, I see the time. I'm in the Commissioners' hands. One option might be to have an earlier break and then start the next witness, rather than start her now.

COMMISSIONER NEAVE: That seems sensible rather than breaking it up. What if we come back at - - -

MR MOSHINSKY: Quarter to. Would that be possible?

COMMISSIONER NEAVE: Yes.

LUNCHEON ADJOURNMENT

UPON RESUMING AT 1.45 PM:

COMMISSIONER NEAVE: Yes, Ms Ellyard.

MS ELLYARD: Thank you, Commissioners. The next witness is Ms Bernadette McCartney. I ask that she be sworn, please.

<BERNADETTE McCARTNEY, affirmed and examined:

MS ELLYARD: Ms McCartney, what role do you presently hold?

MS McCARTNEY: I'm the Executive Manager of Community Support at Bethany Community Support in Geelong.

MS ELLYARD: What does Bethany Community Support do? What areas does it offer services in?

MS McCARTNEY: We are a multi-sector organisation. So we have specialist family violence services, homelessness, problem gambling, family law, financial counselling, emergency relief, integrated family services, Child FIRST, so quite a diverse range of services.

MS ELLYARD: You have made a statement to the Commission that is dated 8 July 2015. Are the contents of that statement true and correct?

MS McCARTNEY: They are.

MS ELLYARD: I note that there's a couple of points where there's sections which are going to be redacted in the publicly available version of the statement, but in the version I think you have in front of you we can still see the contents of those paragraphs?

MS McCARTNEY: I can.

MS ELLYARD: You have attached to your statement a copy of the submission made by Bethany to the Royal Commission?

MS McCARTNEY: Yes.

MS ELLYARD: Can you summarise very briefly your own professional background?

MS McCARTNEY: Certainly. I have two degrees. I commenced my

professional career as a teacher, but retrained into social work, so mainly in social work I have worked in homelessness services, community based mental health services, child and family services, complex needs and more recently before my current role I was the service delivery manager for the Multiple and Complex Needs Initiative.

MS ELLYARD: At paragraph 10 of your statement you summarise the work that Bethany does in the specific area of family violence and you identify amongst other things that it's Bethany's role to receive the L17 referrals involving men for the Barwon area; is that correct?

MS McCARTNEY: That's correct.

MS ELLYARD: At paragraphs 12 and 13 of your statement you deal with the question of the Common Risk Assessment Framework. Were you present during the evidence of the previous witnesses, Ms Eltringham and Ms Plunkett?

MS McCARTNEY: I was.

MS ELLYARD: Can I ask you this very general question: Did you agree with them about the strengths and weaknesses of the current framework as they outlined it during their evidence?

MS McCARTNEY: Yes, I did.

MS ELLYARD: One of the particular points you have made in paragraph 14 of your statement relates to the extent to which it's reasonable to expect people working in the family violence sector to exercise professional judgment in the way that the CRAF calls for. Can I invite you just to explain the point that you've been making there?

MS McCARTNEY: Yes. It relates very much to an observation. I should qualify for the Commission that my entree into

specialist family violence services is relatively new. It's only been about three years. Whilst I historically have worked with women leaving family violence and men perpetrating family violence, I have not worked in a specialist family violence service.

So I think for me I'm quite attuned to the need for a professional oversight, particularly in relation to risk and utilising risk frameworks. That's largely based on historical involvement in working with people presenting with very complex needs who were transversing a number of different sectors. So it's been I guess a foundation and an ongoing piece of work in my professional career around understanding that.

So, when I look at the CRAF, I very much related, when I undertook the training, which was about three years ago now, the piece that I probably related to the most was the use of professional judgment and I think that's something we are really attempting to do at the RAMP, but also internally in Bethany.

MS ELLYARD: So if we consider, I suppose, the background and the skill set of those who work in the sector, particularly, for example, the proper place for people with lived rather professional experience in family violence working in the specialist family violence sector, what would you say about the reasonableness or the appropriateness of expecting people without that professional background to exercise what the CRAF refers to as professional judgment?

MS McCARTNEY: Certainly my observation has been where workers have indicated that they have a lived experience of family violence and how that co-exists with their professional

judgment. I think that takes very careful management so that those two issues don't intersect inappropriately. I certainly have seen examples where that has occurred, where people have gotten a little confused, I think, around what is their experience and what is the woman's experience in front of them.

So I think for me it's how the management structure or senior workers or indeed line managers manage that on a daily basis. If they are aware of a person - and you can't always be aware of a person's lived experience; when we know one in three women, you can hazard a guess that a number of the women working in the specialist family violence sector have some level of lived experience.

MS ELLYARD: You are particularly here today to talk about the role that you have played in the trial of the Risk Assessment and Management Panels project. Can I invite you to give a summary to the Commission, please, of what the Risk Assessment and Management Panels are and how they operate?

MS McCARTNEY: I will do my best to try and keep this concise. Essentially what the risk - I will use the word RAMP - essentially what the RAMP do is upon the identification of a woman and her accompanying children, if that's the case, are identified at the highest risk of being seriously injured and/or killed, they are referred into a multi-agency, multi-sector panel, which comprises of a number of different sectors which include specialist family violence services for men and for women. Victoria Police, Corrections Victoria, in our instance, the Magistrates' Court, Child Protection, Child FIRST, Barwon

Community Legal Service, Barwon Health's clinical drug and alcohol, clinical mental health and drug and alcohol services, and homelessness services and the Office of Housing. So it's quite a big group.

MS ELLYARD: When we talk about the panel, is it literally a panel in the sense that you physically meet all together around a table?

MS McCARTNEY: We do.

MS ELLYARD: How often do those meetings happen?

MS McCARTNEY: They are scheduled on a monthly basis, but we have the capacity to convene extraordinarily, which we have on some occasions.

MS ELLYARD: You said that the work is done for those cases where women and accompanying children are identified at the highest risk of serious injury or death. Who is it who makes that identification and how does the referral process work?

MS McCARTNEY: The referral process is quite detailed. I should qualify it by saying the majority of our referrals have in fact been made by specialist family violence services, so that's in our instance Minerva or Bethany and Victoria Police. So they have been the main referrers into the RAMP. If I take, for instance, and that's been largely on the back of the L17 report, so a specialist family violence service and/or police will identify an increase in risk and they will take a broader view of it. So it might be that it's the fifth or sixth L17 they have received over a short space of time and they are identifying in the narrative, in that L17 report, that the risk is increasing.

On the basis of that, they will then start to

look at some more detailed information gathering and that might be searching their own databases, so in our instance, if we were to identify a high risk referral, we would then scan our internal databases, we would find out how many L17s, had the woman in fact been through the family violence after hours processes, were they involved in Child Protection systems and we can identify that information through our Child FIRST basis.

We would start to really gather a profile of this woman and of the situation, but also just as importantly around the perpetrator. In many ways Bethany is in a good position because we have ready access to that. We have a suite of services for men who use violence.

MS ELLYARD: In the case of L17 referrals made to you by police in respect of men involved in family violence incidents, will it often be the case that those men are already known to you either because of a previous L17 or because they are already users of the suite of services that you offer for men?

MS McCARTNEY: More commonly it's because we have received a previous L17, not so commonly that they are users of services, so we will be able to track the level of engagement. For me that's in determining the risk and in determining the eligibility of the referral. The man's involvement in services or his willingness to engage is a fairly important marker.

MS ELLYARD: If, for example, just to give this some really practical context, if your organisation as the receiver of referrals from the police for men receive a referral and it's the third one you've had in three weeks and this referral refers to an incident where glass was broken at

the house, whereas the previous ones referred only to verbal arguments, is that the kind of example of escalation that might trigger in your mind the thinking that this might be a high risk case?

MS McCARTNEY: It probably might need to be something a bit more extreme than glass being broken.

MS ELLYARD: How extreme are we talking? How do you measure the people who are at risk of imminent death or imminent serious injury?

MS McCARTNEY: Generally speaking, if there has been a very specific threat made and there has been some detail around that threat. So, to provide an example, we have had incidents contained in the police narrative, but also when I have spoken to police or other services that are involved. It will be a detailed threat such as, "I will pour petrol over you and burn you alive. If I can't have you, no-one else will have you, and your children won't have you." So they are very detailed and they are very specific.

That then needs to be married up in terms of his wherewithal; does he have the capacity to do this? This is how we start to build the scaffolding of the risk around this man and his capacity to harm or ultimately to kill.

MS ELLYARD: At paragraph 20 of your statement you detail some of the factors that you have regard to when making the assessment in your effectively gatekeeper role as the chair of the panel, whether it's going to meet the grade for inclusion in the RAMP. Can you summarise, please, for the Commission - you have referred to specific threats. What are some of the other markers that either alone or in

combination might get it over that threshold to being very high risk?

MS McCARTNEY: Certainly where there has been a persistent disregard for the law, so persistent breaches; where there has been a significant history of use of physical violence; also where there has been multiple incarcerations, non-compliance with parole conditions. In fact, the refusal to make an application for parole, preferring to undertake a straight release, is concerning. As mentioned before, his capacity or his willingness to engage in support services and how he reacts.

We have a capacity at the Geelong Police Station to have a men's family violence worker to engage with men at the point of interview or in fact at the point when they are incarcerated in the cells. That is often a marker for us when the man will refuse to engage, in fact at times can be quite verbally abusive towards that worker.

I think also when perpetrators will say things such as, "I don't care if police kill me. I have nothing to live for." And I think also significant events in people's lives such as an imminent release from prison is often for us a time where we will mobilise and that's often picked up as a pending time where the risk will increase, but also obviously the birth, pregnancy and birth of children.

MS ELLYARD: As part of the assessment process of whether or not a case that's been referred to you is going to be accepted into the RAMPs, other than the information sources that you have available to you within Bethany, what other information are you able to access at that

preliminary stage to help you build this profile of the offender and the risk he poses?

MS McCARTNEY: Obviously I will gather as much information as I can from the referrer. That will be quite a detailed - taking them through quite a detailed questioning around their belief, their professional judgment, what the woman is actually saying, what's her identification of the risk, what has changed, but also identifying information from Victoria Police, but also from Corrections Victoria, and being able to do that at that preliminary stage does actually assist. It's often some of those conversations in that early building-up of a profile that I start to develop a strong sense in terms of the level of risk that we are dealing with.

I think it's also worth noting a number of the referrals we have received and have managed at the RAMP are families in absolute complexity, but also very chaotic. So they are families who are experiencing multiple issues, so they might have Child Protection involved in regards to their parenting or that there's neglect identified in the home. So, it's quite a lot of information gathering.

MS ELLYARD: When you are assessing risk, are you also assessing effectively protective factors by means of the extent to which there are already services engaged to support that victim or to deal with the risk posed by that perpetrator?

MS McCARTNEY: Absolutely. One of the key questions I will ask referring services is a very direct question, "Is your service alone able to manage this risk?" If the answer is "No," then I am listening very intently to that and I will

ask them a number of questions around, "Why are you not able to manage the risk on your own as an organisation?" Generally the answer to that will be, "We don't have the hours. The police are not listening to us. Child Protection are using methods or they are involving themselves in a way that's actually sending a message to the woman she's a bad parent, so she's quickly disengaging." Capacity within their organisation of referring. We get some referrals from private psychologists. Now, they are very limited in their capacity to manage a level of risk such as that.

MS ELLYARD: How confident are you that through this referral process all of the highest risk cases find their way to you?

MS McCARTNEY: I couldn't say I'm 100 per cent confident and I could definitely say that there's been some cases that have come to RAMP where halfway through our conversation I'll think in my head, "This wasn't a RAMP client," but I think I also qualify that by saying, "Well, at least we are discussing it and we are developing a risk mitigation plan." But I can't say for 100 per cent because I think there is still so much unreported levels of high risk family violence operating in the Geelong area that we simply don't know about, that the police don't know about.

MS ELLYARD: So to the extent that you get referrals that turn out really not to meet that criterion of seriousness and perhaps might obviously not reach that, what explanation do you think is available for why services might make those referrals where really clearly perhaps they are not going to meet the criteria?

MS McCARTNEY: I think it goes back to service fatigue and just

some constrictions on the managing or the case managing service. But I also think it's perhaps some level of lapse in judgment around that information gathering. But I also think once we are actually at the RAMP and the information is being shared, we quickly start to understand, "Actually this woman has managed this incredibly well," she has a number of factors in place that really start to downgrade the risk almost literally in front of your eyes, and then you start to hear about, "She has a family involved, she has this involved," so it's information that we just didn't have.

So, on the face of it, you would look at it and say, "I think this is high risk and I think this is definitely meeting the eligibility criteria." But at the end of the day we're humans and we make mistakes and risk is a very fluid beast.

MS ELLYARD: Do you mean that there are some cases where objectively the risk is very high, but the woman perhaps herself with the assistance of support services has put in place the kind of things that are necessary to manage that risk and to bring her out of that really high risk category?

MS McCARTNEY: Yes.

MS ELLYARD: I suppose that's the opportunity to speak about what's the role of a women's agency or a victims' agency in a process like this where there is going to be a whole panel of people talking about her where she herself isn't going to be there.

MS McCARTNEY: Women are always invited to attend. They are given the option. Obviously we seek consent for the referral to be made to the RAMP and I think in close to

100 per cent of the cases they have all given that consent. We have had three examples where women have actually attended the RAMP.

MS ELLYARD: My question was: once the matter is before the panel and various service agencies are giving their perspective, what account is then able to be taken of the capacity of the woman either to help herself or, because of factors beyond her control, to not be able to help herself out of the situation?

MS McCARTNEY: I'm not sure I'm understanding the question.

MS ELLYARD: For example, when you're around the RAMP do you talk about what could she be doing that she's not currently doing or are we well past that point by the time you get to the RAMP?

MS McCARTNEY: I think we are probably well past the point. A lot of the information or the conversation is centred around the perpetrator and points of accountability or opportunities to hold him to account. But interestingly I think there is often information provided in the context of the RAMP that do absolutely assist us to re-understand the risk and impact then on what the plan is, what the risk mitigation plan is.

MS ELLYARD: Can I ask you now some questions about the process that you follow. You deal with this at paragraph 24 and following of your statement. Can you summarise, please, what are the nuts and bolts of - you have a list of referrals. What's the process by which you gather information, convene people and have the discussion?

MS McCARTNEY: Sure. A case list is sent out. We really try to get that out a week before the RAMP. That provides a very concise summary, so it has information on the woman,

her children and the perpetrator, and in the narrative, if you like, it's quite pointed. We will identify the reasons why this family have been seen as eligible for the RAMP and so it will list then the risk factors and the eligibility criteria. That's sent out a week before the RAMP. We come together - - -

MS ELLYARD: So in that intervening period between when the list is sent out and you come together, what are all of the attending agencies expected to have done to resource themselves to participate at the panel?

MS McCARTNEY: Their research. So, they go back to their individual databases and they ascertain their involvement and the history of their involvement. If there is contemporary involvement with that family, what does that look like. So they really undertake quite a rigorous research process, if you like.

MS ELLYARD: Is any of that information shared amongst the other agencies in advance of you coming together at the panel?

MS McCARTNEY: Not usually.

MS ELLYARD: So is it literally shared verbally at the panel?

MS McCARTNEY: Correct. People usually come with a piece of paper, the case list, and they have written, literally written, and that's really about maintaining very tight record keeping, not having paper here and there. People aren't really asked to - they are asked to adhere to some fairly strict guidelines around how we maintain information because it's incredibly sensitive.

MS ELLYARD: So there's a case in front of you all. What's the practice? How is the case discussed? How are the perspectives of different participants sought?

MS McCARTNEY: That's really my role as chair, so I will lead the conversation. We will move around the table. So, whoever has referred the woman and the children into the RAMP will start and they will speak to the referral because they often have the highest level of information and the contemporary involvement with the woman and child. Then we will literally move our way from person to person, and some people have no involvement with a particular family so they will say, "They're unknown to us."

Based on that information, I am copiously taking notes and I will then open it up in terms of a discussion with the panel members, "What is our plan? What are the points that we need to mitigate against? What are the risks?" Generally speaking, we will start with the perpetrator. I do that deliberately because I really at all times want to send a very clear message, particularly to the statutory services at the table, that this is their job and they have a serious job to do and their job is to hold him accountable.

So I will really spend quite a bit of time in talking or in asking questions and asking police, Corrections Victoria if they are involved, Child Protection, what is their role, what can they contribute to mitigate that risk?

MS ELLYARD: Might that be, for example, in the context of the police, "He's on bail. Have you considered breaching his bail? Are the breaches of intervention orders being investigated?" Or to Corrections, "Have you considered his parole status?" Things of that kind.

MS McCARTNEY: Correct.

MS ELLYARD: As part of this process, I wonder could you

reflect on your experience in finding out how different parts of the system assess risk and the differing approaches to risk that you observe as you convene these panels?

MS McCARTNEY: It's been a fairly interesting meandering journey, I think, in some ways, in understanding how statutory services will tend to assess often the risk of a particular incident. So it's not uncommon sometimes police will say in the RAMP, "Oh, I'm not sure if this should really be at RAMP," and we speak quite freely and so there is rigorous discussion. It's very professional. These are very senior people. So there's an expectation that people can hold themselves and behave in a manner that's professional at all times.

So, we will hold a conversation where police might say, "We don't think this should really be here because our involvement with him is he's a bit of a small-time kind of criminal," or "He's not particularly, we don't think" - so they will give a narrative. I'm trying to be very de-identifying in my evidence.

MS ELLYARD: Can I give you an example. The police might say, "The incident we attended was a fairly low level incident, so on the basis of that we don't see this family as at high risk."

MS McCARTNEY: That's right.

MS ELLYARD: Whereas another perspective might be, "Yes, but it's the fifth incident in two weeks."

MS McCARTNEY: Yes, and police will be attuned to that. I have to say the police will be attuned, particularly the family violence unit, but it is then whether they have the capacity to actually identify that man as somebody who has

got - that the potential is there's this cumulative effect of his use of violence. Now, some can and some can't, so those questions are important to ask, and that's the same. Corrections Victoria will tend to look to the risk in terms of what is his risk of reoffending, so they won't necessarily always look at the whole contextual information. Child Protection will be very attuned, obviously, and Child FIRST, to the risk to the children if there are children involved and they will be talking in a language of cumulative harm; what does this mean for this child's exposure.

Specialist family violence services obviously will be assessing risk based very much on the cumulative harm factor, but also on what the woman is saying and will be very strident in their view in terms of, "This is what this woman is saying, that she believes she's at risk for these reasons."

MS ELLYARD: So how are those competing perspectives on risk managed then at the panel?

MS McCARTNEY: Again with really rigorous conversation. If I reflect back on the RAMP and I think one of the major strengths of the RAMP has been the ability for people who have perhaps come into the RAMP with a fairly rigid view on the assessment treatment of risk and the development of risk mitigation plans, they have been exposed to different ways people think. I think that's been invaluable for people and I have over the course of three years of chairing the RAMP, or a little bit over three years of chairing the RAMP, have just started to see some very - and I think they are seismic shifts in thinking in some people.

I think about the Office of Housing in the very early days, to get a woman relocated or to change a security door was a bureaucratic nightmare, quite frankly, and I think to where I see it now, they have a high risk register and that woman will be immediately relocated. That's significant. That's a significant change in culture and that's been based on having a consistent person attend that RAMP. I think he would quite obviously - I think he would say at the beginning he actually had no real understanding about what it actually meant for women fleeing family violence and their families. I just don't think he did. I think he could quite categorically say now he does understand it. I'm speaking for him, but I have watched the move and the change and I have heard the conversation and I have seen the difference in which people approach the assessment treatment of the risk.

MS ELLYARD: So, that robust discussion having happened, do you always need to reach a consensus?

MS McCARTNEY: It's ideal. It's not always possible. I will strive as much as I possibly can, but then I probably will - if I feel like it's really not going to happen, I think I will apply the principle of, "I think the majority rules here," and we might even have a bit of a laugh about that, quite frankly.

MS ELLYARD: For example, if the majority view is that a particular service ought to be taking the lead on this, but that particular service says, "Actually, we're not sure whether we have a role," does the RAMP effectively have the power of compulsion on that service that is unwilling to say, "No, no, no, majority rules. Go and do

it"?

MS McCARTNEY: If you are asking if we stare them down, no, that doesn't happen. But I think the majority does tend to rule and I think people do feel - I think, generally speaking, people are willing to undertake an action on behalf of their organisation if they think it makes sense and it's going to create an outcome. For the RAMP, the outcome has to be the safety of the women and the children and the accountability of the men.

So I will often use that to say, "If police are asking you to track him down, find him, serve the order, but don't do that until we fully understand that the woman is safe," because we know the impact of the serving of that order and what it will be, then they often will say, "Okay, I understand that." I think this has been the benefit of the RAMP. If you provide people an opportunity to explain their decision making, explain the rationale for why they believe something should be done, then they will do it.

MS ELLYARD: So then how are the action plans - if that's the right word - formulated and put into effect for each case?

MS McCARTNEY: Obviously from the minutes of the meeting we have those action plans. If the plans are - some might have five or six actions, and we will talk about a timeline for completion of those actions. In some instances obviously it's almost immediate. You can attribute a week or two weeks. That's then typed up on the day of the RAMP and distributed by close of business that day. So it's timely, and that again is a done for a very specific purpose because you are keeping people in that information gathering loop. Often people have

completed their actions before we have even sent out the minutes, quite frankly.

MS ELLYARD: Then what record is kept of whether the agency involved has done whatever the action plan - - -

MS McCARTNEY: That is marked off in the minutes. If it has been completed and what the outcome is, it is marked off in the minutes. I should go back a few steps. At the commencement of every RAMP we will review any outstanding actions. That's another, I guess, opportunity to hold people accountable. "You said you would do this and you have not done it. Why have you not done it?" People will say, "I have been on leave." So then that's an opportunity for the chair to say, "You are accountable for this. You agreed to do this. You needed to delegate." And people accept that.

MS ELLYARD: How long do cases stay on a case list with the RAMP? Does each case only come to you once or are there cases that come back multiple times?

MS McCARTNEY: I have some data. The re-referral rate in '13/14 was 9 per cent. So relatively low.

MS ELLYARD: By re-referral do you mean, the case having been concluded at one RAMP, there was subsequently a new referral of that same family?

MS McCARTNEY: Yes. Last financial year it was 20 per cent. So it increased. But they are relatively small numbers in terms of the numbers we are dealing with. In terms of keeping family or clients at the RAMP, it's not entirely designed to do that because it is really a point in time. We expect that the services are case managing them. So it's really a point in time to develop a risk mitigation.

There was one example just a couple of years back

which we were collectively so concerned that we maintained it on the case list for a period of four months just because we were - no matter what we tried, the risk just was not being mitigated. We tried so many different ways to actually manage it. It wasn't until after the fourth discussion, at the fourth consecutive RAMP, that we then all agreed, "Okay, we believe the risk is now downgraded to a level that it can be managed by the agencies."

MS ELLYARD: So what's the impact of this multi-agency approach on perpetrators, from your observation?

MS McCARTNEY: I think about this quite a lot, because I think for the perpetrators they don't really know about the RAMP. The women are fully appraised of the RAMP. But because we don't need consent for the men, because quite frankly we would never get it, I don't think they actually know about it. But certainly from what I've been told certainly by police and Corrections, they know something is afoot because the scrutiny is more intense. So, every time they're breaching, police are there, and we have had examples where men have been released on parole with quite significant parole conditions and, because they've been subject to a RAMP, police will be monitoring them incredibly closely.

There was one incident where the police did inform me that after the police attended to do a curfew check, the man said, "What's going on? Why are you ..." and they quite rightly were able to say, "You have a number of parole conditions. We're just making sure you meet those parole conditions." So, I think it's a strong, strong message to the men, but I also think more broadly it's a strong message to the community that we understand

quite rightly where the scrutiny or the gaze should actually be. So it's not necessarily about sitting around talking about what the woman hasn't done right over a number of years and how bad a parent she is and how much Child Protection thinks she needs to change. It's not about that. It's actually about what do we need to do collectively to hold him to account.

MS ELLYARD: So obviously this is a very resource intensive model, but I wonder could you reflect for the Commission on the principle having broader application, the principle of a multi-agency approach to risk management and whether that's something you could see having a broader application than merely very high risk cases?

MS McCARTNEY: Sure. It is labour intensive and it probably should be reserved for the very high risk, but I think it does have applicability. I think the principle of information sharing, and my colleagues this morning certainly unpacked that very well in terms of how you share that information and effective use of the coordination role, which quite appropriately should sit in specialist women's services around the sharing of that information, which of course needs to be underpinned by legislation. There needs to be effective legislation that enables people to share critical information at the right time in the right way for the right purpose.

MS ELLYARD: At paragraph 43 of your statement you say that, from your perspective, the convening of various agencies, it should really be a daily occurrence occurring in the context of them all being funded together to perform different parts of the one function. Is that to your mind the answer?

MS McCARTNEY: I think it is one model. I don't necessarily think it's the answer and whether the information sharing occurs in separate organisations funded separately or whether they are funded together, I'm not particularly fixed on a certain view. But I think the critical principle is that the information has to be shared, because certainly our experience at the RAMP, and I guess I'm pretty honoured to say that in the time of the RAMP there has not been a family violence related death in the Geelong region. I think that's a significant statistic.

But I think the principles of the information sharing, the trusting of others' judgments, the sharing of perspective, the willingness to actually come to the table and share that information and trust that those who say they are going to do a particular action do it. I always level it back to think if a woman has trusted us with her whole story, her whole experience, her whole life, effectively that's what she's doing, then we are absolutely accountable for treating that as such.

So, if we say we are going to do something, we must do it. You can't accept, "We're too busy. We're too stretched." If you are sitting at the table and you agree to do something, you have to do it.

MS ELLYARD: It seems that part of the RAMP model is not just greater accountability for the perpetrator, but, as you've identified, greater accountability for specific agencies and service providers as well, who are also effectively being held to account by their colleagues to ensure they perform their particular role.

MS McCARTNEY: Absolutely, and also increasing their knowledge in high risk family violence and in fact in family

violence more generally speaking.

MS ELLYARD: Do the Commissioners have any questions for this witness?

COMMISSIONER NEAVE: I just had one. Your RAMP was a pilot. Is it being continued?

MS McCARTNEY: It is.

COMMISSIONER NEAVE: Do you know anything about the rolling-out of RAMPs across the state?

MS McCARTNEY: I do.

COMMISSIONER NEAVE: Could you enlighten us on that?

MS McCARTNEY: Well, I probably know what is publicly known, in terms of that the RAMPs will roll out across 17 DHHS areas and they are funded for a RAMP coordinator position. That's probably the extent of my knowledge. I know that they are I guess waiting on some advice around particularly the information sharing, is my understanding.

COMMISSIONER NEAVE: Thank you.

DEPUTY COMMISSIONER FAULKNER: Could I just check. The RAMP coordinator position belongs to Bethany or - - -

MS McCARTNEY: It does.

MS ELLYARD: In that case, I will ask that the witness be excused.

COMMISSIONER NEAVE: Thank you very much, Ms McCartney.

<(THE WITNESS WITHDREW)

MR MOSHINSKY: Commissioners, the next witness is Scott Widmer. If he could come forward, please.

<SCOTT JAMES WIDMER, affirmed and examined:

MR MOSHINSKY: Mr Widmer, what's your current position with the Department of Health and Human Services?

MR WIDMER: I'm an Executive Director in the Service Design and Operations Division of the Department of Health and Human

Services.

MR MOSHINSKY: Just very briefly, what's your professional background?

MR WIDMER: My professional background is in both law and policy. I hold a law degree and have practised as a lawyer. I have worked for over a decade in a range of government roles, particularly in a range of policy roles, and I hold a Masters of Public Policy in Management, having worked at Department of Premier and Cabinet and Department of Health and Human Services for the most part.

MR MOSHINSKY: You have prepared a witness statement for the Royal Commission and I understand in paragraph 131 there's a typographical matter that you wanted to correct?

MR WIDMER: That's correct. There's an extra 7 in that paragraph. The correct figure should read $177,500.

MR MOSHINSKY: Subject to that correction, are the contents of your statement true and correct?

MR WIDMER: Yes.

MR MOSHINSKY: I want to start with a few brief questions about the structure of the department and the funding of family violence related services. In the evidence of Mr Rogers, who was called on Tuesday this week in relation to the homelessness topic, in his witness statement, which I believe you have seen, there's a section headed "Family violence services" and it runs from paragraph 123 to 169 of that statement, and it sets out a range of different family violence related services. Some of them are housing related, but others include brokerage funding, packages of funding and outreach services and case management services.

Are you able to explain where in the Department

of Health and Human Services those services are located?

MR WIDMER: Yes. The family violence services that are funded by the department sit within the Service Design and Operations Division. That division has two key arms. It has a central arm which is primarily responsible for policy and program design, and I have responsibility for three branches in the central area that do program design, including design for family violence services, and it has four operational arms. So there's four operational divisions that actually carry out the operations that would hold the vast bulk of the, for example, contracts with our funded family violence providers.

MR MOSHINSKY: So all of the family violence related services that are funded by the department or carried out by the department sit within the division which is called the Service Design and Operations Division.

MR WIDMER: Yes, that's correct. If it assists the Commission, those are broadly seen within the department as falling within either a housing assistance framework or a child protection and family services framework. The services that my colleague, Arthur Rogers, spoke about were primarily those in the housing side. The significance of that is really around there are two ministers that the department supports which have responsibility for family violence services. So that's both the Minister for Families and Children, and the Minister for Housing, Disability and Ageing.

MR MOSHINSKY: Your statement deals with two main topics. One is the Common Risk Assessment Framework and the other is the Risk Assessment and Management Panels, both of which we have heard evidence about today and I believe you have

been in the hearing room during the day?

MR WIDMER: Yes, I have.

MR MOSHINSKY: If we start with the Common Risk Assessment Framework. Who owns the framework? What part of government or elsewhere has ultimate responsibility for managing the framework, making sure it's up to date, supervising the framework?

MR WIDMER: That's the Service Design and Operations Division of the department and specifically one of the branches for which I'm responsible.

MR MOSHINSKY: I see. So in terms of looking at how it's being implemented in practice, whether any changes need to be made, that's the division which has responsibility for that?

MR WIDMER: That's correct.

MR MOSHINSKY: Can I ask you then about the sort of practical use of the framework. You deal with this I think in paragraph 54 of your statement. You indicate that the department where it funds family service providers requires them to use the framework?

MR WIDMER: Family violence providers, that's correct.

MR MOSHINSKY: In other cases such as homelessness services or other services that are funded by the department, is it a requirement that they use the framework?

MR WIDMER: A number of services have embedded a tool that is either consistent with CRAF or based on CRAF. So, for example, the police use the L17 tool and, as I understand it, police are required to use that tool. A number of other services, for example alcohol and drug services, use a screening tool which embeds elements of CRAF, maternal and child health nurses' processes embed elements of CRAF.

We have Magistrates' Court registrars, the forms that they use for processing intervention orders and primary care partnerships also use a screening tool which incorporates the Common Risk Assessment Framework.

So, to the extent that that's embedded in some way, I couldn't speak to the specific contractual arrangements that those areas have with their service providers, but it is embedded. Beyond that, no, it's not mandated for other users of the Common Risk Assessment Framework.

MR MOSHINSKY: Is there data available on actual use in practice as in how many different service providers that are funded by the department have it as part of their practice to use the Common Risk Assessment Framework?

MR WIDMER: What we know about the extent of the use of the CRAF is really based upon what we understand from the training in the use of the CRAF from where we have embedded it in systems in other services such as I have just described and a little bit from the evaluation of the training that occurred in 2009.

For example, we know that in 2008 we trained nearly all or all of the maternal and child health nurses, around 770. We know that Victoria Police members are trained in family violence as part of their core training and they are also trained in the use of the L17 tool. We know that Child Protection workers are trained in family violence as part of their core training. There is now also a specific training module for Child Protection workers to assist them in using the "Working with families where an adult is violent" guide that's discussed in my statement. We know that we have trained 275 Magistrates'

Court registrars.

We also know from the 2009 evaluation of the Common Risk Assessment Framework that I believe in that evaluation there is discussion of a survey that was conducted I think three months after the use of the training, which indicated a very high use of the CRAF training in people's ongoing work, and we know that we have worked with a range of other areas to embed the CRAF or an approach consistent with CRAF in their tool. So, for example, the L17 is used by around 13,000 sworn members of Victoria Police.

MR MOSHINSKY: I gather, though, if you take the example homelessness services, you don't have data available to show, "Well, in practice how often is it being used?"

MR WIDMER: That's correct.

MR MOSHINSKY: Is there any auditing of the quality of use of the framework? So any assessment of not only whether it is being used, but how well it is being used?

MR WIDMER: There is not a specific auditing or oversight or monitoring function that the department has. The focus of the department's efforts have really been to both provide training which over time has been evaluated twice and seeking to provide high quality training; to ensure that the tool is the right tool, so over time, as has been discussed, a number of guidelines have been developed to help support the use of the tool; and also to work with other services to try to work with them to embed it successfully in their own practices.

We have also embarked on a project called the Professional Development Strategy to try to see if there are opportunities to embed the CRAF in course curricula

for vocational courses. So we have been working with Swinburne University on that.

MR MOSHINSKY: Just in terms of evaluation of the framework, you deal with this in paragraph 78. Is this correct, based on that paragraph, that there have been two evaluations of the training, but there hasn't been an evaluation of the efficacy of the framework itself?

MR WIDMER: That's correct. In 2014/15 ongoing funding for the implementation of the CRAF was secured for the first time and the focus of my team this year has been the implementation of that ongoing funding. In planning that implementation it became clear that a more comprehensive evaluation review of the Common Risk Assessment Framework was required. We have in planning the roll-out for the ongoing funding. We have sought to do it for a shorter period to take account of that review and of the work of the Royal Commission. We have set aside some money for the purposes of that review, and the evidence that's been given today, this module and the submissions to the Royal Commission, have been very helpful in assisting us to prepare what the scope of that review might be.

MR MOSHINSKY: Just turning then to the review that you have referred to, and you deal with this in paragraph 81 of your statement, how far progressed is that review at this point in time? Have its terms of reference been documented, for example?

MR WIDMER: No, as I say in my statement, the terms of reference we would like to determine in consultation with our sector partners. As I have noted, the focus of my team this year has been in implementing the ongoing funding and planning that implementation. In the course

of doing that, it's become clear that a more comprehensive review is required.

We have set the training to only go until about July next year in most cases. So we're rolling out 59 sessions of training, of CRAF training, 480 wider identifying family violence sessions, and we have set aside some of the money that will be required for that review.

We have been reviewing the submissions carefully. There's some fantastic guidance and the guidance this morning from the witnesses was excellent. The next step for us would be to speak to our sector partners. I expect to do that in the next couple of months and to then seek to procure a provider to conduct that review later this year and to commence the review at the start of next year.

MR MOSHINSKY: So at this point in time are there any documents which outline the review?

MR WIDMER: No, there are not.

COMMISSIONER NEAVE: The provider is the provider of the training or the provider of the review?

MR WIDMER: No, sorry, someone to conduct the review for us.

DEPUTY COMMISSIONER FAULKNER: All of the focus so far has been what I would call on the housing and community services side of the portfolio, and I understand that's your responsibility. Is there any focus on the health side of the portfolio? I understand that you offered CRAF training or it can be offered to GPs, but is there a parallel process of interest in family violence in the department from the health side of the portfolio and will the terms of reference cover that?

MR WIDMER: Absolutely. The bringing together of the

Departments of Health and Human Services at the start of this year presents us with a fantastic opportunity to better coordinate a range of services including our family violence services. Over time there have been particular attempts and work that we have done with health and health services.

So, for example, there was a priority cohort training for GPs at one point during the CRAF training. There is a project under way called the "Strengthening hospitals' response to family violence" project, which is a trial project that was - the pilot sites were Royal Women's Hospital and Bendigo Health. My colleague, Frances Diver, who I believe is giving evidence next week, may be able to speak in more detail about that project. But I can certainly - my understanding of that project is that it aimed to develop a range of tools that could be more widely used across health services and hospitals to help them embed family violence identification into their practices. So I understand there is an evaluation that has been conducted or will shortly be completed around that project.

I would also note that the primary care partnerships, which are partnerships of local care providers, undertook a significant process of over time culling their screening tools down to a set of templates, and family violence based on the CRAF has been incorporated into those templates which are annexed to my statement.

COMMISSIONER NEAVE: I think that we have a copy of the Royal Women's Hospital project. I think they made a submission to us and we actually have that "Strengthening" - I can't

remember the whole title.

MR WIDMER: "The hospitals' response to family violence."

COMMISSIONER NEAVE: Yes. So DHHS funded that particular project, did it, because my impression from reading that was that the initiative came from the hospital. I may be quite wrong about that, but I just wanted to clarify.

MR WIDMER: I understand, and we can certainly check this information. I understand that the funding originally came from a different part, or at least some of the funding came from a different part of government. I understand there is ongoing funding - whether it is all of the funding, I understand there is ongoing funding now from the Department of Health and Human Services.

MR MOSHINSKY: Commissioners, I was going to move to the risk assessment panels, but I don't know whether the Commissioners have any more questions about the framework before I do so.

DEPUTY COMMISSIONER FAULKNER: You will notice that I raised this morning the fact that DHHS provides funding for police to be trained. Is that a common process?

MR WIDMER: My understanding is Victoria Police provide extensive training to their members around family violence, so that's both in core training and I also understand there is specific training for the use of the L17 tool. We have had a number of police officers seek and attend, in addition to that, training on the Common Risk Assessment Framework. I'm aware that many of those police members are from specialist family violence areas of Victoria Police.

DEPUTY COMMISSIONER FAULKNER: So you would expect that to continue into the future, that the specialist needs of

training would be met from DHHS; is that what you might expect?

MR WIDMER: I think we can safely say that the training that's available through the CRAF implementation that DHHS provides, there are opportunities to provide much broader coverage throughout other service sectors. To do that effectively, we need to work together with our partners to leverage their own training processes. We have sought to do that with a range of sector partners in working in with their systems. But we are acutely aware there's a limited reach to that training and that's why we are developing things like e-modules, the first of which was launched earlier this year and some further modules will be launched later this year. In terms of where would we go in directions, we need to look to work with partners about how we can embed that in the training.

COMMISSIONER NEAVE: I'm sorry, I do have one additional question. Earlier in your evidence you spoke about the embedding of CRAF training. I wasn't sure whether you were saying that some of your service providers' service contracts require people to participate in CRAF training or not. I'm not sure whether that was what you were saying.

MR WIDMER: No, I was referring to our service contracts with specialist family violence agencies requiring them to use the CRAF.

COMMISSIONER NEAVE: I see. So it's not the case that other organisations which may have contracts with DHHS are required as part of that contract to use CRAF or indeed to undergo CRAF training?

MR WIDMER: Not that I'm aware of. I haven't checked that,

though.

COMMISSIONER NEAVE: Thank you.

MR MOSHINSKY: Mr Widmer, if I turn then to the Risk Assessment and Management Panels which you deal with from paragraph 105 onwards of your statement. There has been an evaluation of the pilots of the Risk Assessment and Management Panels, and you deal with this at paragraph 124 and following. Following that evaluation, has a decision been made to roll out the panels on a statewide basis?

MR WIDMER: That is correct. In October of last year $17.3 million was allocated to the statewide roll-out of the Risk Assessment and Management Panels across 17 areas of the state.

MR MOSHINSKY: Is it possible to explain briefly how the roll-out differs from the pilots? Is it less intensive than the pilots are? Does it operate in a different way?

MR WIDMER: The evaluation made 10 recommendations to us about how we should roll out the statewide model. We have been following those recommendations carefully. There are some recommendations for changes that the evaluation made. The key change is around case management. There was as part of the original pilots, the two pilots, money made available for case management for men, children and women. The evaluation found that there wasn't sufficient evidence that that case management was effective. So, for example, in particular in relation to men, the evaluation found that the men involved in the RAMPs pilots were really - the risk was too high and it wasn't effective to be attempting to do case management with those men.

MR MOSHINSKY: In terms of the practical operation of the panels, you have heard the previous witness who described

how it's worked in practice in the pilots. Will it look more or less the same or are we talking about it operating in quite a different way?

MR WIDMER: It is very similar. I would like to make the point that the pilots are continuing to operate, as we heard from the last witness, and the statewide roll-out is absolutely continuing. It is a matter of urgency to both the department and the government. We are treating this as a significant priority. The evaluation made clear that there were some particular recommendations it had about how we tweak the model, but essentially the model is very, very similar.

MR MOSHINSKY: So it will involve these regular meetings of multi-agencies face-to-face and discussing specific cases?

MR WIDMER: That's correct.

MR MOSHINSKY: Just in terms of the roll-out and whether it's proceeding, there was some evidence this morning that problems with sharing information had stopped the development of the RAMPs at the moment. Is that the case?

MR WIDMER: No, that's not correct. The Privacy and Data Protection Act allows information sharing to occur under a consent model and also under exceptions that exist where there is a serious and imminent threat of harm. That is the information sharing model for the pilots and is the core information sharing model for the statewide roll-out.

The evaluation made clear we needed to provide very detailed guidelines and a range of other documentation to support the statewide roll-out. In developing those guidelines it's become apparent that the model for the RAMPs, the information sharing model, it sits close, there are some circumstances in which that

sits close to the limits of those information sharing exemptions under the Privacy and Data Protection Act, and what we want to do is ensure that as we are rolling it out at scale on 17 sites simultaneously across the state, that we are establishing those with clear confidence around information sharing.

So we are exploring as a matter of some urgency with the Commissioner for Privacy and Data Protection a further exemption to give further confidence, which is called an "Information usage arrangement" under his Act, we are exploring that as a further step to give confidence.

MR MOSHINSKY: I'm conscious of the fact that on day 20 of these public hearings we are dealing specifically with information sharing and you will be coming back to give evidence on that day, so I won't go into this in too much further detail now. But is the short point in terms of the roll-out of the panels, is the position that they are proceeding and the information issues are being worked through, but they are not actually stopping the roll-out?

MR WIDMER: That's absolutely correct. Significant work has already been undertaken in the statewide roll-out. We have established a working group throughout government and with sector partners. We have developed and agreed with them a model for a statewide roll-out. We have developed a draft of the detailed guidelines that are required, the memoranda of understanding required, the local agreements that are required. We have allocated the money to the family violence agencies that will be involved in the RAMPs. At the moment the coordinator positions are being filled across the state. Domestic Violence Victoria has

appointed the statewide coordinator for the RAMPs. We have secured agreement from Victoria Police to co-chair the local RAMPs.

The further steps that are required: we still need to fill all of those coordinator positions. We need to roll out the statewide training. We have already procured the training and run pilots and we are currently tweaking that training to roll out across the state.

MR MOSHINSKY: What's the timing? When will it all be in place and operational?

MR WIDMER: This is a matter of some urgency across government. My estimate would be that taking all of those steps will take at least three months and possibly as long as six months. The evaluation was very clear that this is a very high risk group. It is critically important that we get it right and that we have very clear guidelines, very clear processes, very clear documentation, and we are working to make sure that we get that right.

MR MOSHINSKY: Thank you. Those are all the questions I had, Commissioners.

DEPUTY COMMISSIONER NICHOLSON: I have one question, counsel. We heard this morning from Professor Ogloff that 30 per cent of family violence situations are not characterised by conventional male to female violence. Does your department consider the CRAF in its current form to be appropriate for assessing risk in these 30 per cent of occasions?

MR WIDMER: The Common Risk Assessment Framework does include in the contextual information as well as in the practice guides and the case studies, it does contain a whole range of information concerning both particular risk cohorts,

other types of family violence such as adolescent family violence or elder abuse, and it also deals with the other forms of non-physical abuse such as psychological abuse and emotional abuse. That reflects of course the definition of "family violence" that exists in the Family Violence Protection Act of 2008.

Is there more that we could do? I think very clearly that's an area that we need to look at. As I have said in my statement, I think it's fair to say that the focus of the Common Risk Assessment Framework is on intimate partner violence. There is a range of other material there. But is there more that we could do? Yes, I think that's an area that we can do better.

DEPUTY COMMISSIONER NICHOLSON: I think Professor Ogloff in his statement said that he thought this was a key deficiency in current arrangements.

MR WIDMER: Certainly, as I have identified in my statement, this is something that we need to look at closely and that's something we would expect the review to do.

COMMISSIONER NEAVE: I have one further question, Mr Widmer. You said that the key change in the RAMPs model was around case management. I wasn't clear whether that was related to the safety management in relation to women and children or only in relation to the management of perpetrators. The safety aspect, will that still remain part of the RAMPs process?

MR WIDMER: Yes, absolutely. There is still case management money in there as part of the model. However, it's not at the same level to reflect the evaluation's recommendations. In addition to that, a further $2 million in case management funding is being provided

this financial year to recipient agencies of L17 forms from Victoria Police.

COMMISSIONER NEAVE: I'm not quite sure what you mean by saying it's not at the same level. Do you mean simply that the perpetrator aspect of it has been left out and it is focused on the women and children or do you mean something different? I don't understand your comment.

MR WIDMER: There is less funding to reflect the evaluation's recommendations. It certainly leaves out the men's component.

COMMISSIONER NEAVE: Yes, I understand that.

MR WIDMER: The evaluation also found there was limited efficacy in the specific case management around children. So there isn't a specific provision about exactly where the case management money goes. There is funding for case management as part of the model, and it's expected to be used for ensuring that women and children remain safe.

COMMISSIONER NEAVE: That's the $2 million?

MR WIDMER: No, the $2 million is in addition to the roll-out of the RAMPs.

COMMISSIONER NEAVE: I see. Thank you.

DEPUTY COMMISSIONER FAULKNER: My questions were very similar. It would help us to understand what the pilot looked like - not now - and what the new arrangements look like, because there was a strong finding that the support to women and children should be done by existing family violence outreach services. I'm interested in whether you have taken that up and whether the funding for those services has been increased. But it would be really good to know what was funded under the pilot and what now has changed; just a very short, sharp piece of information

back to the Commission if that's possible.

MR WIDMER: Certainly we can provide that.

MR MOSHINSKY: Just to be clear, is there a document that you could provide which just outlines what the roll-out of panels look like and the differences between that and what was happening under the pilots?

MR WIDMER: We can prepare a document that does that, yes.

MR MOSHINSKY: If there are no further questions, if this witness could please be excused.

COMMISSIONER NEAVE: Thank you, Mr Widmer.

<(THE WITNESS WITHDREW)

MR MOSHINSKY: Commissioners, the next witness is a lay witness and there will be a restricted publication order. For technical reasons, we have been asked if we could have a five-minute break before the next witness commences.

COMMISSIONER NEAVE: Thank you.

(Short adjournment.)

(CONFIDENTIAL SECTION FOLLOWS)

MS ELLYARD: Thank you, Commissioners. The final witnesses for today are Ms Janine Mahoney and Mr Stephen Schultze, and I ask that they be sworn, please.

<STEPHEN CHARLES SCHULTZE, sworn and examined:

<JANINE MARIE MAHONEY, sworn and examined:

MS ELLYARD: May I begin with you, please, Ms Mahoney. What is your present role?

MS MAHONEY: My present role is the CEO of the Safe Futures Foundation.

MS ELLYARD: What does the Safe Futures Foundation do?

MS MAHONEY: We are a family violence response, very much specialising in accommodation and support for high risk women and children needing to escape their family homes, and also in specialist responses working with women and children within the community. We have also established a specialist integrated disability family violence response, have commenced an elder abuse response, established the very first school for children who have been rendered homeless by family violence, and we also have looked at - our latest response is a pilot that we have developed in partnership with Victoria Police about improving safety in the home for women and children at extreme risk.

MS ELLYARD: You have made a statement to the Commission that's dated 20 July 2015. Are the contents of that statement true and correct?

MS MAHONEY: They are.

MS ELLYARD: You have attached to that statement a copy, firstly, of the submission that your organisation has made to the Commission?

MS MAHONEY: Yes.

MS ELLYARD: And then a number of other documents that we will

go to in due course. Can I turn to you, please, Mr Schultze. What is the present role that you hold?

MR SCHULTZE: I'm a senior partner and director of Protective Services Pty Ltd.

MS ELLYARD: What does that company do?

MR SCHULTZE: We are a private business specialising in risk management and investigations in the community safety and other corporate private sectors.

MS ELLYARD: What is the business relationship that your organisation has with the Safe Futures Foundation?

MR SCHULTZE: Safe Futures, we consult to them in relation to specific needs that they have in the family violence sector, particularly relating to risk management of high or very high risk clients.

MS ELLYARD: Does that include in part provision of appropriate advice about the use of technology to mitigate risk?

MR SCHULTZE: Correct. Yes, exactly.

MS ELLYARD: Including, for example, the technology the previous witness talked about?

MR SCHULTZE: Yes. Risk, safety, safety treatments, and part of that is lethality assessing as well.

MS ELLYARD: You have made a statement to the Commission that's dated 22 July 2015. Are the contents of that statement true and correct?

MR SCHULTZE: That's correct, yes.

MS ELLYARD: You have attached to that a number of documents relating to the work of your organisation?

MR SCHULTZE: Yes.

MS ELLYARD: Can I turn back to you, please, Ms Mahoney. One of the things that you have identified in your statement is that in the work that your organisation has done about

risk assessment you have identified the need to, as part of your own risk assessment processes, build on what's contained in the Common Risk Assessment Framework through the addition of a number of additional factors. You deal with this at paragraph 43 and following of your statement, but I wonder could you summarise for the Commission, please, those factors which you have identified as needing to form part of a risk assessment which aren't contained in the CRAF as it currently exists?

MS MAHONEY: Yes, certainly. What we have found over many years was that the CRAF gave us quite a good amount of information to do that initial assessment, but when we were really looking at the extent of how we could safety plan for women and actually increase safety against those risks, we needed a lot more information. We needed information particularly around the perpetrator, which in consultation with police they also spoke of the fact that family violence services knew often a lot more about the perpetrator than they did if there was no criminal record. So we needed to profile those perpetrators to a much greater extent than what was in the existing risk assessment.

We also know, because we have a lot of our clients coming from other cultures, that particular cultures have risks associated with family violence and escalating risk once those women and children leave those relationships.

We know that cyber safety is a particularly growing concern at the moment. In the past where there wasn't telephones with all sorts of apps and tracking devices on cars, these weren't such a big issue, but now

they are extremely problematic for many women.

Women with a disability have particular risks associated with the violence that they experience, and so we have looked to those. But in particular children, we know that there's significant numbers of risks for children associated with the perpetrator, but often more broadly based than that as well. We know that there are particular areas that Child Protection must be notified on and so we look to actually include those within the risk assessment to ensure that our staff and, if this gets scaled out, others knew exactly when it was appropriate to contact Child Protection for an investigation.

MS ELLYARD: So a lot of that additional information that you are talking about, as I understand it, it was necessary not only perhaps for the assessment of risk, but for the development of appropriate plans to manage and mitigate that risk; is that correct?

MS MAHONEY: Absolutely. What we see as critical is the identification of the risks, but most importantly is mitigating those risks. So, the creation of a safety plan in partnership with the woman and other agencies that may be involved is critical. To actually ascertain if the things that you are putting in place to mitigate risk are working, you need to actually evaluate against a plan.

So we look to identify what are the outcomes that we are hoping to achieve from any of those things that we put into mitigate and, if they are working, then we realise that safety is improving. If they are not, then the risk is escalating and we need to actually look to what else needs to put into place, what can we change to ensure that that safety is in fact in place.

MS ELLYARD: Mr Schultze, can I turn to you. This idea of the need to have as much information as possible about a perpetrator when you are thinking about how to plan for the safety of his potential victim, is that something you would agree with?

MR SCHULTZE: Absolutely, yes.

MS ELLYARD: So when you conduct a risk assessment in relation to a victim of family violence, what's the process that you follow to collect information and what sorts of information do you need?

MR SCHULTZE: I will get as much information as I can. So, for example, working with Safe Futures, and I work with other services and government departments occasionally, I will ask for whatever they've got, whatever the woman or the client will consent to. That can include CRAF intake and, in the case of Safe Futures, their intake, their CRAF assessment, any other risk assessments, any police statements, any copies of L17s, anything I can get my hands on to get the full picture, not only of the incident we're talking about at the time that brought us here, but from as far back as we can go, to see what indicators there are and how far back they go. So just to get a full picture of both the perpetrator and what's happened to the victim over what's usually in fact, in most of my experience, has gone over a long, long period of time.

MS ELLYARD: I should have let you qualify yourself at the beginning, but you have a background in law enforcement in Victoria Police?

MR SCHULTZE: That's right, yes.

MS ELLYARD: In your statement you identify that perhaps for good reasons of resource management there are sometimes

limitations on the way in which police attending family violence incidents are able to collect information and assess risk. I wonder would you talk a little about that?

MR SCHULTZE: If we're talking about first responders, we are looking at the very junior members of the police force responding. It's not just a police problem, that's why we're all here. It's not just the problem with the cops to solve this. They have a job; it's not my job to do the police job; that's not what we're here for. We're here to work together, share information and use experience to come to hopefully a successful conclusion.

However, when a case gets to the family violence unit or a SOCIT or a sexual offences child abuse unit or even beyond that to one of the major crime squads, yes, there may be a different reaction from police. However, we need to get, firstly, get the reported incidents to that area of expertise and often they don't. I'm not saying it's - I'm only talking about, and in my statement I say we have worked with in excess of about 200 women and women with children, so I'm talking about these cases in particular.

So we need to get that level of expertise, whether that be at supervisor level at the station. For whatever reason, some women are falling through the cracks and there are some serious offences being missed, crime scenes being missed, and opportunities to remand these guys are being missed.

MS ELLYARD: Do you mean because the focus of the attendance is on dealing with an immediate family violence incident, rather than perhaps thinking, "Other than a breached intervention order, what other criminal offences might

have been committed here?" Is that the sort of thing?

MR SCHULTZE: What I'm trying to say is they are dealing with one incident, for a start. They may have a perception of the woman, of the woman and the kids. They may have a certain impression. They may have lack of experience. For some reason, whatever, whether the client - whether the woman is a victim/perpetrator. However, that issue of family violence is not on occasions - and thank goodness it's not all the time - is not being addressed properly and the actual serious assault, rape, unlawful imprisonment and in some cases there may well be, with a proper forensic examination and medical examination, an attempted murder. That's not being addressed. What is being addressed is maybe a breach. So, yes, that's the points. One is too many, I think. One is too many.

MS ELLYARD: Can I go back to you, Ms Mahoney. In your statement you spell out I guess a particular experience that led you to form the view that there needed to be a more - a non-police based early response to family violence and you deal with it at paragraph 67 of your statement. I wonder could you just summarise for the Commission that particular experience that you had and what you drew from it?

MS MAHONEY: Yes. I was actually having to organise a statement for a very high risk client and I was with the police officer who was overseeing that case. At the time, he was also responsible for allocating out the responses within three police regions. In the hour that I spent with him while he was also trying to take my statement, he was dealing with 10 family violence call-outs, one where there was a knife threat, there were two calls from Child

Protection again about family violence, there was a call to respond to a drug issue, and somebody called in that they had found somebody who had passed away on the street.

So he had one van available at the time, the others were all on calls for other duties. How do you look to provide the resources that are required to respond to, in this instance, 12 family violence calls with one van? So it was an eye-opener for me because, from my point of view, historically having worked in the sector for a long time, we hear countless stories of women where they've called for police and either they haven't got the timely response they required or no response at all, and for the first time I realised why.

We always have assumed in the sector that it's maybe not the priority that is the issue, but for me it was the eye-opener that it's a complete inability to be able to resource that sort of demand. We can never continue - as the escalation of family violence incidents occurs, I don't think we will be ever able to resource the demand that is going to increase unless we start looking to other measures such as deterrence, which is why we looked to create a model that would in fact deter perpetrators from continuing to breach orders, from continuing to escalate the risk to women.

MS ELLYARD: There are two specific areas that I want to follow up with you about. One thing that you have identified in your statement and that is fleshed out in your submission is an idea for, if I can call it, a risk assessment platform, a computer platform, a use of technology as a means by which different agencies might be able to share information and contribute to a risk assessment.

I wonder if we could have put up on the screen the exhibit that is JM-4, which is headed "Circles of support". Can I ask you in summary, while that document is finding its way to the screens, to summarise the theory behind this idea of a multi-agency, multi-input, information-sharing risk assessment model?

MS MAHONEY: I think, as we have heard earlier today, there's multiple agencies and multiple sectors all using different assessments, collecting different information. Women have to tell their story over and over again. The information is not collated and it's not shared. The problem with this is that it creates great gaps in response and it creates risks for women and children.

There was an incident a couple of years ago where a young woman was murdered and multiple agencies attended and were involved with the case. When the inquiry was held and the Premier looked in, every agency had in fact done what they were meant to do, but what was identified was the woman had still died.

From that came the understanding that people needed to share information, people needed to be able to identify the different pieces of understanding that they had around the risk and to build an understanding that was shared and, if that risk escalated, that that needed to be flagged and shared with those who had a duty of care to protect and provide safety.

MS ELLYARD: In your statement and in your submission you have summarised the model that Safe Futures is working on and, as I understand it, it's based partly on this visual aid that tells us about the kind of information sharing model that you imagine. Could you talk us through, please, the

way in which you see this sort of information risk assessment sharing system working?

MS MAHONEY: Certainly. I think what's critical is to understand that risk has an association with duty of care rather than what is considered needing to have privacy information attached to it. So the information around risk should be able to be shared across those that have that duty of care, and you will see across the top of the circle Child Protection, Emergency Services, Family Violence and Family Services are tasked within this state with providing that response.

Underneath the circles are other agencies that women and children may be involved with, that they may in fact understand that family violence is an issue within this family, they may have identified the indicators of family violence. What we are proposing is that there is a centralised risk assessment where anyone within these areas can log on and add in the information that they are collecting. So this would have the capacity to have the L17, CRAF, tools that may be collecting information from the health sector, from schools and education. It would build that position of risk and the agencies that need to provide the safety would be made aware of additional information as it is added in.

MS ELLYARD: So the agencies that are referred to at the top of the diagram, being those agencies with some statutory warrant or obligation to protect, could feed information into this model or take information out of it, but so too could any of the agencies down the bottom who might also be coming into contact with a victim, including children?

MS MAHONEY: That's right. They would be able to add

information in and build that profile of risk. Something like this in fact could then be the tool that's used by RAMPs to collect the information and share it amongst those members of the RAMP around the risk.

What sits in the centre is the client case management tool. That is based on needs assessment. So the risk assessment provides the information for a safety plan and needs assessment provides information for a case plan. So that is in fact information around a whole range of other supports that a family member may need, whether it be legal, housing, drug and alcohol, mental health, the whole range.

So in that area that's where clients control their information. They are able to permission who is able to have that information shared. So, rather than the woman having to go to multiple agencies and tell her story, she can tell it to the lead agency and that agency then she gives permission to share to another agency. For example, the information that a housing agency may need, she can permission that portion of her story to that agency and they would then be able to add information of their own to build up that profile.

MS ELLYARD: So that's I guess the philosophy of how it might work and why it's important. In terms of practicality, what kind of model are we talking about? It's obviously a very intricate system.

MS MAHONEY: It is. I started looking a couple of years ago for what was available and it was actually at the recommendation of our accreditors that we needed to find something that was much more comprehensive to gather our information, determine our outcomes and share. What

I found was that there wasn't anything. There was no shared data platform, no capacity for that high level of security and privacy around sharing information.

I looked then to other sectors to see what else might be available. What I found was that the health sector had in fact started to do work in this area and had started to look at that client case management and sharing of information. Telstra Health had taken a lead in this work and so I started speaking with both them and other agencies that were looking into this area.

What I found was that the actual basis of what they had created for the health sector was in fact particularly relevant as well to the community sector. So, rather than starting from scratch and re-inventing the wheel, we could in fact take great learnings and start using what was already there.

Telstra have developed an exchange platform, on which sits a referral platform, on which sits the client case management. They have in fact taken into account the significant detail required around privacy and security, around the sharing of data.

So, I think that the learnings that I have taken from there have informed my thinking about what we need to do in relation to family violence and in relation to child protection.

MS ELLYARD: So what stage is the development of a project or a platform along these lines at, at the moment?

MS MAHONEY: The platform has in fact been developed and is fully operational in some areas of health. What we are doing is supporting another organisation called Knowledge Community who is working with Telstra around the client

case management development. We have developed a comprehensive risk assessment and safety planning tool, needs assessment case management tool.

We have also looked to develop work flows within that so there is consistency of practice across all people that are using those tools. Historically, the family violence sector had a Code of Practice, which at the time was a very good tool, but things have progressed a long way since then and it's dated. What we have tried to develop is a service delivery operations manual which documents the policy, procedure and then work flows for every step of what needs to occur when an organisation is working with a woman or a child.

MS ELLYARD: Have you been here for some of the evidence that's been given by other witnesses today?

MS MAHONEY: Yes, I have.

MS ELLYARD: For example, there was evidence given by Ms Plunkett as part of a joint session about the importance of resourcing front-line workers with quite specific tools that step them through the kinds of things they need to do. Is that part of what's contemplated by this model?

MS MAHONEY: Absolutely. What we can embed into this tool is training, so every worker would be able to hear the same information, have the same understandings, the same consistent information passed on. We would then be able to ensure that every worker followed through with doing what was required both under legislation and regulations, but also on agreed government policy and procedure in relation to family violence. With work flows it flags if someone doesn't do one of the steps. If they still don't

complete it it flags it to their supervisor. So there's accountability to ensure that there's consistency of response right across an organisation, right across a sector.

MS ELLYARD: Can I turn to you, please, Mr Schultze. At paragraph 37 and following of your statement you deal with the question of information sharing and your perspective on, I guess, experiences you have had where different parts of those services that are meant to be working together haven't worked together well. I wonder could you reflect a little more on your observations.

MR SCHULTZE: Yes. In reading those words, yes, it could be better, and again I'm only dealing with specific clients that I have worked with. When I say "us versus them", there is a barrier to sharing information on occasions, and the Privacy Act keeps getting thrown at - I suppose I get looked at as a family violence worker by police now - sharing information when they say there's a high risk of injury or death.

I have had the opportunity to talk to young police officers and am able to glean information. They have a concern from their hierarchy about sharing information. Until there's a policy in place and these statutory authorities have permission to do it, I'm not sure that it's going to be fully workable. So there needs to be a coordinated and legislated approach to it, otherwise I just don't think it's going to happen.

MS ELLYARD: Can I turn with you to the question of risk management. You have described in your statement how after you have conducted a risk assessment, you have talked a bit about that, the next step is the development

of a plan where you make some recommendations that partly involves giving a degree of empowerment to the victim.

MR SCHULTZE: Yes.

MS ELLYARD: Why is that an important thing, to make the victim feel like he or she is in control?

MR SCHULTZE: The mere fact that the woman or women and children have taken out the intervention order, that's the start of them getting control back. That's the start of empowerment coming back. So us being able to offer a range of security treatments in consultation with them that we believe in the circumstances is appropriate gives control back.

For example, a Safety Card for one particular client, they may think, "I can tick that box of safety now. I feel good." However, to other clients it might be necessary because they are very high risk to use other treatments in association. They are designed to complement each other. They are not designed to replace anything; to complement each other. That's a really important part of it.

MS ELLYARD: Can I now ask both of you some questions about the improving safety in the home response, which you both have an involvement in. Firstly, Mr Schultze, you have identified that the idea is to enhance the safety of women who have separated but who are still at risk, and there are a range of things that you can do to the physical environment in which the woman lives as well as to the things that she carries with her to enhance that.

MR SCHULTZE: Yes.

MS ELLYARD: How do you go through the process of identifying what is needed in a particular case, and what sorts of

things do you have available?

MR SCHULTZE: We go through a lot. We go through a process. With Safe Futures it is risk, safety and lethality assessing. Through some training I did overseas, I have access to reference material and data et cetera. But basically it's the tools that Safe Futures and other services use based on CRAF and other risk assessments that they use.

Then we will come up with a range - the idea is always to keep the women and women and kids in their own home and in their own community if possible. So we can wrap around a safety net; for example, Safety Cards, CCTV. We can harden a room up in the house which may buy time. We don't want to have the house full of shutters and like living in a prison where if they need to get out they can't get out. So that's as important, to be able to get out. Security doors. It may just be fixing a roof where the perpetrator has got in. It may be something simple. There is a whole range of things we can do.

MS ELLYARD: Ms Mahoney, going back to you, can you explain the journey that took you to this sort of technology which, as I understand it, began when you were looking for better quality CCTV footage for a particular purpose?

MS MAHONEY: It goes back to where I spoke before of needing deterrent models. Women and children were being faced with the fact that they could take an intervention order out but the statistics were showing that multiple breaches were occurring for most women who took out an intervention order where they were staying in their home.

So we needed to look to models where we could try to stop those breaches occurring. We looked at a range of

models that had been established as pilots in Australia and overseas. What we found in our discussions with Victoria Police was that the models had not been able to be endorsed in their entirety because they diverted away from a 000 call, which is what the back to base alarms do; they call for a security company.

So we worked that if we could actually get CCTV cameras that could capture admissible evidence that might in fact be a deterrent, because many women said to us that it wasn't so much that the intervention order created the safety; basically the men knew that they could breach it and get away with it because it came down to his word against hers. Most of these men, though, we were hearing anecdotally, didn't actually want to get caught and breached because that then would impact on employment and travel opportunities if it became a crime. So to actually capture admissible evidence we believed would deter men from breaching those orders.

We also felt the benefit would be that police would have admissible evidence to take to court if the breach in fact occurred, but it would also identify those at the most high risk because if someone continued to breach, even though they knew they would get caught and they would be convicted, we knew that they were either having no regard for the law or that they had some impairment to thinking from maybe drug and alcohol or mental health.

So the installation of CCTV cameras that could store the information was our priority. When we went to search out experts in the field we came across Protective Services. They then showed me a device that they had just

started to have the rights for called Safety Card. They spoke to me about the relevance of it for my staff, because staff in the family violence sector are at particularly high risk. But again a light bulb moment for me was, "Oh my goodness, this is something that every woman could have. If she is in a situation of risk where she is not in her own home, she could in fact use this to get protection from police immediately and also collect that admissible evidence."

MS ELLYARD: So the previous witness gave us, I guess, a bit of a summary. But can I ask you, Mr Schultze, to spell out in a bit more detail how does the Safety Card work? What is it equipped to do and what kind of response is it designed to obtain for someone if they have to activate it?

MR SCHULTZE: The Safety Card is in essence a verified alarm which has a SIM card, operates on a 3G system, that when activated a one-way call or it can be - it is designed to be operated discretely. A one-way call is opened up to an A1 accredited monitoring station, who also holds alpha status in Victoria with 000, where the trained operator can listen to what's going on. It may be obvious from what's going on in the background that assistance is needed or the woman may be saying, "Please help. Get out. I've got an IVO order," whatever is being detailed in that conversation where the operator will refer it either to police, ambulance, fire brigade should the need be, or the woman may just be saying, "Can you please call me," used as a chaperone service. "I'm just leaving the shopping centre. There's a suspect car behind me. I'm a bit worried, a bit scared. Can you ring me or can you just

stay with me while I get in my car." That's the other side of the coin as well.

MS ELLYARD: So the button if pressed opens up a line of communication with the monitoring agency.

MR SCHULTZE: That's right.

MS ELLYARD: And a recorded line of communication.

MR SCHULTZE: That's right.

MS ELLYARD: That means that the woman can either use it as someone to keep an eye on her whilst she goes about an activity or she can activate it when she's at risk?

MR SCHULTZE: That's right.

MS ELLYARD: You referred to alpha accreditation as between the monitoring agency and 000. The previous witness used the word "priority" which might not have been completely accurate. Can you explain the relationship between the monitoring service and 000?

MR SCHULTZE: It's my understanding that is an official accreditation between the monitoring station and 000 in Victoria. It's not a priority, but it's a verified alarm instead of it being, say, the old audible alarm that's going off or a duress alarm that's not verified.

MS ELLYARD: So does that mean, just to understand it in practical terms, the distinction is that if the monitoring agency rings 000 and says, "One of our verified alarms has gone off," that is in itself accepted by 000 as evidence that it's not a false alarm, it's a genuine threat and the appropriate emergency response needs to go out straightaway?

MR SCHULTZE: That's my understanding. The monitoring station have their own number. "This is 12345. We have a woman being assaulted at this address. We have audio. We know

this history" et cetera. "She is at high risk. Two children in the house." They can give that information off.

MS ELLYARD: From your perspective, what has the success rate been of the use of this sort of technology for those women who you have assisted?

MR SCHULTZE: It is 100 per cent.

MS ELLYARD: When you say 100 per cent, there have been no breaches?

MR SCHULTZE: We have had breaches. We have had two activations of the Safety Card where police are called and the perpetrator arrested, and another breach which was because - my understanding is that the perpetrator had not been served with the papers - sorry, with the IVO and was, "Oh, I didn't know."

MS ELLYARD: He didn't know about the intervention order - - -

MR SCHULTZE: Didn't know about the intervention order.

MS ELLYARD: Or he didn't know about the card?

MS MAHONEY: He didn't know about the card.

MR SCHULTZE: He didn't know about the card, but also said he didn't know about the order, which is pretty standard. So it's been very successful.

MS ELLYARD: What's the present state of the availability of this technology? Is it only through pilots like the one you have been engaged in?

MR SCHULTZE: No, it's available. We have evolved from Safety Card into the Safety Watch now, or 3G Safety Watch, which is again a fantastic bit of technology and it is an Australian company. So we have to keep an open mind. We could have issued these to everyone we come across or suggested it, but we haven't. It's only when appropriate.

This is just you wear it. It doesn't look like an ID. I have knowledge of a family violence worker recently who was seriously assaulted wearing the card, which does have a lanyard rip alarm on it. But I just see the benefits of this watch to outweigh it. It's a really good thing. It doesn't connect to your telephone. The good thing about this 3G Safety Watch is that the particular service can operate their own portal. They control the information. It's not the monitoring station that controls the information.

MS ELLYARD: Ms Mahoney, what's the availability of this technology to your service's clients at the moment?

MS MAHONEY: At the moment we provide the technology to what we class as our extreme risk clients. We are currently self-funding this response. So our funds are limited to those women. But we believe that the Safety Card should be provided to any woman who has an intervention order that believes that she could benefit from having that card.

Currently we have over 40 women that are currently in our program with CCTV cameras and the Safety Cards. But we have had over 60 women go through this program. Of those women, there has only been in our organisation only one face-to-face breach. The 21 women that were in the original pilot, there was not one breach, and all of those women had been breached at least daily to actually be able to be going into that program. Some of the women were being breached 40, 50 times a day.

So at the moment we are highly supportive of continuing this program. It's been the most successful program that I have seen in my 33 years in working in

family violence. There's only been, as Steve mentioned, for our organisation the one breach which was a young woman where she was held hostage with her two children and was able to press the alarm and police were there within 10 minutes to free her and her former partner is now in remand.

MS ELLYARD: So, Mr Schultze, is this something that's only available through family violence services? Is this something that particular people who felt that they needed it can just access?

MR SCHULTZE: It is available to everybody. We haven't really put ourselves out there to do it. Of course it is. I think the Commissioners, it would be a good safety device for them.

MS ELLYARD: How much does it cost? Firstly, dealing with the Safety Card, what's the one-off and the ongoing costs associated with the Safety Card?

MR SCHULTZE: The Safety Card, I believe the recommended retail price is $703 plus GST and $35 a month.

MS ELLYARD: $35 a month is the cost of the monitoring; is that right?

MR SCHULTZE: And your Telstra SIM card. The watch is a similar price; $700 but it is $40 a month.

MS ELLYARD: That's the complete cost; the share of costs of the monitoring station, the SIM card, everything?

MR SCHULTZE: Yes. The advantage of this is if we get to - and I mention in my statement - where we can integrate it with a perpetrator system through the GPS or GSM or wifi where photographs of the perpetrator can be - to the workers saying he has infiltrated - or the geo-fencing set-up, he's come within two ks of a location et cetera. There

are all sorts of application where these sorts of things - if something better comes along, that's what we will recommend. But at the moment this is it.

MS ELLYARD: Do the Commissioners have any questions for these witnesses?

DEPUTY COMMISSIONER FAULKNER: In relation to the device, when I heard about it the first time when we went out to your organisation it seemed to have two advantages. One was to evoke the emergency response through somebody else triaging and putting it through to 000, and the second one was evidence that was preserved. Is the only way the evidence is preserved is by feeding it through to the centre point or does the device keep evidence itself? So do you need to have monitoring and the device, or is there some way of separating the two things? Do you understand my question?

MR SCHULTZE: I do. There's certain evidence that I think could be maintained in the portal of this. The audio wouldn't, I wouldn't imagine. I don't know the technical side of things. My business partner may be able to answer that. But it's the monitoring station who are the ones who record the audio. Realistically, that's probably the most important part of the evidence.

DEPUTY COMMISSIONER FAULKNER: The despatch side of it, the story that you told about how many events that police had to despatch to, I just wonder how this makes it any better if they still have 20 domestic violence call-outs and one van.

MS MAHONEY: It's the deterrence.

DEPUTY COMMISSIONER FAULKNER: So it is only the deterrence that you are talking about.

MS MAHONEY: The fact that these women that were in our program were calling police at least once a day, and many of them, as I said, multiple times a day, with the introduction of this response there were no police call-outs. So the freeing up of police resources if you introduce a model like this because of the deterrence factor means that police responses begin to drop because the women are in fact safe and not needing a police response. So the deterrence is the critical aspect.

I don't think there are many deterrence models in practice at the moment, and that's why we believed we needed to do this. We knew we could never continue to add the resourcing into all of the sectors that require it. The deterrence has been proven 100 per cent.

MS ELLYARD: Can I just raise one other matter with you, Ms Mahoney. One of the other issues to do with integration, I suppose, and the unified response that's taken up in the Safe Futures Foundation's submission is the Family Justice Centre model that exists in some parts of the United States. I gather you visited a couple of them recently. I wonder if you could just summarise for the Commission, please, how they work and why you consider they are a model that Victoria could take up.

MS MAHONEY: Yes, I have visited Family Justice Centres in the States three times now. One of those times was attending the international conference. I believe that this model could be highly successful in Victoria. The model is that of a hub where the lead practitioners are there to share information and provide coordinated integrated responses. So those centres have police, prosecution, child protection, family violence responses all located and

working together. They also then have representatives of a range of other agencies that the woman or child might need. They have co-located Centrelink, housing, disability, children's service, a whole range, everything that you might need. So the woman gets to come to one location and share her story once and then gets referred to those within the response that are appropriate to her particular story. So the services can wrap around in particular to the need that she has and the safety requirements that she has.

So the capacity, though, of these services now in my last visit, something I think is really appropriate to Victoria is they are looking to set up satellite hubs within hospitals. They have identified that the health sector is one of the first areas to notice - the first indicators of family violence, and to have responses available with trained professionals in health settings is something that they see increase the response and the capacity of the sector to act at the earliest possible time.

They have also in some areas had satellite hubs, so where the major hub connects out to a satellite, having resources. For example, in Victoria it could be Geelong with a major hub going out to satellites in maybe Werribee and Colac. From there with the capacity of what we are proposing here with the IT solution, you could then have virtual responses out to virtual hubs. So to smaller rural and remote areas you might be able to have a remote hub into a police station or a health centre.

MS ELLYARD: To give some practical examples, does that mean women in relatively remote locations might through virtual

means have consultations with specialists located in larger areas?

MS MAHONEY: Absolutely. It might be someone with a particular cultural need or a particular legal need might be able to connect virtually into a specialist response within the Melbourne area. This is what's beginning to happen in America. It's working particularly well.

I think the evidence from San Diego, where the first Justice Centre was set up, which had the highest level of domestic homicide in America when it was set up down to one homicide last year; I think that's very telling. The model has been so successful that it's now rolled out to Mexico, the UK, Europe, Canada and now into the Middle East. So the success is telling in that the number of countries that have looked, evaluated and taken up this model and tailored it to their particular needs and the success of those centres within those countries I think is evidence enough for Victoria to look to that model to see how it can adapt to create that here.

MS ELLYARD: Thank you. If there are no questions, I ask that the witnesses be excused.

COMMISSIONER NEAVE: Thank you very much indeed.

<(THE WITNESSES WITHDREW)

MS ELLYARD: That's the conclusion of today's evidence, if the Commission pleases.

COMMISSIONER NEAVE: Thank you, Ms Ellyard. Tomorrow morning at 9.30.

MS ELLYARD: Yes, thank you, 9.30.

ADJOURNED UNTIL FRIDAY, 24 JULY 2015 AT 9.30 AM