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VICTORIAN ROYAL COMMISSION INTO FAMILY VIOLENCE

MELBOURNE

MONDAY, 10 AUGUST 2015

(16th day of hearing)

BEFORE:

THE HONOURABLE M. NEAVE AO - Commissioner

MS P. FAULKNER AO - Deputy Commissioner

MR T. NICHOLSON - Deputy Commissioner

1 DEPUTY COMMISSIONER FAULKNER: Before we commence I wanted to
2 make a statement that I'm the Chairman of the Board of
3 Jesuit Social Services, and I note that Professor Vinson
4 is presenting here today. He is a research adviser to
5 Jesuit Social Services. I don't believe that my role as
6 chairman is in any conflict with my role as a
7 Commissioner. Thank you.

8 COMMISSIONER NEAVE: Thanks, Mr Moshinsky.

9 MR MOSHINSKY: Thank you, Commissioners. The topic to be
10 addressed during today's hearing is culture change in
11 workplaces and the community. This is an important theme
12 which has been referred to on a number of occasions during
13 the course of the public hearings. What scope is there
14 for public campaigns to raise awareness of and seek to
15 change attitudes and behaviours relating to family
16 violence? What has been tried already? What works and
17 what doesn't work? What are the features of successful
18 public campaigns of the past, for example, in relation to
19 wearing seatbelts, drink driving, smoking and HIV/AIDS,
20 and are those models potentially adaptable to family
21 violence?

22 To speak of culture change begs the initial
23 question: what is the culture and what are the cultural
24 attitudes or behaviours that need to be changed? Our
25 witnesses today will speak from a variety of positions.
26 Some focus specifically on attitudes to family violence.
27 Some have a focus on preventing violence against women.
28 Some take a broader focus on changing attitudes to gender
29 or changing gender inequity.

30 There are initiatives which are focused on
31 respectful relationships without reference to gender.

1 Much of the evidence today will be about initiatives which
2 are aimed at reducing the rate of violence against women.
3 As the Commission has heard, women represent the
4 substantial majority of victims of intimate partner
5 violence. But the cohort is more diverse than that, and
6 the scope of family violence is broader than intimate
7 partner violence. Primary prevention campaigns need to
8 take account of the broader scope of family violence and
9 the diversity of victims, a topic which will be explored
10 further in tomorrow's evidence.

11 We will also hear some evidence about the
12 increased prevalence of family violence in places with
13 higher rates of social and economic disadvantage, and
14 about the need to take account of the specific needs and
15 attributes of the place or community setting in which the
16 attempt to change attitudes is to be made.

17 As will be explained by some of our witnesses
18 today, the majority of the violence prevention programs
19 are based on a public health framework. The public health
20 framework is an approach which aims to improve the health
21 and safety of all individuals by addressing underlying
22 risk factors and which focuses on the concept of
23 prevention. It aims to provide the maximum benefit for
24 the largest number of people. As we will hear, it is this
25 framework which has been successfully applied to other
26 areas such as smoking, HIV/AIDS and road safety.

27 In the course of the community consultations the
28 Royal Commission heard about a range of initiatives that
29 are helping to challenge and change perceptions about
30 gender violence, discrimination, sexuality, safety and
31 family violence. These include White Ribbon activities,

1 bystander awareness training in sporting clubs, respectful
2 relationships programs in schools and Take a Stand
3 programs in workplaces.

4 A number of consultation participants who had
5 experienced family violence talked about the positive
6 support of their employers and workplaces. In most cases
7 this was reflected in extra time off, varying work hours
8 and access to employer-sponsored counselling. For a
9 number of women from culturally and linguistically diverse
10 backgrounds it was their work colleagues who helped them
11 to identify their experiences as family violence in the
12 Australian context.

13 Many of the submissions received by the Royal
14 Commission have talked about prevention of family violence
15 as a priority. There is an extremely high level of
16 interest in using schools to teach children and young
17 people about respectful relationships. Another
18 overarching theme is that prevention is everybody's
19 business, and that prevention requires policy leadership
20 at every level from government, the community and the
21 private sector. Many submissions said that to be
22 effective prevention practice needs to be underpinned by
23 understanding gender inequality as one of the key
24 determinants of family violence. Another theme was that
25 prevention is a long-term endeavour requiring commitment
26 and bipartisan support.

27 I will now identify the witnesses who will give
28 evidence today and outline the subject matter of their
29 evidence. First, we will hear from Ms Rosie Batty. As is
30 well known, Ms Batty has spoken eloquently on the problem
31 of family violence and has played a pivotal role in

1 raising the public's consciousness of the issue. She will
2 describe some of the key messages she seeks to convey and
3 provide her observations on the priorities in effecting
4 cultural change.

5 Next we will have a panel comprising Renee Imbesi
6 from Vic Health and Lara Fergus from Our Watch. Vic
7 Health was established by the Victorian Parliament in
8 accordance with the Tobacco Act to promote good health.
9 It is a pioneer in health promotion. Our Watch is a
10 national non-profit organisation working to raise
11 awareness and engage the community in action to prevent
12 violence against women and their children. Their evidence
13 will address the framework for primary prevention
14 campaigns, drivers and contributing factors of violence
15 against women and what works in primary prevention
16 campaigns.

17 After that we will have a panel of four
18 witnesses: Associate Professor Sue Dyson, Dr Michael
19 Flood, Ms Kellie Nagle and Mr Scott Holmes. Associate
20 Professor Dyson will address among other things programs
21 with sporting clubs, including the Fair Game Respect
22 Matters program, which was led by the AFL, funded by Vic
23 Health and introduced into three leagues, two metropolitan
24 and one regional. She will also address sexuality and
25 relationships education in schools.

26 Dr Michael Flood will address, among other
27 things, the need to engage men in the prevention of men's
28 violence against women. He will also address educational
29 programs in schools, including programs to address the
30 availability of pornography through the internet.

31 Ms Nagle is from the Municipal Association of

1 Victoria and will speak about the role of local councils.
2 Mr Holmes is from the YMCA Victoria and will speak about
3 the implementation of a healthy workplaces project at the
4 YMCA. He will also speak about faith communities as a
5 setting for primary prevention.

6 Another witness who is not being called but whose
7 statement will be available is Steve O'Malley from the
8 Metropolitan Fire Brigade, whose evidence relates to
9 efforts made within the Metropolitan Fire Brigade to
10 increase rates of female participation and to work on
11 responses to disaster and crisis which take account of
12 gender and the need to respond to increased rates of
13 family violence when crisis occurs.

14 After that we will have evidence from Gillian
15 Callister, who is the Secretary of the Department of
16 Education. She will give evidence about respectful
17 relationships programs in Victorian schools addressing
18 both what currently exists and plans for the future. She
19 will also address the problem of absenteeism caused by
20 family violence, and the department's policies to assist
21 and encourage attendance at school.

22 Next we will hear evidence from Professor Tony
23 Vinson from the University of New South Wales. Professor
24 Vinson has authored several reports on the geographic
25 distribution of social disadvantage, including most
26 recently a report titled "Dropping Off the Edge 2015".
27 The aim of the report was to gauge the extent to which
28 manifestations of social disadvantage were markedly
29 concentrated, thereby constituting a localised environment
30 that limits the beneficial impact of standard social
31 services.

1 After that we will have a panel comprising Jeremy
2 Hearne and Garry Higgins. Mr Hearne is from CoHealth,
3 which is a not-for-profit community health service which
4 provides services to 110,000 people annually. He will
5 give evidence about designing initiatives in a place based
6 manner and a culturally based manner.

7 Mr Higgins is the Membership Director of The
8 Rotary Club of Maryborough and will give evidence about
9 initiatives which have been adopted by the Maryborough
10 community to address family violence. In his statement he
11 says, "We were moved into action based on the premise that
12 remedying the family violence issue was the responsibility
13 of everyone in the community who could help."

14 The last session will be a panel comprising
15 Katherine Paroz from Telstra; Ged Kearney, the President
16 of the ACTU; and Wil Stracke of the Victorian Trades Hall
17 Council. Ms Paroz will explain why Telstra has developed
18 and implemented a family and domestic violence support
19 policy. The representatives of the ACTU and the Trades
20 Hall Council will speak to their submissions to the Royal
21 Commission in favour of a general family violence leave
22 policy.

23 Commissioners, that concludes my opening remarks.
24 I now ask Ms Batty if she could come forward to the
25 witness stand.

26 COMMISSIONER NEAVE: Thank you, Mr Moshinsky.

27 <ROSEMARY ANNE BATTY, sworn and examined:

28 MR MOSHINSKY: Ms Batty, have you prepared a witness statement
29 for the Royal Commission?

30 MS BATTY: Yes, I have, thank you.

31 MR MOSHINSKY: Are the contents of your statement true and

1 correct?

2 MS BATTY: They are.

3 MR MOSHINSKY: Ms Batty, in the aftermath of your son Luke's
4 murder in February last year you have become an advocate
5 for female domestic violence victims, and in the course of
6 your work you have spoken to a large number of different
7 organisations and groups of people in the community. As
8 we take up the theme today of cultural change in
9 workplaces and the community, I would like to ask you some
10 questions to address the work that you have done in that
11 area. So, first of all, would you please outline to the
12 Commission the range of different organisations and groups
13 that you have spoken to?

14 MS BATTY: Of course. Since becoming Australian of the Year on
15 26 January this year I have spoken to approximately 120
16 events or seminars or conferences. That has reached
17 approximately 40,000 people. That doesn't include media
18 engagements and other ways of reaching people. That's
19 direct engagement through talking to them.

20 Those are people who could be corporate
21 organisations. As an example, LinkedIn has a major
22 conference. It's also very small community based
23 organisations wanting to host and put together their own
24 family violence conference or something that is - and that
25 can be anything from Peninsula Voice in Mornington with
26 500 people to a local church with a couple of hundred
27 people. The Rosebud Bowling Club want to make me a
28 patron. So you are talking a vast number of different
29 types of community organisations really beginning to
30 identify with this issue and seeing it as a real concern
31 for them in their own communities.

1 So all across the different pockets of
2 each - I travel extensively between each state, and I have
3 endeavoured to visit country locations - Benalla, Mildura,
4 Bendigo and Geelong. So, yes, it is a great cross-section
5 across all types of community.

6 MR MOSHINSKY: When you are speaking to different groups and
7 organisations, are there some consistent themes or
8 messages that you seek to convey?

9 MS BATTY: I always begin - I never assume that people know the
10 statistics and the prevalence of this issue, and I still
11 know that I can't assume that. People are still surprised
12 and shocked to understand that it is up to two women a
13 week being murdered and that one in three women are
14 affected by violence and one in four children. Those are
15 the statistics I always repeat because that seems to
16 really shock people genuinely. So that's one of the
17 themes, is to really confront them with the statistics and
18 for them to realise the prevalence of the issue that they
19 face.

20 I always try to make sure that they understand
21 that it doesn't happen to other people, it actually
22 happens to people like us, and it doesn't matter which
23 suburb you may live in or what profession you may have,
24 that you can be equally as vulnerable.

25 I also cover the different forms of family
26 violence and really try to make sure that people just
27 don't still identify with it as physical injury because
28 I still feel that people don't really understand the
29 difficulties and how equally as dangerous and compromising
30 it is for psychological violence.

31 I also find that I talk to them too about how we

1 really look at victim blaming as a society. We don't
2 realise we do it. I ask them to consider that the next
3 time they are raising questions like, "Why doesn't she
4 leave," when indeed that is a pivotal time when indeed you
5 can be murdered, that we should really be considering the
6 perpetrator's behaviour; that we actually spend most of
7 our time discussing and criticising and judging the
8 victim, and the perpetrator remains out of conversation
9 and discussion.

10 So I ask them to consider why would that be, that
11 we place onus of safety onto the victim's shoulders,
12 expecting them to seek refuge and hide and find safety
13 rather than looking at the perpetrator's behaviour and
14 getting them to stop being violent.

15 I also look at what is it about the woman as the
16 victim in her journey finding it very difficult to be
17 believed, what is it within our society that somehow
18 disbelieves our story, and that in fact when we actually
19 find ourselves frequently, whether it's engaging with the
20 police or the court systems or even our friends, that we
21 have to work on being believed and that somehow the
22 perpetrator can very frequently and very often turn
23 families, friends and children against the victim. It's
24 really quite astonishing how we have this view that
25 somehow we are exaggerating or lying, and it can't quite
26 be true, and particularly damaging for us to be able to
27 display emotional behaviour.

28 It certainly doesn't bode well for a victim to
29 display any form of behaviour, whether it's anxiety,
30 post-traumatic stress, depression, anger. Certainly when
31 you go through a system that really - or have been

1 enduring violence for many years or even an intensive
2 period of time, it would be very typical and normal for a
3 victim to be highly emotional, highly anxious, clinically
4 depressed, any of those things, yet if we are seen to be
5 displaying that to any of the services that can certainly
6 be very concerning and damaging for the decisions that are
7 made towards us.

8 I think also a lot of people still don't really
9 understand the signals of what violence is in a
10 relationship. Certainly different age groups I know
11 perhaps didn't realise that the verbal abuse was actually
12 verbal abuse, that psychological abuse is actually abuse,
13 and that these characteristics are part of what they have
14 had to endure without really realising they are violence.
15 So I think we still have a long way to go for people to
16 actually see that sometimes the very toxic nature of the
17 relationship you are in actually potentially does have
18 violence.

19 I think that similarly I would suggest that
20 perpetrators of violence equally have not necessarily
21 insight into some of their behaviours that are actually
22 violence as opposed to what they would see as their right
23 of typical kind of controlling behaviours.

24 MR MOSHINSKY: Ms Batty, can I ask you what are some of the
25 responses that you have received from people who you have
26 spoken to?

27 MS BATTY: I think - I still get a lot of mail, written mail.
28 I get mail - I got one last week from an 80-year-old lady
29 who has now got Parkinson's and she endured a very violent
30 marriage, her children were turned against her by the
31 perpetrator and she's not had contact with them. She

1 writes to me feeling that she's never been heard
2 throughout her whole life because of this family violence
3 not being recognised in her lifetime and that she sees my
4 story as one of hope, that perhaps by the time she dies
5 she actually might have some closure on some of the wrongs
6 she felt that the systems and processes did to her over a
7 history.

8 So I get letters from victims. I get many
9 letters commending me for what I'm doing. I get school
10 children saying that they are actually doing a school
11 project on me as a hero - many of those, actually - and
12 the youngest one was a nine-year-old little boy. I get
13 poems. So I get a lot of huge support and goodwill and
14 hope, hope for people that actually finally we may be
15 addressing this issue and actually their stories are now
16 being heard.

17 Some people, you know, they all come to me,
18 they - some hug me, shake my hand, men, women. Some men
19 say - most of them would say, "Keep doing what you are
20 doing. You are doing an amazing job." Some share with me
21 that they have been victims of violence as children. So
22 I have people from all age groups. An older lady on the
23 Sunshine Coast came to me and said after 40 years of an
24 abusive marriage she - and her daughter was with her, and
25 she said, "I walked out on him a few weeks ago. Enough is
26 enough. You have been able to show me that that's
27 something I can do."

28 So I think that I get victims - I heard a
29 victim's story the other day that actually lives in
30 Adelaide, an isolated student that was actually - because
31 of the awareness that they kind of heard - after a

1 conference I spoke at in Adelaide and this situation
2 occurred with this young German student, female student,
3 they recognised it for what it was and they involved the
4 police, and because of that the girl is safe and now very
5 well supported. So the comment was, "You saved that
6 girl's life," or from something very bad that could have
7 happened.

8 I get a lot of appreciation. I get a lot
9 of - I get more people contacting me than I can perhaps
10 deal with at times, particularly through social media,
11 still people who are very dangerous - in very dangerous
12 situations that they feel that they really are challenged
13 within and have little hope of how can they manage this
14 because children are involved.

15 So I find it very overwhelming to know how we can
16 help in the short term because we are still - through the
17 victims still having to grant access to their children,
18 they feel that their children are being - still being put
19 in further danger. They have no choice but to comply with
20 court orders and things like that. So the majority of the
21 people who make contact with me are people who are in the
22 Family Law Court process.

23 MR MOSHINSKY: You referred to schools. Could I take up that
24 topic with you. What observations do you have about the
25 potential role of schools in cultural change and raising
26 awareness about issues to do with family violence?

27 MS BATTY: I think they play a critical part. I think the
28 challenge for schools is that they have a lot of demands
29 placed on them, but I think that's how schools now have
30 become. The police have evolved and they don't police the
31 same way as they did 10 or 20 years ago, and I think it's

1 the same for schools.

2 Children have just got exposure to so many
3 different things. Certainly if their modelling from
4 parents and immediate family members is one of violence or
5 is one of not-so-healthy modelling, the schools play an
6 even more important role. As soon as your child takes his
7 first steps of independence away from your immediate
8 safety and security, it is into the schoolyard and into
9 the school culture. So what is really important is there
10 aren't double standards, that in actual fact the schools
11 are modelling gender equality, respectful relationships to
12 their students. So it can't be just a program that slots
13 in and is just a video that is stuck in a recorder and we
14 all sit and watch it and then go off and continue what we
15 have always done.

16 So for my mind it needs to be in every school, as
17 young as from kinder upwards throughout the entire school
18 journey, and it needs to be in every school in every state
19 throughout Australia so that we can start to influence and
20 counteract the culture of what I would say would be a huge
21 influence on young people's minds, which is most
22 undoubtedly the gaming culture, where obviously violence
23 and inappropriate views of sex and all of those things are
24 filtered into a young person's mind. Clearly that is a
25 culture that is really hard to protect your children from.

26 So I think that the schools are an absolutely
27 critical part towards prevention where we can actually
28 give them tools and strategies before they have very
29 entrenched views, which happen really quite early in life.
30 I know from Luke, he clearly loved girls, in a very
31 innocent way, obviously, but he - we are all modelling

1 relationships with girlfriends and boyfriends at a very
2 young age. So we need to be able to equip them more
3 positively as they are trialling relationship behaviours.

4 MR MOSHINSKY: Then just looking at the whole project of
5 cultural change, which is obviously a big project, what in
6 your observation are some of the priorities in effecting
7 cultural change?

8 MS BATTY: Cultural change happens from everybody taking
9 responsibility. But for that to happen there has to be,
10 first of all, awareness. I think as a society we have
11 become very aware of some of the sexist and inappropriate
12 attitudes of some of the leaders in our country. We hear
13 those statements and we don't like them. We can actually
14 hear them now. So I think cultural change means no-one is
15 immune, everyone has to change, and really become aware of
16 their behaviour and their influence on others.

17 So that obviously means that culture has to
18 change from the highest levels, including political
19 parties and leaders of the country, influential
20 corporations, because what we are looking for is a - my
21 understanding is that societies who have more gender
22 balance have less violence. If we understand and
23 appreciate that, then what we are really needing to do is
24 really see that more fully demonstrated.

25 As I see it, for culture change it's about that
26 saturation where - and I hope I have done my part over
27 this past year, so that society recognises - starts to
28 recognise, "Oh, that's family violence. Oh, that is
29 violence. No, you can't do that," and start calling out
30 behaviours because they are starting to recognise them and
31 becoming comfortable with understanding that that is wrong

1 and not something that they have to put up with or accept.

2 I think one of the things that I think we are at
3 the point is there is hope that we actually don't have to
4 endure violence in our society or violence in our home,
5 that we actually can change this. But to do that it's
6 going to take a period of time, but we have to have the
7 determination to follow it through and to see it through
8 and to continue. So it can't be just a short-term little
9 push. It has to have long-term strategy, certainly major
10 support from all government parties and the media are an
11 essential part of this as well, and I think they have
12 improved enormously and support this issue in a very
13 constructive way.

14 But we all continue to learn about the way we
15 communicate, the things that we describe, the things we
16 say, understanding the kind of connotations that we can
17 unintentionally contribute negatively or become a learning
18 outcome. So I think the media are really learning a lot
19 about this space, and I would like to think too that maybe
20 I have contributed, because for them to do their work they
21 need a personal story.

22 I think when I do talk the reason I engage or cut
23 through is because of my personal story. If you can
24 engage the heart, people can't be removed from the
25 situation. But if you are stuck behind a desk in an ivory
26 tower you can make some very keen and severe funding cuts
27 that are going to affect service delivery and support for
28 victims and the journey towards safety.

29 So, for me, I think it's that really not letting
30 it fall off the radar. We have built a momentum. The
31 Royal Commission is instrumental in this momentum, not

1 just in Victoria but other states are looking closely at
2 what's happening here. So this is a really imperative
3 point, imperative in the journey, because we cannot afford
4 the momentum to slip. We have to keep pushing forward if
5 there is going to be the significant change we need.

6 So, yes, the media play a part, our governments
7 play a part. We need strong leadership, strong,
8 determined policy change. We need to do an overall of our
9 justice system to actually be able to deal effectively
10 with family violence victims. So it is about each
11 profession taking responsibility. Whether you are a GP or
12 whether you are a lawyer, whether you are a judge, whether
13 you are a policeman, whether you are in the community
14 sector, whether you are in a corporate organisation, what
15 part do you play in this issue, because if it is one in
16 three women you are very lucky if you haven't been
17 affected.

18 But, as I talk about this and as more people
19 talk, what becomes evident is when they think they haven't
20 been affected or they don't think that they knew of
21 anybody, they start to think through and think, "Oh, well,
22 actually, now that I think about it"; so they can relate
23 to a relationship that they knew was not healthy but they
24 didn't see it as violence.

25 So I think we need to continue to not assume that
26 we all have the same understanding of what the different
27 forms of violence are, and we cannot assume that the very
28 people who are making decisions are informed. They need
29 to be trained, better informed and better equipped, and
30 that's across a wide array of - not just our communities
31 but in all professions as well that actually come into

1 contact with victims.

2 MR MOSHINSKY: Thank you. I'm not sure whether the

3 Commissioners have any questions?

4 COMMISSIONER NEAVE: I don't have any questions. But,

5 Ms Batty, we thank you very much for your fortitude and

6 your courage over the last year and for giving evidence to

7 the Commission. You have done a wonderful job in making

8 people aware of the terrible costs of family violence and

9 exposing some of the myths about it. I think it's very

10 important that you focused attention on those who use

11 violence and not just those who are the victims of it.

12 As you recognised in your evidence, it's a very

13 large task to bring about cultural change, and your work

14 has made a very important contribution to what we

15 certainly hope will be an ongoing discussion about how we

16 recognise and address family violence. We wish you all

17 the best for the future.

18 MS BATTY: Thank you very much.

19 MR MOSHINSKY: Commissioners, may we now have a 15-minute

20 adjournment ?

21 COMMISSIONER NEAVE: Certainly.

22 <(THE WITNESS WITHDREW)

23 (Short adjournment.)

24 MS ELLYARD: Thank you, Commissioners. The next witnesses are

25 Dr Lara Fergus and Ms Renee Imbesi, and I'll ask that they

26 be sworn in.

27 <LARA FERGUS, affirmed and examined:

28 <RENEE CHRISTINE IMBESI, affirmed and examined:

29 MS ELLYARD: Ms Imbesi, may I begin with you. Where do you

30 work at present?

31 MS IMBESI: I currently work at VicHealth, the Victorian Health

1 Promotion Foundation.

2 MS ELLYARD: What role do you perform there?

3 MS IMBESI: I'm currently the principal program officer for
4 mental wellbeing?

5 MS ELLYARD: Can you tell the Commission a little bit about
6 what VicHealth is and what its charter is?

7 MS IMBESI: Certainly. VicHealth is a statutory agency
8 established in 1987 as the primary body assigned with
9 the task of promoting the health of Victorians. It was
10 established with a tripartisan board, so a member of
11 government, opposition and independent, as well as a
12 number of experts, and that board reports to the Minister
13 for Health.

14 MS ELLYARD: You have made a statement to the Royal Commission
15 that's dated 6 August 2015. Are the contents of that
16 statement true and correct?

17 MS IMBESI: They are.

18 MS ELLYARD: You have attached to the statement a copy of the
19 submission made by VicHealth to the Royal Commission?

20 MS IMBESI: That's correct.

21 MS ELLYARD: May I turn to you, Dr Fergus. Where do you work
22 at present?

23 DR FERGUS: I work at Our Watch, formerly the Foundation to
24 Prevent Violence Against Women and Their Children.

25 MS ELLYARD: What is your role there?

26 DR FERGUS: I'm Director of Policy and Evaluation.

27 MS ELLYARD: Can you tell the Commission, please, a little bit
28 about Our Watch, its background and its charter?

29 DR FERGUS: Our Watch is a company limited by guarantee and not
30 for profit. It was established by the Victorian and the
31 Commonwealth governments as an initiative under the

1 national plan to reduce violence against women and their
2 children. It now currently has six members, and those are
3 the Commonwealth and Victorian governments and four other
4 states and territories - South Australia, Northern
5 Territory, Queensland and Tasmania. Our objective and
6 mission is the primary prevention of violence against
7 women and their children.

8 MS ELLYARD: You have made a statement to the Commission dated
9 7 August 2015. Are the contents of that statement true
10 and correct?

11 DR FERGUS: They are.

12 MS ELLYARD: You have attached to your submission a copy both
13 of the two submissions made directly by Our Watch and a
14 further submission made jointly by Our Watch with other
15 organisations?

16 DR FERGUS: Yes, that's right.

17 MS ELLYARD: May I turn back to you, Ms Imbesi, please, with
18 this initial question perhaps of what primary prevention
19 is. Can you summarise, please, for me what it is and how
20 it works?

21 MS IMBESI: Certainly. Primary prevention in the first
22 instance is considered separate and different to the work
23 of the, I suppose, other ends of the sector that's
24 associated with family violence and violence against
25 women. So primary prevention is primarily focused on
26 addressing the drivers and determinants of violence as
27 opposed to the after-effects or long-term consequences.
28 So it's different in its intention, is the first thing to
29 say.

30 It is often called the upstream activity, so the
31 notion of I guess pulling people out of a river once they

1 have experienced a social or health problem such as family
2 violence. Primary prevention looks upstream to the
3 drivers of that problem, and puts in place a range of
4 strategies and actions that everybody in the community,
5 wherever they are and whoever they are, can play a role
6 in. So in that way it's different as well. Primary
7 prevention engages beyond the victims, perpetrators and
8 children, and beyond the services and aspects of our
9 system that engage with the after-effects of violence and,
10 rather, looks to the entire community for what role they
11 can play.

12 At VicHealth, we have dedicated around \$2 million
13 per annum on average over the last 10 years, and that's
14 been really instructive in showing the benefits of having
15 separate and protected resources for primary prevention.
16 While the crisis and response centre for family violence
17 have their own resources, having investment dedicated to
18 prevention actually allows us to address the drivers at a
19 community level.

20 MS ELLYARD: So to extend your metaphor the idea of primary
21 prevention is to stop people falling in the river perhaps
22 through a bridge and all other kinds of mechanisms?

23 MS IMBESI: Yes, and in the context of family violence you
24 could also add that it stops people from pushing others in
25 the river to begin with.

26 MS ELLYARD: Dr Fergus, may I turn to you. The Commission has
27 already heard a little bit about different ways of primary
28 prevention, and both you and Ms Imbesi in your statements
29 deal with the public health model, which is the model for
30 primary prevention that has been adopted in Australia and
31 elsewhere. Can I invite you to speak a little bit about

1 what the public health model is and how perhaps it might
2 be contrasted with other ways of considering about primary
3 prevention?

4 DR FERGUS: Yes, okay. Thanks for that question. I think the
5 public health model has been something that's enabled
6 enormous gains in prevention. It's provided us a
7 methodology, basically, for action that we were lacking
8 previously. So I suppose to put it in the context of the
9 history of this work, I think ever since the '70s or '80s
10 particularly women's organisations and those working at
11 the front line of responding to existing violence had been
12 raising awareness about what violence was, had been
13 calling out family violence and other forms of violence
14 against women as wrong, and had been undertaking some
15 initial activities such as work in schools or
16 communications campaigns and so forth with
17 the attempt - the intention of I suppose stopping people
18 from falling in that river and doing some of that upstream
19 work.

20 But I suppose what was lacking in that was beyond
21 that sort of relatively small scale and limited funding
22 based approach there was the lack of a sort of broader
23 framework for action, and when the public health model was
24 first applied to the issue of violence initially by the
25 World Health Organization in 2002 and then by VicHealth
26 specifically to violence against women in 2007 that for
27 the first time gave us the tools for identifying what was
28 driving the violence in the first place, and they called
29 this under the public health model risk factors, and then
30 establishing a sort of a methodology for dealing with that
31 through working across multiple settings, undertaking

1 different sorts of interventions, and measuring progress
2 and evaluating results.

3 So that led to a sort of exponential period of
4 growth in the way in which we do prevention of violence
5 against women and family violence in Victoria, in
6 Australia and internationally. Sometimes the critiques
7 that are brought to that are, one, based on the idea of
8 evidence, and that's particularly on this basis that
9 violence against women and family violence is a human
10 rights abuse, first and foremost. It's an act perpetrated
11 by someone against someone else. It's not like smoking or
12 drink driving or other sorts of health problems that are
13 more individually focused, and there is a sense that - in
14 many cases it's a crime as well. So there's a sense that
15 we shouldn't be relying on a purely evidence based
16 discipline in order to frame the way we do action and as
17 the basis for funding.

18 MS ELLYARD: So that's a limitation on treating family violence
19 effectively as a health problem, which is what the public
20 health model would encourage us to do?

21 DR FERGUS: That's right, that's one limitation, to which
22 proponents of the public health model would say, "It
23 shouldn't be a limitation. It is no excuse for not
24 funding and innovating and going forward like that."

25 Other limitations and criticisms have to do with
26 that conceptualisation of I suppose violence against women
27 even being put in the bucket of a health problem and
28 wanting to keep it much more as a notion of a human rights
29 abuse and a crime. Those aren't mutually exclusive.
30 I find public health approaches have absolutely brought in
31 those conceptualisations and taken them on board.

1 MS ELLYARD: Ms Imbesi, may I turn back to you. A couple of
2 examples of public health approaches and primary
3 prevention that are very well known in Victoria are,
4 firstly, the approach that has been taken to reduce
5 smoking and the outcomes of smoking; and, secondly, a
6 range of initiatives associated with drink driving and
7 road tolls and things of that kind. VicHealth obviously
8 was originally set up with a particular mandate in
9 relation to smoking. Can I invite you to comment a bit on
10 the ways in which over time it's been possible through the
11 application of a public health model to reduce the damage
12 associated with smoking?

13 MS IMBESI: Sure. I guess to build on what Lara was saying,
14 the public health model can be applied in terms of
15 understanding a problem, so what burden of disease does it
16 create, but also in framing action, so what is the shared
17 platform for action. In relation to smoking cessation or
18 tobacco control, as well as road safety to some extent,
19 the history has been that in changing any kind of
20 behaviour or health related behaviour we need to look at
21 two things. One is what do people think about the problem
22 or the issue, so in other words community attitudes; and,
23 on the other hand, what does the environment say about
24 that behaviour or that particular choice, and what can we
25 do in the environment to change that.

26 So, in relation to your question, the history of
27 tobacco control in Victoria has been addressing both of
28 those two aspects through a whole range of methodologies
29 all at the same time with significant and sustained
30 investment. So looking at some of the material that's
31 come out of the national Preventative Health Taskforce of

1 what were the significant moments in changing smoking
2 behaviour, certainly legislation and policy reform was
3 one, but other significant moments include, for example,
4 banning smoking in workplaces, Federal workplaces, banning
5 smoking on airlines, banning smoking at the MCG.

6 So I guess the parallel is if we were to ban the
7 drivers of violence in some of those major environments,
8 then in 20 years time we will look back on them as moments
9 where we saw significant change in relation to the
10 prevalence.

11 MS ELLYARD: Some other examples of changes are, for example,
12 the prevalence of smoking in visual media, whether or not,
13 for example, you are allowed to smoke on television or
14 smoke in movies. There has been a lot of those changes
15 too.

16 MS IMBESI: Yes, there has, yes, and communications components,
17 so how the behaviour is represented publicly is a key
18 aspect. What we know about family violence is one of the
19 remaining problems, and it's manifest in community
20 attitudes, is that it is largely invisible or it is
21 understood to be to some extent a private matter to be
22 dealt with inside the family. So in a sense we want to
23 bring that visibility forward of family violence and then
24 make social commentary about the acceptability of it or
25 not.

26 MS ELLYARD: Dr Fergus, in your statement you make the point
27 that it might well be that in bringing this model to bear
28 on family violence we need an approach that's a bit more
29 nuanced or has more layers or complexity than dealing with
30 relatively straightforward issues like getting someone to
31 stop smoking or stop drinking. Could you reflect a

1 little, please, on the ways in which you would see our
2 approach needing to be different or more complex because
3 of the nature of family violence?

4 DR FERGUS: Yes, that's a good question, and I wouldn't say
5 that this existing model that Renee has just described or
6 the public health model per se is not flexible enough.
7 I think it's a matter of its application. There have been
8 some very narrow applications of that internationally, and
9 that's where a lot of that tension comes from of the
10 evidence based approach and of being limited to a health
11 issue and so forth.

12 I think the way in which we have approached this
13 problem in Australia and particularly the way in which
14 VicHealth has gone about it has been more innovative and
15 has taken on board some of those other issues. So I think
16 going forward what we need to do is absolutely rely on
17 those core elements of the public health approach that we
18 know have been essential to progress on this issue in
19 Victoria, and we have seen that, and that is about
20 addressing the underlying drivers of the problem, taking a
21 sort of staged and multifaceted approach to its solution,
22 and measuring progress and evaluating initiatives.

23 If we take those three elements and go forward
24 with that but bring in what we are hearing about different
25 forms - the ways in which, for example, different forms of
26 discrimination and disadvantage are impacting on risk
27 factors, the ways in which these different factors
28 interact and things like - something that we are
29 challenged by, I suppose, is the momentum that's driven
30 when issues do get picked up the way they have right now
31 with family violence by the Commission and by the media,

1 and the momentum that generates and how our model for
2 action can sort of keep up with that momentum and those
3 changes in community attitudes, I think those are some of
4 the challenges that we face.

5 MS ELLYARD: May I turn then to the question of the drivers of
6 family violence, and I should note that both in the Our
7 Watch submission and in the VicHealth submission the focus
8 is on violence against women, which is in some ways a
9 narrower definition than family violence but in some ways
10 broader because it takes into account all forms of
11 violence against women, not just that in the family
12 context. But thinking about violence against women
13 particularly in the family violence context, Dr Fergus,
14 what does the evidence tell us about what the causes of
15 that violence are, and has our understanding of the causes
16 changed over time?

17 DR FERGUS: Thanks, that's a very big question and a very
18 complex one. In fact, some of the difficulties I think we
19 run into in trying to answer that question is because we
20 often search for a very quick or simple or
21 easy-to-understand way to explain it, and it does resist
22 that. So I think I just want to acknowledge first of all
23 it's a very complex issue, there are many layers to it and
24 a lot of the complexities are interactive, a lot of these
25 different causes are interactive.

26 Over the last three decades there have been
27 thousands of studies trying to dig down and find what is
28 the cause or causes of violence against women, and some of
29 them have focused on particular forms, like intimate
30 partner violence, others on sexual violence, whether
31 partner or non-party, and they have all come at this issue

1 from different disciplines. So we will get a
2 criminological perspective, psychological perspectives,
3 political theory perspectives and so forth, and all of
4 them are going to come up with different answers.

5 What VicHealth did in 2007 was pull together all
6 of that literature into their framework, and what we are
7 now doing as Our Watch in partnership with VicHealth and
8 ANROWS is the development of a national framework that
9 updates that evidence, and in that process we have been
10 looking at where the research has advanced.

11 So what we have found is - surprise, surprise -
12 it is still complex, but there are I suppose significant
13 factors that are emerging that seem to be, if you like,
14 driving violence against women in the way that other
15 factors aren't, and that's I think where the evidence is
16 starting to distinguish itself from earlier analyses,
17 which had what we call a sort of shopping list of risk
18 factors as if they were all equal.

19 I put these into sort of three categories. One
20 is gender drivers. So they are drivers to do with gender
21 inequality. The second is drivers or factors to do with
22 the ways in which violence is learned or condoned or
23 accountability isn't present for violence in any
24 particular society. The third is a number of intersecting
25 or interacting factors that come into play in conjunction
26 with the other two and can exacerbate or make violence
27 worse.

28 So just I suppose to dig down - I know it's a
29 long answer - would you like me to - - -

30 MS ELLYARD: No, please keep going.

31 DR FERGUS: So I suppose the most significant of these the

1 international literature indicates is those to do with
2 gender inequality, but that in itself is not simple. It
3 is not a matter of, all right, we get more women on boards
4 and we are going to end violence against women, that sort
5 of thing. It is particular aspects or expressions of
6 gender inequality that seem to be most driving various
7 forms of violence against women.

8 Some of these are more strongly associated with
9 some forms. So intimate partner violence, for example, is
10 more strongly associated with gender inequality within a
11 relationship or previous experience or exposure to
12 violence as a child, whereas non-partner rape is more
13 strongly associated with notions of manhood, promote
14 heterosexual dominance and - I'm just checking my notes -
15 participation in violence outside the home. So that's
16 another distinction we need to make.

17 In terms of the factors that are common among the
18 forms of violence against women that are most studied,
19 these can be broken down into various different types.
20 Some of these have to do with attitudes and social norms,
21 and very classically we know from the national community
22 attitudes survey that the strongest and most consistent
23 predictor of support for violence against women by men is
24 their adherence to sexist or sexually hostile or
25 patriarchal attitudes.

26 A similar pattern that exists between men and
27 women is adherence to attitudes like that and rigid gender
28 stereotypes is associated with greater support for
29 violence as well. Of course, those attitudes don't exist
30 in a vacuum. You referenced media before and the role of
31 media in creating certain norms. So they exist beyond the

1 individual relationship and at different levels of the
2 social ecology, and they're reflected in various practices
3 and structures that exist in our society as well.

4 So one of the key pieces of evidence that I'm
5 sure the Commission has seen in countless submissions is
6 this graph done by the UN that directly correlates higher
7 levels of gender inequality at the population level in
8 certain countries, or across the world in fact, with
9 higher levels of violence against women. So we do know
10 that in countries where laws, institutions and practices
11 promote gender inequality or fail to uphold equality there
12 are higher levels of violence against women.

13 So that's I suppose coming out in the
14 international evidence more and more as the most
15 significant, the most consistent, the most - as necessary
16 as it gets in a very complex social issue sort of factor
17 behind violence against women.

18 MS ELLYARD: So when we think about primary prevention, then,
19 is there a hierarchy in the way in which we need to
20 address those three levels of factors that you have
21 identified? Is there one that you need to address before
22 you address the others, or are they all to be addressed
23 simultaneously?

24 DR FERGUS: I think it's difficult to talk about hierarchy.

25 I would certainly say you are not going to get anywhere if
26 you don't address gender inequality. The equivalent we
27 often talk about is smoking and lung cancer. It's the
28 biggest. It's not the only but it is absolutely the
29 biggest one. But I think we do ourselves a disservice if
30 we isolate any of these things as well, and there are ways
31 in which we need to look at the others.

1 If I might just unpick that, because I think it
2 comes down to then not so much I suppose attempting to get
3 this sort of grand theory of exactly how these factors fit
4 together, which is something that we tend to get stuck
5 into and caught with. It's a matter of thinking through
6 what does it mean then on the ground when we do
7 prevention.

8 We took that research around the country recently
9 to consultation, and we did 15 consultations across the
10 country and asked different stakeholders what sort of a
11 framework for action they thought should come out of these
12 learnings. They said, "Look, really, a strong political
13 agenda on gender equality is missing from most
14 jurisdictions at the moment. So that's really where we
15 need to prioritise a lot of investment and effort." But
16 they suggest that in areas like - in the two other areas
17 I talked about, one, the ways in which violence is learned
18 and condoned, we need to really be thinking about how we
19 form partnerships and work better together with areas like
20 Child Protection and those working against depictions or
21 glorifications of violence in the media and so forth, and
22 make that a more collective impact, concerted partnership
23 based effort.

24 The same is true of the interacting factors,
25 which I haven't even really got to, and these include,
26 among other things, alcohol - use and availability of
27 alcohol and drugs, socioeconomic disadvantage, I mentioned
28 exposure to violence as a child and so forth, the ways in
29 which mental health sort of interacts with these. What we
30 need to do as a prevention effort is not so much put these
31 in any sort of hierarchy but think about, first of all,

1 how we address this key driver of gender inequality in
2 everything we do, and then I think, second of all,
3 significantly strengthen our partnerships and the ways in
4 which we act collectively on these myriad of intersecting
5 issues that we know are also contributing to violence
6 against women.

7 MS ELLYARD: Ms Imbesi, what would you say in relation to that?

8 MS IMBESI: Wholeheartedly agree and also would add that in a
9 very practical sense in terms of changing culture there is
10 an immediate step we can take, which is to improve the
11 level of understanding that community has about those
12 drivers. It's really clear from the national attitudes
13 survey that the public understanding of the causes or
14 drivers of violence is out of step with the research. The
15 survey, for example, found that two-thirds of Australians
16 still wrongly believe that violence against women is
17 caused by individual anger management issues. So that's
18 something that can be addressed. Equally concerning,
19 43 per cent of the population believe that sexual assault
20 results from men being unable to control their sexual
21 urges.

22 So there is some immediate work we can do to
23 address the gap in knowledge that the community has around
24 why violence occurs and also what we need to do about it
25 because, the more the community understands the drivers of
26 violence, the more likely they are to support the kind of
27 policies and initiatives that are likely to come out of
28 this Commission.

29 MS ELLYARD: So if we take the point that the bedrock, as it
30 were, that needs to be addressed along with other things
31 is gender inequality. Dr Fergus, in your statement and in

1 your evidence already you have talked about the way in
2 which gender inequality is present either in a structural
3 form or in a normative sense. Could you unpick for us a
4 little bit, please, what's the difference between those
5 two things?

6 DR FERGUS: Yes, it's a bit jargonistic. I suppose the
7 normative is - I often think it - and I realise there are
8 academics in the room who will kill me for this, but
9 I think the stuff that's in people's heads versus the
10 stuff that's in society around you, and that's a very poor
11 analogy, but the normative being what we believe as
12 individuals and what we believe that other people believe,
13 which is an even stronger driver of our behaviour than
14 what we believe ourselves, according to a lot of social
15 theory. So the normative is things like what Renee was
16 just talking about, the attitudes that are commonly held
17 and the ways in which those attitudes or beliefs are
18 perpetuated through media, through advertising, through
19 what happens in our communities, what happens in our
20 workplaces when, for example, we fail to respond to an act
21 of harassment or discrimination and so forth. Does that
22 make sense? So that's the normative.

23 Structural is, if you like, in many ways a more
24 tangible and measurable idea, and it is simple
25 inequalities. Economic inequalities between men and women
26 is an example of structural inequality, so the pay gap,
27 gaps in political representation of women and so forth.

28 MS ELLYARD: Ms Imbesi, against that backdrop, you in your
29 statement talk about the variety of settings in which a
30 primary prevention initiative would need to take place.
31 Thinking about the structural changes that might need to

1 happen but also about the normative changes, the changes
2 to people's beliefs as well as to what they see in their
3 society, what are the kinds of places where you would see
4 a role for primary prevention in family violence?

5 MS IMBESI: We talked earlier about the public health model,
6 and one of the tenets of a public health model or a
7 forthcoming prevention framework is to outline the fact
8 that we need to address the drivers of violence against
9 women in all the everyday places they occur. So where
10 people live, learn, work, play, educate themselves and
11 others. So in practical terms that's places like
12 workplaces, local governments, sport and the community
13 generally, arts, media, popular culture, the online
14 environment. There's differing terms around it - digital
15 environment, digital environments, but that's a place
16 where people live, work and learn.

17 Now I think what's important to think about in
18 light of some of those environments where we can do this
19 work, we call them places or settings, is not only that
20 they are places where the drivers occur, so to speak, but
21 they are also places where the community expects action to
22 occur. So some recent survey research we did in Victoria
23 indicated that well over 90 per cent of the population
24 actually expect workplaces and sports clubs at every
25 level - local, club, state and national - to take a lead
26 role on respectful relationships. So they actually are
27 waiting for further action.

28 The other great thing about these settings is
29 that over the last 10 years and more in Victoria we have
30 actually had a great deal of work going on in those
31 settings. So they are ready to continue the work.

1 MS ELLYARD: Dr Fergus, would you wish to add to that?

2 DR FERGUS: I think Renee covers it really well, but I think

3 I would just add that Victoria is probably better placed -
4 from the consultations we have done around the country,
5 Victoria has a lot going for it in terms of really taking
6 a lead in this next stage. So, as Renee said, there's
7 already been a great deal of work done in workplaces, in
8 schools, in sporting clubs, in local councils, as the
9 Commission I think will hear more of this afternoon.

10 There's a great sort of infrastructure that
11 exists in Victoria. An example is the role of local
12 councils in doing more community development and social
13 policy areas than exist in some other states and
14 territories, and there is a political will that has been
15 demonstrated, I think, in a bipartisan way over recent
16 years to taking this issue seriously.

17 So the situation that we have in Victoria at the
18 moment, if you like, is there's a sort of - there is an
19 infrastructure that in many respects is prepared to do
20 this work. As Renee said, there's a community expectation
21 that we will do this work. There have been these pockets
22 of good practice that have proven successful or shown
23 evidence of effectiveness in various areas. What's
24 lacking, I suppose, is a coordinated and systemic way of
25 pulling that all together and making sure that it happens
26 in a sustained and long-term way into the future, and
27 isn't vulnerable to shifts and changes in government.

28 MS ELLYARD: This is one of the things that you take up in your
29 statement, the need for change to occur not on a
30 project-by-project basis, and the Commission has heard a
31 lot about a great many projects that in their own small

1 sphere were successful, but the need to have a more
2 systemic approach. Can I invite each of you to comment on
3 that matter?

4 DR FERGUS: Yes, I think this idea of a systemic approach sort
5 of exists at two levels. A good example is schools. We
6 have seen some fantastic work done in Victoria and across
7 the country in schools which has been what we call
8 programmatic or project led. It's been often led by
9 community organisations who will go into a school, work
10 with them, do one session or possibly more sessions but in
11 the end are often leaving and the school is left to sort
12 of go on with their business, so to speak.

13 So by systematising that approach what we would
14 say is, "Yes, that's good; yes, it's worked; yes, it's
15 shown effectiveness and helped change attitudes, improve
16 skills in respectful relationships" and so forth, but it's
17 only available to those students and those schools that
18 are lucky enough to live in a catchment where those
19 community organisations are servicing.

20 So what we want to see is that embedded into
21 something that all schools do, and that means
22 systematising into the work of the Department of
23 Education, who have recently shown good leadership in
24 releasing curriculum guidance on this and piloting a
25 project that involves embedded curriculum guidance
26 positions in three of the regional offices, professional
27 development for teachers and support for schools to work
28 with the community organisations and do a whole school
29 approach to the issue. So that's one aspect of what
30 systematising looks like. It's about getting away from
31 putting the onus on community organisations to do

1 prevention work in your setting and making it instead
2 about the core business of that setting.

3 The other element of systematisation is some sort
4 of statewide coordination and quality assurance mechanism
5 that is going to ensure that good practice happens across
6 settings in a coordinated way and that that's done
7 according to standards and is evaluated accordingly.

8 MS ELLYARD: Ms Imbesi, the Commission has heard some evidence
9 and is going to hear some more evidence about particular
10 projects that have been funded by VicHealth in a range of
11 areas, including in the area of family violence. From
12 your perspective how do we make that leap between the
13 funding of a project and a system that might work for
14 everyone, not just the people in the project?

15 MS IMBESI: I think it's an interesting point because, as Rosie
16 talked about earlier today and no doubt will continue for
17 the rest of the day, we are at this point of momentum
18 where organisations that have never thought of themselves
19 as having a role in gender equity, let alone violence
20 against women and knocking on Rosie's and other people's
21 door, Our Watch's door, saying, "What can we do," and
22 that's fantastic. But the risk we face is that the things
23 that they choose to do at that time that suit their
24 organisation become prevention, become the greatest
25 momentum around prevention without a strong centralised
26 leadership that says, "Here's the plan. These are the
27 organisations that are going to lead the charge regardless
28 of whether three organisations come on board or 30," and
29 keep the plan and keep monitoring the plan or the
30 mechanism or whatever it is going forward so that that
31 work becomes systemic in the sense that it's fed into a

1 larger plan and it also directly influences policy.
2 I think that's the opportunity we have now, is that we
3 have policy and systemic change rather than program level
4 out there change going on.

5 MS ELLYARD: One of the things, I suppose, that arises if we
6 think about big plans and structures and systemic change
7 is we have heard a great deal of evidence about the fact
8 that this is a problem for everyone in the community to
9 solve. How do we strike the balance between big plans
10 driven by government on the one hand and the individual
11 responsibility that I think we can all say might exist
12 with every person to do their bit?

13 MS IMBESI: I suppose one comment I would have - and we talk
14 about this in our submission - is if we have secured and
15 sustained investment then within that we can have multiple
16 methodologies, as we talk about, the more multiple
17 strategies going on at the same time. So it means that
18 you can have your direct participation programs out there
19 in the small rural community as well as the big things
20 going on in Spring Street. So you have policy and
21 legislative reform as well as participation programs as
22 well as community strengthening and advocacy and research
23 and monitoring.

24 So the notion of a whole lot of different levels
25 of change and level of strategy, it's certainly worked to
26 date both at the level of the state, the State of
27 Victoria, and at the level of a particular setting. So in
28 a workplace, for example, that multi-level idea plays out
29 as well. You have the CEO and other leadership giving
30 strong messages and making commitment, incorporating into
31 core business, you have training programs, e-bulletins,

1 whatever it is to get all staff engaged as well as a whole
2 lot of stuff in the middle, I guess, so that the policies,
3 procedures, everyday practices of that workplace align to
4 a broader goal that you can, I guess, scale that up to the
5 State of Victoria and I think we would see some
6 significant change.

7 MS ELLYARD: Dr Fergus?

8 DR FERGUS: I totally agree with everything Renee just said.

9 But, just to add to that, again it's a bit of a false
10 dichotomy whether the government does it or community does
11 it. Obviously the role of government, when we are talking
12 about something that is a crime and a human rights abuse,
13 is to prevent it and provide a scaffolding, I think, a
14 scaffolding and an infrastructure under which that can
15 happen.

16 What we absolutely want is the communities of all
17 sorts to be driving change in a way that is best suited to
18 their needs. So I suppose what the support of things like
19 statewide mechanisms and evidence based approaches gives
20 to community driven activity is that it provides a sort of
21 framework and support under which they can identify what
22 are the particular needs in their communities, and
23 something we haven't had I suppose enough time to talk
24 about is particularly how different forms of
25 discrimination and disadvantage might be interacting with
26 and colouring the ways in which violence happens and in
27 fact the ways in which gender inequality is expressed, and
28 we need to be very flexible and adaptable in on the ground
29 activity to respond to that.

30 So it's definitely not an either/or, but I think
31 that those sorts of systemic mechanisms that we are

1 talking about are sort of necessary to ensure the
2 sustainability and support to community organisations to
3 do tailored and sort of bespoke approaches to the issue
4 that suits them.

5 MS ELLYARD: Ms Imbesi, one of the things you talk about in
6 your statement is the need for an appropriate workforce to
7 do some of this work. I wonder would you speak a little
8 bit about that.

9 MS IMBESI: Sure. There's sort of a couple of different ways
10 to think about it and different levels. I suppose the
11 first notion to put in place is that the skills and people
12 and ideas that are needed, and to some extent the tools
13 that are needed, to do prevention are very, very different
14 to the skills and tools and decisions that are needed to
15 do crisis work.

16 So, while the specialist understanding of
17 violence as an issue is key to a prevention workforce,
18 it's actually a whole lot of other skills that need to be
19 developed from areas like health promotion, community
20 development, organisational development. That's part of
21 the skill set around prevention and it's actually separate
22 to the training that most at the coalface have at the
23 moment.

24 So we have a strong interest, and I know Our
25 Watch does too, in developing a national and state
26 workforce that is specialist in primary prevention. But
27 then there's different models and ways of thinking about
28 how they might be deployed, so to speak. I have heard the
29 phrase "ground troops" used. You sort of send out your
30 specialists into the mainstream.

31 But also I think we are going to miss an

1 opportunity right now if we don't look at, for example,
2 the people in some of those settings we talked about -
3 sports, workplace, local government and schools - who are
4 doing their daily business and need to add prevention to
5 their kit and caboodle, so to speak. So the specialists
6 in sports administration, the school principals, the human
7 resource managers, the health coordinators in local
8 governments, if they have the tools and - accessible
9 resources at their fingertips to incorporate this work
10 into their day-to-day practice and incorporate into core
11 business, that could be just as powerful as having a
12 prevention specialist sitting next to them. I think it's
13 probably both, is what we need.

14 MS ELLYARD: So it might not be so much a huge new workforce
15 but an additional skill and responsibility within an
16 existing workforce in very many community sectors?

17 MS IMBESI: I think it is both. Part of the notion of
18 integrating prevention into the mainstream and into core
19 business is both.

20 MS ELLYARD: Dr Fergus, would you wish to add to that?

21 DR FERGUS: The only thing I would add to that as well is that
22 in terms of integrating into the existing workforce that
23 is about pre-service training and how can we get into
24 university courses and TAFE courses. That's an investment
25 for the future that means, while there is an intensity of
26 effort in providing specialist workforces at the moment
27 I think that's required, where we want to get down to is
28 where this is core business for varying sectors and that's
29 through pre-service training as well.

30 MS ELLYARD: May I turn to a different topic, which is thinking
31 about evidence. What evidence do we have to date that

1 models that focus on gender inequity and improving
2 understandings of gender roles have a positive influence
3 on the rates of violence against women?

4 DR FERGUS: It exists at different levels and it depends on
5 your definition of "evidence" and so forth. At the moment
6 what we do have is a sort of - there are several issues.
7 We have evidence of this sort of work at a programmatic
8 level, particularly in schools but also a number of other
9 issues like microfinance initiatives, that do address
10 gender inequalities, whether economic or structural or
11 normative, having a positive impact in terms of reduced
12 perpetration for participants four to six years down the
13 track. One example is the schools initiative Safe Dates
14 which works with young men and women in US colleges on
15 issues of gender inequality, respectful relationships and
16 so forth and has shown a significant reduction in
17 perpetration.

18 COMMISSIONER NEAVE: Can I just follow up with that.

19 I understand and I have read about Safe Dates, and it's
20 encouraging. But we are talking here about much broader
21 programs, aren't we? We are talking about trying to alter
22 community attitudes.

23 DR FERGUS: Yes.

24 COMMISSIONER NEAVE: I would like to press you a little on
25 whether changing community - we could say we now live in a
26 more equal society, a more gender equal society, there is
27 still huge amounts of gender inequality, than 20 or
28 30 years ago; yet that does not seem to have significantly
29 reduced the incidence of family violence. Perhaps it has,
30 but I don't know of any evidence that that is the case.
31 So how do we look at the broad community attitude being

1 reflected in what happens in the area of family violence?
2 DR FERGUS: I think that's a great question, and I suppose the
3 clear answer of, "Here's your example of it being done in
4 another country and we changed attitudes and we measured
5 that against levels of family violence or violence against
6 women," that doesn't exist. We haven't yet seen that
7 whole of population change. I suppose that's where I was
8 getting to.

9 There is a building of the evidence, though, and
10 I think that that's not negligible and that's an important
11 point to note. So, one, we do have evidence that at the
12 programmatic level these changes in attitudes do lead to
13 reduced perpetration in the future, and that's a really
14 important piece of the puzzle, if you like.

15 We have a great deal more evidence of these
16 programs actually changing attitudes in the first place.
17 So we could deduce that if there were longitudinal
18 evaluations they may well show a reduced perpetration.
19 But there has been a real lack of investment in those
20 longitudinal evaluations that can show that direct line.

21 But what we don't have and what is really the
22 next stage and one that I would argue we are really well
23 placed to sort of lead here in Victoria is that whole of
24 population approach that you are talking about,
25 Commissioner, that's saying, "If we know that this can
26 work at a small scale and if we have seen from other
27 initiatives in public health, like smoking, road safety
28 and so forth, that if we do change attitudes, structures
29 and work at all of those levels, we do see a reduction in
30 the issue," if we apply that same model to family violence
31 and violence against women, given the infrastructure,

1 given the will and the investment that exists here,
2 I think we could be the jurisdiction that is the
3 experiment and that shows that change.

4 COMMISSIONER NEAVE: Just as a matter of interest, following up
5 on this, the Scandinavian countries are said to be
6 countries where there is more gender equality than is the
7 case here. I don't know whether that's accurate, but
8 let's assume that as a premise for the moment. Do we know
9 whether there are lower incidences of family violence in
10 those countries, intimate partner violence?

11 DR FERGUS: It's really tricky to measure. If you are looking
12 at the global comparable studies like the World Health
13 Organization study then, yes, we would say yes. But then
14 there are a whole lot of other factors in play to do with
15 economic status, development status and so forth. There
16 is a recent European - I think it was a Council of Europe
17 study I think under the new convention that looked at
18 comparable rates across Europe and found a great deal of
19 variation and not this sort of clear line of,
20 "Scandinavia, more women in Parliament, tick, therefore
21 lower levels of violence against women." It's not that
22 clear or straightforward. So I think the answer to your
23 question is, no, we don't have that data that shows
24 absolutely.

25 COMMISSIONER NEAVE: Thank you.

26 DR FERGUS: But, if I could just add, a lot of that data on
27 gender equality in the Scandinavian countries is purely
28 structural. It is purely going to economic, political and
29 so forth. We don't have a lot of teasing out data on the
30 attitudes and the normative gender inequalities.

31 MS IMBESI: What is great about the forthcoming national

1 framework, among many things, is that it will attempt to
2 apply what I understand to be a world first to put a
3 theory of change or an explanatory model between the two.
4 So over 20 years, or 10, of the national framework we are
5 hoping for a reduction in violence against women by doing
6 these things, and now here are all the strategies we are
7 going to try and all the things we need to test so that
8 after 20 years we can say to other countries or even other
9 jurisdictions, "Here's how we did it, here's how that led
10 to that, and these are the strategies we would suggest in
11 between," because that's a gap at the moment. We
12 understand there is a correlation between the two but not
13 all the explanatory links between them. That's what we
14 are attempting to do in the national framework.

15 MS ELLYARD: Just one final question for you, Ms Imbesi. The
16 conversation that we have had this morning has been very
17 overtly about violence against women. The definition of
18 "family violence" in Victoria is much broader. The remit
19 of the Commission is much broader. Although Our Watch has
20 a specific focus on prevention of violence against women,
21 VicHealth doesn't have such a confined remit and would
22 have the capacity to engage in primary prevention
23 activities across the whole breadth of the definition.
24 I wonder to what extent have there been attempts or are
25 there going to be attempts by VicHealth to think about how
26 we prevent those other forms of family violence where the
27 link between gender and violence is perhaps not so clear?

28 MS IMBESI: Yes, I think what's useful in terms of what
29 VicHealth and its partners have done to date that may be
30 applied beyond the adult male perpetrator setting,
31 I suppose, or the female victim is that our framework in

1 2007 was really clear. The key underlying driver - and
2 this has been confirmed through recent evidence - is
3 actually about the misuse of power in a relationship. So
4 I would say in answer to your question a lot of the
5 strategies that we have used and our partners have used to
6 address unequal power in relationships between men and
7 women through sports, workplaces, local government,
8 schools in the list can very readily be applied to other
9 forms of family violence because what we are really trying
10 to do is make some of those behaviours and attitudes that
11 are acceptable now completely unacceptable in the future.

12 To go back, I suppose, to the analogies that we
13 started with, there was a time before my time, that
14 I understand it was acceptable to smoke in your workplace,
15 to light up in the office, and it was acceptable to have a
16 few drinks and then jump behind the wheel. What we hope
17 for is in the future it's unacceptable to think that any
18 form of family violence is a private matter, just to be
19 handled over there or that it's over there at all. That's
20 what we want to make unacceptable in the future.

21 The other thing we want to make unacceptable in
22 the future is the idea that any one person should have
23 power in a relationship more than the other or misuse that
24 power. So, on that basis, I think a whole lot of the
25 strategies that we and others have developed would readily
26 be applied to other forms of family violence.

27 MS ELLYARD: Thank you. Do any of the Commissioners wish to
28 follow up on that or any other matter with these
29 witnesses?

30 DEPUTY COMMISSIONER FAULKNER: I do have another matter.

31 Ms Imbesi, I was interested in the comment that one of you

1 made about the core elements of the public health approach
2 which the last element was measuring. In your submission
3 you talk about the measurement you are using at the moment
4 is the global gender gap index. My first question is is
5 that the best we have at the moment. If we wanted to know
6 whether we are having an impact on attitudes, is that the
7 best we have at the moment?

8 MS IMBESI: It is in one sense, Commissioner. In one sense we
9 need to continue to measure what those indicators are at a
10 population level in relation to gender equity and to be
11 able to compare them across countries. So in that sense
12 the index fulfils a purpose.

13 What it can't fulfil and what we are busily
14 working away on amongst our many organisations is how we
15 measure the outcomes of prevention. So in the last five
16 to 10 years in terms of the work that VicHealth has done
17 with its partners our measurement has largely been around
18 what kind of impacts has this had at the programmatic and
19 the organisational level, because we are also in the
20 business of building practice. So it's too early in the
21 sense that we are just working out what the programs look
22 like and it's too early to expect a reduction in violence.
23 So we are gathering data along the lines of what are we
24 creating in terms of program impacts.

25 The opportunity I think we have now going forward
26 is to link those program impacts across settings but also
27 link those to gender equity outcomes at a population
28 level. So what we do in, for example a workplace program
29 to build gender equality, how might we understand that in
30 a broader context of Australia or Victoria trying to
31 achieve better outcomes for workforce participation, for

1 example, for women, how does one drive the other and how
2 might we understand those in a cohesive framework.

3 DEPUTY COMMISSIONER FAULKNER: At the moment it is quite
4 possible that you would have what you might term
5 successful interventions and prevention and will have no
6 impact on this gender global gap?

7 MS IMBESI: They may have an impact, but we don't have an
8 explanatory model and I would say we haven't done the
9 research to make the link conclusively.

10 DEPUTY COMMISSIONER FAULKNER: The interesting number in there
11 is in the subindices, and Australia has slipped to a very
12 poor position in being number 70 for health and survival.
13 Can you tell me what's driving that?

14 MS IMBESI: I'm actually not an expert on that, Commissioner.
15 I will comment to the extent that I can. I suppose
16 I would point to another aspect of VicHealth's work which
17 is in relation to health equity. We have a framework for
18 that called Fair Foundations, which is really built upon
19 the idea that you can do all the prevention work you like
20 but if you don't tie that to an understanding of how
21 different sections of the population are already
22 positioned to receive those health benefits or promotion
23 benefits or not then we can't expect the outcomes to reach
24 them or be beneficial for them in equal ways. So the
25 notion of tying an equity framework to everything we do,
26 be it smoking or family violence or obesity, I think might
27 go some way to help to start to think about how we could
28 make a link there.

29 DEPUTY COMMISSIONER FAULKNER: On reading that, my impression
30 was that if you worked on this health and survival
31 component it would quickly move yourself up, and I just

1 wondered whether it had anything to do with violence
2 against women. Perhaps at some stage you might be able to
3 send something else that gives me a bit more detail on
4 that. I would appreciate it.

5 MS IMBESI: Yes, with pleasure.

6 COMMISSIONER NEAVE: I do have one further question. As
7 I understand it, nearly all the international research has
8 focused on intimate partner violence and the link between
9 that and gender inequity. Is there any general research
10 on incidences of violence in society - and we are talking
11 now about other forms of family violence - and what that
12 can be linked to? It's perfectly possible that if you
13 have a high level of gender inequality then you also have
14 more hierarchical attitudes towards, for instance,
15 children and more children are being injured and killed
16 and so on. But is there any evidence to that effect that
17 links other forms of violence?

18 MS IMBESI: To the extent, Commissioner, that in our recent
19 review of literature in the build-up to the national
20 community attitude survey, so we were looking at what are
21 the drivers, found stronger evidence in relation to a
22 driver of violence being linked to exposure and acceptance
23 to violence more broadly. So it doesn't quite get to your
24 question, but the notion of there being a link between
25 gender inequality and exposure to violence more broadly as
26 drivers of family violence or violence against women is
27 something that we are starting to understand more clearly.

28 COMMISSIONER NEAVE: So how do we compare the gender inequality
29 contribution with the attitudes to violence generally?

30 DR FERGUS: This is an issue that I think we are really, really
31 struggling with at the moment and particularly under that

1 national framework research I talked about. So where we
2 have come to on the review of the literature and through
3 the consultations is saying, "Yes, there is this thing
4 called gender inequality, but let's think about the ways
5 in which violence is learned or condoned or normalised
6 across society."

7 So there is a whole lot of research. WHO has
8 sort of led a big global agenda on prevention of violence,
9 various forms of interpersonal violence and a lot of it
10 does overlap then with violence against women and family
11 violence. But one of the big things, I suppose, that's
12 coming out of that thinking as well is that the violence
13 that is normalised and the violence that is condoned and
14 the violence that is often glorified is again often male
15 violence. So there is a gendered element there as well.

16 COMMISSIONER NEAVE: It is male against male a lot of it, isn't
17 it?

18 DR FERGUS: Yes, exactly, whether it's against men or whether
19 it's against women, and we have that PSS data here that is
20 up to 95 per cent of the reports of violence against
21 anyone is perpetrated by men. So there is a way in which
22 we are constructing violence as masculine that is an issue
23 as well. That isn't to bring everything back to gender
24 inequality, but it is just to show that it's a very
25 difficult thing to unpick and say one issue is separate
26 from the other.

27 COMMISSIONER NEAVE: A question that I have is it seems to me
28 that an awful lot of work is being put into the basket of
29 gender inequality when we also need to look at the
30 existence of violence in our society and how we might
31 reduce that. I assume from what you are saying that this

1 is an ongoing debate. But I'm not quite sure where
2 VicHealth has gone on that issue.

3 MS IMBESI: I think that's right. It's an ongoing debate and
4 possibly will be ongoing for the duration of time that we
5 continue to conduct research in this area. So every
6 10 years we might get a fresh insight would be a wonderful
7 thing.

8 But in relation to the last part of your
9 question, Commissioner, the VicHealth view is that
10 addressing violence more broadly or male use of violence
11 more broadly is not at all inconsistent with the kind of
12 strategies and programs that we have already initiated to
13 address the misuse of power by men against women. So
14 there's no inconsistency there. How you frame it, how you
15 phrase it, what's your leading message in a training
16 session for example may shift. But the goals are actually
17 completely consistent.

18 COMMISSIONER NEAVE: This is a difficult question to ask, but
19 I will ask it all the same. Is there a danger that in
20 focusing so much on gender inequality you may lose some of
21 the men who you might otherwise be able to enlist in your
22 attempt to reduce violence in the community?

23 MS IMBESI: That's a really important question. I think one of
24 the great things about the length and depth of work that's
25 gone on in Victoria is that we have I think very
26 sophisticated and nuanced ways of making sure that we are
27 continuing to engage men, all kinds of men, but also to
28 keep a view to who we are not engaging so we never get too
29 carried away with our own success, I suppose, and think
30 everyone is convinced. We know that's not the case, and
31 nor should it be, because there will always be lines of

1 contention.

2 But, for example, at a very kind of micro level
3 in relation to workforce development we have run a short
4 course in the prevention of violence against women for a
5 number of years. We always attempt to have a male and
6 female trainer delivering that course. Now more recently
7 we have developed - and it is very wordy - a male Train
8 the Trainer model because we understood that for men to
9 come to that trainer role they actually needed to
10 undertake specific skill development and, I guess,
11 knowledge development of their own. So that for me is an
12 example of how sophisticated our work has become. That
13 certainly doesn't engage perhaps the more resistant or
14 disengaged men, but as an example of we are not just kind
15 of putting one message out there and thinking everybody
16 will come to it. There is a whole lot of ways to engage a
17 whole lot of different men and to continue to monitor who
18 is not convinced yet.

19 COMMISSIONER NEAVE: Thank you.

20 MS ELLYARD: I ask that the witnesses be excused and that the
21 next panel of witnesses come forward. That's Dr Flood,
22 Dr Dyson, Ms Nagle and Mr Holmes.

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

25 <(THE WITNESSES WITHDREW)

26 <SUZANNE JOY DYSON, affirmed and examined:

27 <KELLIE NAREEN NAGLE, affirmed and examined:

28 <SCOTT ANDREW HOLMES, sworn and examined:

29 <MICHAEL FLOOD, affirmed and examined:

30 MS ELLYARD: May I start with you, please, Dr Dyson. Where do
31 you work at present?

1 DR DYSON: I work at the Australian Research Centre in sex,
2 health and society at La Trobe University.

3 MS ELLYARD: Can you give a brief summary of your professional
4 background and your present research interests?

5 DR DYSON: Yes, I originally trained as a nurse. After a long
6 career in the community sector, I entered the academy in
7 the early 2000s, did a PhD and have since graduating in
8 2007 worked as a full-time researcher.

9 MS ELLYARD: And your areas of research?

10 DR DYSON: Broadly speaking, sexuality and gender, with a focus
11 on sexuality education and prevention of violence against
12 women.

13 MS ELLYARD: You have made a statement to the Commission that's
14 dated 4 August 2015. Are the contents of that statement
15 true and correct?

16 DR DYSON: They are.

17 MS ELLYARD: May I turn to you, Ms Nagle. Where do you work at
18 present?

19 MS NAGLE: The Municipal Association of Victoria.

20 MS ELLYARD: What is the role that you perform there?

21 MS NAGLE: I am a policy adviser in the prevention of violence
22 against women.

23 MS ELLYARD: What is the history of your involvement in this
24 sphere of prevention of violence against women and the
25 professional qualifications that you have?

26 MS NAGLE: I have worked in local government in the prevention
27 of violence against women for about the last eight years,
28 and prior to that worked in the homelessness and public
29 housing sector for 15 or so. So community development is
30 my background.

31 MS ELLYARD: You have made a statement to the Commission that

1 is dated 28 July 2015. Are the contents of that statement
2 true and correct?

3 MS NAGLE: Yes.

4 MS ELLYARD: You have attached to your statement a copy of the
5 submission that the MAV has made together with some other
6 materials that you have made available to the Commission.

7 MS NAGLE: Indeed, yes.

8 MS ELLYARD: Can I turn to you, please, Mr Holmes. Where do
9 you presently work?

10 MR HOLMES: Starting work today with YMCA Australia.

11 MS ELLYARD: And what role are you going to be performing
12 there?

13 MR HOLMES: Project manager, health promotion.

14 MS ELLYARD: What has led you to that role? Can you summarise,
15 please, your professional background and experience?

16 MR HOLMES: I originally trained as a librarian. I then
17 trained as an Anglican priest, and then four and a half
18 years ago I began working in the preventing violence
19 against women sector working with VicHealth funded
20 projects both with Darebin City Council and more recently
21 with YMCA Victoria. The YMCA Victoria role has now
22 concluded, and I'm taking up a role effectively taking the
23 learnings from that project to the YMCA Australia, right
24 across Australia.

25 MS ELLYARD: You have made a statement to the Commission that's
26 dated 26 June 2015. Are the contents of that statement
27 true and correct?

28 MR HOLMES: Yes.

29 MS ELLYARD: You have attached to your statement a number of
30 documents, including some materials arising from your work
31 at the YMCA and with the Anglican Church?

1 MR HOLMES: Yes.

2 MS ELLYARD: May I turn to you, Dr Flood, please. Where do you
3 work at present?

4 DR FLOOD: I work at the University of Wollongong in New South
5 Wales.

6 MS ELLYARD: What is your role there?

7 DR FLOOD: I'm a senior lecturer and ARC Future Fellow.

8 MS ELLYARD: Could you summarise, please, your professional
9 background and your research interests?

10 DR FLOOD: Sure. I did a PhD at the ANU in Canberra,
11 completing in 2001. Since then I have had a series of
12 research and teaching positions in academia, and I have
13 also had some involvement as a community educator and
14 advocate.

15 MS ELLYARD: You have made a statement to the Commission dated
16 9 July 2015. Are its contents true and correct?

17 DR FLOOD: Yes, they are.

18 MS ELLYARD: May I invite first you, Dr Flood, but others may
19 wish to add, to consider, carrying on from the discussion
20 we have had with the previous witnesses, if we think about
21 changing cultures and family violence, what is the culture
22 that we are trying to change? At what level are we
23 pitching ourselves? Is it about violence? Is about
24 gender? Is it about family violence specifically? How
25 are we to approach this issue? Can I invite you,
26 Dr Flood, to start?

27 DR FLOOD: In terms of changing culture we are talking in part
28 about sort of general social norms, the things that men
29 and women in communities think are appropriate and
30 acceptable forms of behaviour in their relationships, in
31 their families, with their children and so on. But we are

1 also talking about particular sets of values and beliefs
2 to do, for example, with gender roles, to do with
3 sexuality, and to do with conflict and communication and
4 so on. Culture is sort of diverse and multi-layered. So
5 you can talk about the culture of a football club as well
6 as the culture of a community or indeed an entire country.

7 MS ELLYARD: Dr Dyson, can I invite you to take up that issue?

8 DR DYSON: Yes, I completely agree with what Dr Flood said.

9 I think it's very much those violence supportive attitudes
10 that we are talking about. So it's not so much going into
11 groups and saying, "This is about violence against women".
12 It's by saying, "Here is the reason we are here, but what
13 we are going to talk about is equal and respectful
14 relationships."

15 MS ELLYARD: So when we talk about equal and respectful
16 relationships can I invite you to unpack a little bit what
17 we mean by the words "respect" and "respectful" and
18 whether we always mean the same thing when we say it?

19 DR DYSON: I think there is a general understanding that when
20 we use the word "respect" we are talking about sort of
21 general sense of fairness and equity. But if you get a
22 group of people together and start talking about what they
23 mean by respect it's usually a lot more complex. So in
24 fact I did that earlier in the work that I was doing, sat
25 down with a group of colleagues and we brainstormed, and
26 10 sheets of butcher paper later we still hadn't really
27 come to what we saw as a neat definition.

28 There has been a lot of work done on respect in
29 separate fields that recently I have been looking at. For
30 example, some people when they say, "You will respect me"
31 are talking about fear. They are not necessarily talking

1 about that general sense of fairness and equity. So
2 I think we need to be really clear when we are talking
3 about respect what kind of respect we are talking about
4 and that we are promoting that sense of fairness and
5 equity.

6 MS ELLYARD: Some of the discussion with the previous witnesses
7 took up the issue of gender equity and gender imbalances.
8 Mr Holmes, in your statement you talk about some work that
9 you do that contrasts gender as against sex and the way in
10 which that can be a useful way to unpack some of these
11 issues. You used a particular example. I wonder if you
12 could give the example that you used in some of your work
13 to encourage people to think about what gender is and what
14 gender isn't.

15 MR HOLMES: I think you are referring to the Huggies
16 advertisement.

17 MS ELLYARD: I am.

18 MR HOLMES: Some years ago Huggies Nappies began an
19 advertisement which promotes the idea of different nappies
20 for boys and for girls there. There is supposedly a
21 biological difference why those nappies need to be
22 different. But essentially everything in the ad is
23 actually about ideas about men and women. So you see the
24 boys playing with dinosaurs, they are outside, they are in
25 blue clothes. The girls are inside playing with
26 princesses.

27 None of that has anything to do with biology as
28 all. It is constructed ideas around how boys and girls
29 should behave, the sorts of toys they should play with.
30 What that ad does is conflate those two things. It has a
31 biological sort of basis, but it actually talks about

1 constructed ideas. That sort of confusion I find is often
2 in my work and in the workplace; that sort of confusion
3 about the difference between sex and gender is a very
4 common one.

5 It leads of course to people therefore thinking
6 that our sex is our destiny; that those sorts of things,
7 those attitudes around the sorts of jobs you should do,
8 the sorts of ways you should behave as men and women, that
9 those things are fixed and can't be changed. Out of that
10 of course comes then gender inequality because those sorts
11 of fixed ideas become then systemic, as we heard in the
12 earlier witnesses.

13 MS ELLYARD: Dr Flood, in your statement you make the point
14 that you find it useful to address this issue through the
15 idea of masculinity and, rather than speaking about
16 gender, speaking about masculinity. Could you unpack for
17 the Commission, please, what you mean by that and why you
18 find that to be a preferred approach?

19 DR FLOOD: Sure. It is not that I think that we should not
20 speak about gender and instead speak about masculinity.
21 It is more to speak about gender, to speak about men's and
22 women's roles and the meanings we give to being male and
23 female, and part of that is masculinity, part is the
24 meanings we give to being men, the ways we raise boys into
25 men and the ways in which men's lives are organised.

26 In terms of the kind of violence prevention field
27 what's become very, very clear is that there's a
28 compelling rationale for engaging men in this work. It
29 shouldn't be the only thing we do, but part of our work in
30 preventing and reducing family violence should be engaging
31 men in that work. There are three reasons for that.

1 One is that the perpetrators of family violence
2 overwhelmingly are men, although most men at least in
3 Australia don't use family violence. Second, that
4 perpetration itself is shaped by masculinity; it is shaped
5 by the meanings we give to being men, and there is
6 compelling empirical evidence that a key predictor of the
7 likelihood of men using violence is their attitudes about
8 being a man, their attitudes towards themselves as men,
9 their attitudes towards gender roles. The same is true
10 for sexual violence as well. So it is overwhelmingly done
11 by men. It is shaped by masculinity.

12 Third, and more optimistically, men have a
13 positive role to play. Men both publicly and privately
14 increasingly are speaking out and saying they see this
15 violence as unacceptable and so on. So very pragmatically
16 I think in the field there's been a growing emphasis on
17 the need to engage men because of the sense that progress
18 depends in part on engaging men to play a positive role in
19 their communities, in their families and so on.

20 MS ELLYARD: Ms Nagle, from your perspective in your work what
21 has been the importance of engaging the men in the
22 organisation who were leaders to carry the work of the MAV
23 forward?

24 MS NAGLE: Firstly, there's more men in senior leadership
25 positions both as elected councillors and in executive
26 roles. So it has been really important to engage them in
27 this discussion. But, most importantly, I think they see
28 that not including gender equality as part of their
29 decision making is actually poor decision making. So it
30 is actually about good business practice to ensure that we
31 are valuing the voices of women in all that we do, because

1 quite often it is actually gender blind inadvertently.

2 MS ELLYARD: At this point I want to ask the members of the
3 panel to look at a video that we have arranged to show
4 which is a video with which I think you may all be
5 familiar. It goes for a few minutes. I apologise there
6 isn't a screen in front of you. After you have watched it
7 I will ask you some questions about it.

8 (Video played to the Commission.)

9 MS ELLYARD: Thank you. So can I ask each of the panel to
10 comment on firstly a couple of issues. How does that work
11 as a violence prevention strategy and how would you
12 analyse the messages that that particular strategy is
13 sending about violence and the roles of men and women?
14 Can I start perhaps with you, Dr Flood?

15 DR FLOOD: It's interesting. I had never seen that before and,
16 on the one hand, it speaks to the ways in which boys and
17 men in general - the majority of boys and men reject the
18 kind of simple acceptability of violence against women.
19 On the other hand, it tells us that sometimes that
20 rejection I think is based in chivalry, in notions of,
21 "Girls as weak; you should never hit a girl." I think
22 sometimes the boys who say, "You should never hit a girl,"
23 are the same men who may be quite prepared to hit their
24 wives precisely because of those same beliefs actually. I
25 don't know if we are meant to like that or not.

26 MS ELLYARD: It is not a trick question.

27 DR FLOOD: But I have a more mixed feeling about it's appeal to
28 boys and men. I think there are better kinds of social
29 marketing strategies which do mobilise boys and men's
30 existing resistance to violence than that.

31 MS ELLYARD: Mr Holmes?

1 MR HOLMES: I would have a similar reaction. It looks at a
2 first viewing as though it's got a good message that we
3 have somehow lost our innocence when we've become adults
4 and lost that thing that prevented us from hitting, but
5 when you actually analyse it it is reinforcing some very
6 sexist attitudes about the roles of men and women. The
7 comments that the boys make about the girl, "You're
8 pretty. Your shoes, your hair," again it is reinforcing
9 that the value of women is their looks. So in that sense
10 for me it's problematic.

11 MS NAGLE: I agree. At first look you think it is a positive
12 message, but certainly it is about girls as weaker - that
13 definitely comes through - and then it's about their look,
14 which just reinforces all of those stereotypes.

15 DR DYSON: Absolutely. I think a couple of things that
16 occurred to me - and I completely agree with what
17 everybody else has said - first of all, I thought these
18 kids know the rules and maybe that's why family violence
19 is so often a private affair, because you are not subject
20 to the rules of the public. Only one of those kids said,
21 "I'm against violence." The others, "No, no, it's not the
22 thing you do."

23 The other thing is about the message. I think we
24 saw something similar to that in those community football
25 clubs when we talked about violence against women, and we
26 saw it in workplaces too. Immediately people started
27 looking to, "Well, here's a problem. We have to fix it."
28 Rather than a structural problem in community football
29 clubs being no lighting in the car parks for winter games
30 when people are using the car park at night and women
31 feeling insecure about that, it wasn't, "Well, let's go

1 out and make sure that the council funds lighting," it
2 was, "All right, we better have patrols, and we are going
3 to protect the women." So there's a real disjuncture
4 between the notion of equality and men and women both
5 being subjected to violence in dark car parks at night.
6 It was all about chivalry and trying to protect women.

7 MS ELLYARD: All of those boys respected that girl, it would
8 appear, but does this unpick some of the difficulties with
9 using the word "respect" to describe the way we want
10 people to relate to each other?

11 DR DYSON: Yes, it goes some way towards that, or to having a
12 really clear understanding of the connection between
13 equity, equality and respect.

14 MS ELLYARD: Can I turn then to consider the question of, if we
15 assume that we are trying to change attitudes on a wide
16 range of levels both relating to violence, relating to
17 conceptions of gender roles and so forth, what's the model
18 we should use? Dr Dyson, in your statement you offer some
19 critique, as the previous witnesses have as well, about
20 the public health model as being the model that in
21 practice we are using but some limitations on that model.
22 Can I invite you to reflect briefly on that, please?

23 DR DYSON: I think I would agree with the kinds of limitations
24 that Lara Fergus raised in her witness statement earlier.
25 For me it's not so much about the public health model as
26 about the theory of change. Often it's done in a kind of
27 very output focus mode without thinking about some of the
28 complexities about gender and power and what is going on
29 in groups when you are talking about the kinds of
30 attitudes we saw in that video.

31 So there are other models and there are I think

1 other models that haven't really been tested in Australia
2 that much. For me it's much more about the delivery of
3 the program than it is about the actual framework of the
4 program.

5 MS ELLYARD: Dr Flood, can I invite you to comment on that?

6 DR FLOOD: I actually thought there was a very valuable
7 intervention in fact from Dr Fergus earlier this morning
8 talking about the value of cultural and structural change.
9 I'm always dismayed when I hear that, "Our project is
10 culture change," because I think that's not enough.
11 Culture change is central to our work, but it doesn't
12 entirely define the work. We have to also change the kind
13 of structural conditions of men's and women's lives.

14 For example, there's good global evidence that
15 gender inequalities in patterns of work, in patterns of
16 decision making, in patterns of political power and so on
17 are tied to levels of family violence. Lori Heise just
18 did a global analysis looking at those indicators and
19 linking them to levels of family and intimate partner
20 violence. She wasn't only asking about what was in
21 people's heads. She was asking, as Lara put it, about the
22 ways in which men's and women's lives are organised.

23 I don't think the public health model, though,
24 single-mindedly focuses on culture. I think the problem
25 has been in its application. The public health models -
26 public health work and its application have often focused
27 just on attitudes, as if the problem were reducible to
28 attitudes. It is very, very clear from 40 years of
29 research that the problem goes beyond attitudes. The
30 problem also concerns practices, men's and women's
31 everyday lives and the way we treat each other and so on,

1 not only the way we think.

2 So I think a public health model is a great place
3 to start in terms of preventing and reducing family
4 violence. But we have to make sure that we don't limit it
5 to a focus on the individual attitudes, that we address
6 social and structural inequalities and so on.

7 MS ELLYARD: Can I then take up the question of what each of
8 you, Dr Flood and Dr Dyson, have identified as the core
9 elements of effective prevention strategies. Dr Flood,
10 you take this up at paragraph 10 and following of your
11 statement. Dr Dyson, it's at paragraph 57 and following
12 of yours.

13 Can I go to you, please, Dr Dyson, first. From
14 the various pieces of work that you have done, some of
15 which I'm going to ask you about, and I think you make the
16 point that there haven't been any revolutionary pieces of
17 change yet, but from your observation there are certain
18 key factors that are central to a prevention project
19 getting some traction, and I wonder could you tell us what
20 they are and why those four have been identified?

21 DR DYSON: Sure. I think building on the work that was done
22 back in 2009 when we started to have a framework for some
23 of the kinds of things that are really important as
24 factors for success, so things like a coherent theoretical
25 framework, programs led by well-trained, flexible
26 facilitators with a clear understanding of the theoretical
27 basis for violence prevention, and subjected to high
28 quality evaluation, some of the things that for me have
29 come out - to summarise some of the things that have come
30 out from the programs that I have evaluated, the notion of
31 an authorising environment - and again I think Lara was

1 talking about this without using that language earlier
2 where we know that it's really important for leadership to
3 be on board, the kind of structural change Michael is
4 talking about where we have government policies, where we
5 have the media sending out positive messages about change
6 and not supporting the idea of women being complicit in
7 violence, for example, that they asked for it, that she
8 dressed in a certain way, those kinds of things. So
9 leadership and an authorising environment I think are
10 really important factors.

11 In education programs I think we have seen too
12 many programs that are the kind of death by Powerpoint
13 where people get lectured about, "This is what violence
14 against women is and this is what you must do to change
15 it"; whereas if you use a critical pedagogy approach,
16 treating people as adults who are capable of working
17 towards change themselves once they grasp the issues and
18 get on board with it, and we saw that very much in the
19 YMCA workplace change program at the very local level, and
20 I think local ownership is another thing that's really
21 important.

22 So, yes, we need the policies from above and,
23 yes, we need people having conversations with each other
24 that aren't aggressive or angry, that aren't setting up
25 men against women. I think we have to get rid of that
26 Venus and Mars kind of approach to gender and start having
27 conversations with each other. So the critical pedagogy.

28 A process orientation to change; that this isn't
29 about saying at the beginning, "This is what we will
30 achieve," and expecting it to be exactly the same at the
31 end. When you go in and you work with people to

1 facilitate change and let them take ownership of it, it
2 will often end up different, but not necessarily worse.
3 We don't know all the answers in the beginning. So
4 allowing organisations, individuals within organisations
5 and groups to work towards the kind of change they want to
6 see with some leadership and some guidance can make a huge
7 difference.

8 The fourth thing I think is absolutely essential
9 is a strengths based approach. So too often we see
10 starting with the negatives - women are downtrodden; men
11 are terrible creatures who will attack women - rather than
12 saying change has been under way in our society for
13 decades now, and they have been really positive. Men have
14 taken a much bigger role in the care and raising of their
15 children. They are not now these kind of distant people
16 who kids only see at bedtime. They are people who love
17 them and care for them in all kinds of ways. That's about
18 gender equity. That's about moving towards a different
19 kind of gender. That's already happening.

20 So for me we go into a setting and we say, "There
21 are great things about this setting. How can we build on
22 them, whilst thinking about what we need to change?"
23 Again, in the YMCA we saw fantastic conversations
24 happening at the local level where there had been a kind
25 of grumble going on for a long time but people hadn't ever
26 been given the authority to change, which having Scott
27 there and having the YMCA on board and VicHealth creating
28 that authorising environment encouraged people to start
29 having those conversations.

30 MS ELLYARD: Mr Holmes, can I turn to you. The YMCA project
31 that Dr Dyson is talking about is a project which you led,

1 funded by VicHealth over a period of three years. Can
2 I invite you to reflect on the importance of an
3 authorising environment or, in other words, an environment
4 which supported or was encouraging of change in the work
5 that you did and then perhaps some of the other factors as
6 well about how the change was contemplated and the extent
7 to which you relied on people's strengths rather than
8 their weaknesses?

9 MR HOLMES: I think what Dr Flood mentioned before is relevant
10 in terms of what we would call a whole of organisation
11 approach; so not just trying to change attitudes, but we
12 deliberately went in to try and actually work at all
13 levels of the organisation. So the authorising
14 environment was that this was an official program, but the
15 authorising environment also was that it wasn't just the
16 CEO who was doing it; it was an expectation that everyone
17 across the organisation had a part to play in achieving a
18 different way of thinking about how gender was performed
19 and enacted and how equality was performed and enacted
20 within the organisation.

21 Dr Dyson particularly referred to some of the
22 local actions. We had four of our centres that were
23 chosen as pilot sites to take an action learning approach
24 to their place of work. That was certainly a very
25 powerful approach - particularly in three of those four
26 centres - in that they were authorised to look at their
27 workplace, what was going really well in terms of
28 respectful relationships, gender equality, what could be
29 done differently, and to think up their own solutions to
30 how they might do that.

31 For instance, one of those places began to put

1 gender equity statements in their position descriptions so
2 that when people were applying for jobs at that centre,
3 right from the moment they applied for a job it was very
4 clear that this organisation was one that had expectations
5 about gender equality, about behaviours that didn't
6 reinforce gender stereotypes.

7 Another one of those centres was in the habit,
8 when they rented out part of their facilities for
9 children's parties, to give invitations that the parents
10 could send out and they had invitations for boys' parties
11 and invitations for girls' parties. They realised that
12 that was actually reinforcing gender stereotypes. So they
13 changed the invitation so it was a single invitation that
14 could be used for anybody.

15 So those sorts of ways, as Dr Dyson was talking
16 about, people were able to in their own way and with their
17 own observations start to make changes that had - it looks
18 like it's a small impact, but actually it's quite a large
19 social impact on the way that people conceive of gender
20 and gender relationships and gender norms.

21 MS ELLYARD: Ms Nagle, from the perspective of some of the
22 initiatives within local government can I invite you to
23 comment on a couple of the initiatives that have perhaps
24 grown out of the greater sense or awareness people had
25 about gender equity?

26 MS NAGLE: Certainly. Part of my role is currently working
27 with statewide networks in different disciplines and
28 different areas of social policy, whether that is maternal
29 and child health, early years. Certainly there has been
30 gender equity training done at an early years level that
31 has had educators really rethinking the way that they are

1 communicating with kids and sort of growing little boys
2 and girls to think of each other as equals, which is a
3 really amazing opportunity.

4 The work of libraries as well - a lot of women
5 use libraries as refuge if it's not safe to go home. So
6 raising the awareness of librarian staff to make sure that
7 they are aware of how to respond safely to women and
8 safely offer support if they feel there is a need, but
9 also just to communicate women's voices through posters
10 and books and promoting female lead characters in
11 children's books. So one of the councils has just put
12 together a children's picture book list that breaks down
13 gender stereotypes. So the libraries network are really
14 keen to just go and procure those books and make sure they
15 have those books in their collection and that they are
16 promoting those to families.

17 MS ELLYARD: One of the issues that was identified by Dr Dyson
18 as important was an authorising environment, leadership
19 perhaps. From your perspective, what was the role that's
20 been played in local government in the role of leaders as
21 opposed to, I guess, the work of the people underneath?

22 MS NAGLE: The leadership that's been demonstrated has been
23 quite phenomenal in a quite relatively short period of
24 time. I would suggest that in 2006 there would have been
25 one or two councils that saw that they had a role in this
26 at all, apart from obviously the soft entry points from
27 maternal and child health to family violence services.

28 We now have leadership statements right across
29 the state. The MAV introduced their own leadership
30 statement in 2012 on behalf of all 79 councils. We have
31 many CEOs and mayors that are White Ribbon ambassadors.

1 Many councils actually started off, I would suggest, with
2 White Ribbon action teams that then actually grew into a
3 whole suite of actions across the entire year and not
4 limited to the 16 days of action.

5 We have the gendered lens being put across
6 council business. We have gender equity strategies.
7 Council will see there are three rationales for a gender
8 equity approach, and that is the health and wellbeing of
9 community, organisational performance but also the
10 prevention of violence against women. So councils again
11 have been leaders in the introduction of family violence
12 leave for staff. 60 councils now have leave for family
13 violence for staff to access leave.

14 MS ELLYARD: From your observation what's driven that change?
15 How was it that it came to be on the agenda, the
16 mainstream agenda, of council over such a short period of
17 time?

18 MS NAGLE: I think the relationships that council have with
19 their community. So the police, the community health
20 settings, the family violence services made them realise
21 that their health and wellbeing plans needed to reflect
22 what was going on in their community. So, even though the
23 family violence wasn't a priority in the last state health
24 plan, there were 148 actions in council health plans to
25 prevent violence against women. So they absolutely see
26 this as part of their leadership role and the wellbeing of
27 community.

28 But there are so many important services that
29 council are providing; so making sure that our emergency
30 management plans in every local government area actually
31 takes account that family violence is likely to commence

1 and escalate during and post disaster, whereas we have
2 never had gender and family violence included in our
3 emergency management strategies.

4 Our early years frameworks have actually been
5 gender blind and not talked about the unconscious bias and
6 privilege given to little boys, and little girls growing
7 up thinking they are less than. Maternal and child health
8 are required by legislation to ask at the key ages and
9 stages about whether mums are feeling safe at home and the
10 referrals to family violence services, which I might add
11 are gridlocked and they can't actually make the referrals
12 that they really desperately want to be able to do to the
13 specialists they need to refer to.

14 Local laws officers see family violence every day
15 when they are visiting homes, removing dangerous dogs and
16 neglected animals. The links between family violence and
17 pet abuse and dangerous dogs are well known by specialist
18 services, but we have never brought the local laws
19 officers into the mix and actually trained them up to
20 identify and safely offer support, which we have now
21 started to do. It is not a systematised approach, though.

22 But it has been a really positive start that we
23 have been offering the Common Risk Assessment Framework
24 level 1 training to local laws officers across the state
25 in partnership with the family violence regional
26 integration coordinators which has come out of the
27 experience of one council that removed a dog against a
28 woman's expressed wishes, saying that she would be blamed
29 and feared for her safety, but they said they had to
30 remove the dogs. That woman lost her six-month pregnancy
31 and spent a considerable amount of time in hospital

1 because her partner came home and blamed her for letting
2 them take the dog.

3 So that council changed their operating
4 procedures so that now if a woman appears distressed they
5 will say, "When will he be home," and they will just come
6 back. So she is removed from that decision making. There
7 have been many examples of local laws officers being
8 confronted with family violence, whether it is issuing
9 parking tickets, women appearing really distressed that
10 they are going to be blamed, and just making sure that
11 they actually change their operating procedures so that
12 they are actually removing her from the equation. It
13 doesn't mean that she is going to be safe, but it means
14 that they can actually mitigate escalating the situation.
15 Again, local laws officers started to put into their
16 animal management strategies about safely accommodating
17 pets for women to be able to go to refuge. Again, not a
18 systematised approach, but it needs to happen.

19 MS ELLYARD: Mr Holmes, can I turn to you. In your statement
20 you comment on some of the experiences you had in the
21 course of the YMCA project, noting for example that one of
22 the targets was about women in leadership positions and of
23 course for the men in those positions that's a zero sum
24 gain. A woman in means a man out. Can you reflect a
25 little on how you managed some of the issues that arose
26 for you in changing attitudes or encouraging some of the
27 existing people within the workforce to reflect on their
28 attitudes?

29 MR HOLMES: I particularly found that it was important to have
30 some one-on-one conversations, that there were senior male
31 leaders who did feel that zero sum gain situation and yet

1 hadn't really had an opportunity to think about what the
2 issues might be. So I certainly found that one-on-one
3 conversations with some of these key members were
4 profoundly important in, firstly, mitigating their
5 anxieties about what the project was about. It wasn't
6 about them losing their jobs. It was about trying to
7 think through in a systemic way what we, as an
8 organisation, could do to improve the flow of women into
9 senior positions.

10 I guess the other thing - we have heard quite a
11 lot of evidence about already this morning - was getting
12 some facts about what the situation was; so doing some
13 research around the actual numbers of women in positions
14 and their interest in moving into senior positions. The
15 research that Dr Dyson did as part of the evaluation of
16 the project, we specifically asked women were they
17 thinking about going into more senior positions and tried
18 to get a sense of what their expectations were.

19 MS ELLYARD: Thank you. Dr Flood, at paragraph 20 of your
20 statement you talk about face-to-face education being the
21 best model. Dr Dyson, you also reflect on the form of
22 education that's best, and you have touched on this
23 already. Could I start with you, Dr Flood. If we are
24 thinking about educating people, what's the best way to do
25 it and what are the pros and cons or the dos and the
26 don'ts.

27 DR FLOOD: Just in terms of your opening comment, I didn't say
28 it was the best model. I said it was the most commonly
29 used model. In terms of efforts to prevent family
30 violence, domestic violence and so on the most common
31 strategy that's been used is face-to-face education. That

1 doesn't mean it's the most effective strategy. It also
2 happens, because it is the most common, to be the strategy
3 for which we have the most evidence too.

4 So, leaving aside the fact that there are other
5 strategies that are equally important, such as community
6 mobilisation, such as social marketing, such as law
7 change, if we look at face-to-face education there is a
8 very significant body of evidence now on what makes for
9 more effective forms of face-to-face education,
10 particularly in relation to schools based respectful
11 relationships or healthy relationships education.

12 As Dr Dyson said, one key element of that is a
13 program framework and logic, some sense of why it is you
14 are doing what you are doing and how the strategies you
15 have in place will address those risk factors.

16 A second key element of good practice is
17 effective curriculum delivery. We know, for example, that
18 getting young people talking and getting young people to
19 debate and reflect and discuss and so on is a much more
20 effective strategy than to speaking at them for an hour.
21 We know the participatory interactive strategies are more
22 effective than didactic strategies. We know that single
23 sex and mixed sex groups in schools both have advantages
24 and that in fact some of the more effective programs use
25 both. They have boys and girls separately, and then they
26 bring them together, and then they have them apart and so
27 on.

28 The more effective forms of face-to-face
29 education also are culturally relevant; that is they speak
30 to the values and norms and experiences of those young
31 people themselves. That's important whether it is a bunch

1 of 15-year-old relatively privileged boys from a private
2 school in Melbourne or it's a bunch of Indigenous young
3 people from rural and remote Queensland. In either case
4 there are specific forms of culture with which you should
5 engage.

6 So effective face-to-face education is
7 participatory, it is interactive, it is relevant. It also
8 has duration and intensity. It's not a one-off half hour
9 presentation to the entire year 12. It's at least a five
10 hour or 10-hour program. We know from what is a very
11 substantial body of evidence that longer duration programs
12 have greater impact.

13 Beyond that, we know that the scaffolding of that
14 program is critical too. There's evidence that whole of
15 school approaches that also engage teachers, that engage
16 policy, that look at the wider environment in which
17 respectful relationships education takes place also are
18 critical.

19 So, for myself, I worry when I see new violence
20 related foundations or other initiatives in Australia, "We
21 are going to run a program in schools," because I think
22 it's probably going to be ineffective practice. It's
23 probably going to be a one-off talk by a celebrity or
24 something. It is going to be something that, in other
25 words, will make us feel good but won't make change;
26 whereas the evidence is that more intensive, comprehensive
27 and participatory programs are much more likely to make
28 change.

29 MS ELLYARD: Dr Dyson, can I invite you to reflect on that,
30 partly out of your experience in the AFL program but also
31 more generally?

1 DR DYSON: First of all, what I would say in any face-to-face
2 education - I completely agree with Michael Flood - that
3 it has to be sustained. It's not just a one-off. But it
4 should also be part of a joined-up approach. So in
5 schools they call it a whole of school approach. That
6 exact model can be applied anywhere as a whole of
7 organisation approach. So it's got the policies that give
8 the authority to that kind of practice as well as using
9 what I'm calling critical pedagogy, which is exactly what
10 Michael is talking about. So all of those things are
11 really important.

12 The AFL project I think you are talking about is
13 the one in AFL Victoria which was called Fair Game Respect
14 Matters, which was very different from the elite Respect
15 and Responsibility program. So this was a VicHealth
16 funded program over six years in three community football
17 leagues in Victoria, one in the country and two in metro
18 Victoria, where the idea was to go in as a primary
19 prevention approach to introduce cultural change in the
20 football club.

21 The first thing we did was go out and talk to
22 women in football clubs across Victoria and say, "What's
23 it like for you now?" The first thing that women told us
24 was that things had changed. Some of them had been there
25 for 30 years. They love the game. They really want to be
26 part of the football club. When they started it was take
27 the uniforms home and wash them, serve on the tuckshop.
28 They were saying, "It's different now. No, we might not
29 be equal to men in all ways, but we are taking on more and
30 more roles on field and off."

31 So the aim of that program was to run an

1 education program with people that were called drivers,
2 who were kind of being trained up as facilitators to go
3 back into their own clubs. So in each league there's
4 around 30 or 40 clubs. So we are talking about a huge
5 number of people, and not necessarily to run a
6 face-to-face program in their clubs but to look at things
7 like how did they do communication, what were women doing
8 in the clubs.

9 One of the things that everybody in AFL Victoria
10 acknowledged was that women are more likely to volunteer
11 and stay longer, and clubs have a huge problem with
12 a turnover of volunteers. Often men get to hold the
13 leadership positions, stay for a couple of years and
14 leave; whereas women are doing a whole lot of the
15 committee functions but doing it over a decade or more
16 because they go with their children when they are joining
17 Auskick and they stay for the juniors and then they move
18 up to the seniors and by that time it's become a family
19 thing to do and it's also become a social environment that
20 they want to stay in. So you see a lot of people whose
21 children have moved on but who stay as part of the club
22 contributing some way or another.

23 So that face-to-face program we ran with the
24 drivers who were to go back into their clubs, that was in
25 the very early days. It started in 2006. We learned a
26 lot about not giving long lectures, about the kind of
27 change that we saw wasn't neat and it wasn't what we
28 expected to see at the beginning when we said, "This is
29 what will happen." Sometimes it was really chaotic and
30 surprising and unexpected.

31 But when we went back at the end of that six

1 years and started saying to people who had been through
2 the process, "What's it like in your club now", we found
3 women who were in the role of president, who had
4 introduced a whole lot of different policies into the
5 game.

6 One of the things I would say about AFL Victoria
7 is when I looked in 2006 at their policies they didn't
8 need to change much. They were always about equality and
9 respect. Did people in clubs know about them? Mostly no.
10 So they had to learn about those policies. Once they saw
11 them they said, "We will have that policy in our club,"
12 which is what they were expected to do.

13 Change happened at the top as well as in those
14 clubs. Again the authorising environment came from
15 the AFL and its Respect and Responsibility policy, from
16 AFL Victoria taking on this program and saying, "This is
17 what we do." So again and again you can see those kinds
18 of factors for success emerging from that work.

19 MS ELLYARD: You mentioned that it was messy and unpredictable.
20 That raises the question of how we measure the success of
21 initiatives intended to bring about changes in people's
22 cultural attitudes. Can I start with you, perhaps,
23 Dr Flood. From your perspective, thinking about the very
24 complex web of structures and attitudes that we are trying
25 to change, how do we go about measuring if what we are
26 doing is working?

27 DR FLOOD: I was fascinated to hear the discussion in the
28 earlier session about measuring change at a population
29 level. Putting that aside, when we are talking about
30 respectful relationships education in schools there are
31 kind of minimum standards for evaluation, and those

1 minimum standards are to have pre and post intervention
2 measures, measures of not only attitudes but behaviours,
3 to have long-term follow-up at six months or 12 months,
4 and to use standardised measures or psychometrically
5 tested measures, something that's got some kind of
6 methodological creditability. That is the absolute
7 economy model minimum for evaluation. Then if you really
8 want kind of deluxe level evaluation you would have longer
9 term follow-up, you would have a control or a comparison
10 group, you would have qualitative and quantitative
11 measures and so on.

12 But it seems to me that to do any of this work at
13 all, unless we simply want to deliver and hope, then
14 evaluation has to be built into our interventions; whether
15 it is a schools based program or a social marketing
16 campaign or a better service response to victims and
17 survivors of family violence, that evaluation should be
18 part and parcel of any of those efforts.

19 MS ELLYARD: Mr Holmes, from your perspective the project that
20 you have recently completed with the YMCA was a longer
21 term follow-up of that kind part of the project?

22 MR HOLMES: So we conducted a pre and post survey of our staff
23 and volunteers. We did a mixture of qualitative and
24 quantitative research. There isn't the funding to do a
25 post, post survey a year down the track from when the
26 project concluded. But hopefully as part of the
27 sustainability of what we looked at some questions will be
28 included in the regular engagement survey that that
29 organisation does of its staff. So there is the potential
30 for - even less than economy, I'm afraid to say, Dr Flood
31 - further follow-up research to happen down the track

1 through the regular channels that they do in terms of
2 their staff engagement.

3 MS ELLYARD: From the perspective of anyone in the panel who
4 knows the answer, where projects are funded on a pilot or
5 project basis is that kind of long-term follow-up usually
6 part of the standard practice?

7 DR FLOOD: Evaluation per se is not usually part of violence
8 prevention practice in Australia, at least it's not been
9 until recently. Now I think there is a growing
10 expectation that that's not the case. But, I'm sad to
11 say, there are some high-profile violence prevention
12 programs in Australia that until recently had never been
13 evaluated, and when they were evaluated they were not very
14 effective. So building in evaluation itself is a big
15 step, and then building in more substantive and robust
16 forms of evaluation is the next critical step.

17 MS ELLYARD: Dr Dyson, did you have something to add on that
18 topic?

19 DR DYSON: Yes. Again I agree with Dr Flood about the need for
20 those kind of high-level evaluations and for the
21 population level data that we need to demonstrate true
22 change. But I think one of the things that VicHealth has
23 given us the opportunity to do with the AFL projects and
24 with the one in the YMCA is a much more in-depth kind of
25 evaluation, which is called constructivist evaluation,
26 where the evaluation isn't something that comes in and
27 judges the value of change at the end but works alongside
28 the project giving it continuous feedback and allowing for
29 continuous improvement to occur.

30 So, yes, you can have the data. We did the pre
31 and post surveys. Scott and I had a very close working

1 relationship throughout where we would discuss some of the
2 thorny issues. I would give him feedback and suggest
3 different ways of doing things based on some of the other
4 evidence that was available. I think that project
5 continuously improved and became something quite different
6 than it might have been if it had just been left until an
7 evaluation coming in at the end. But we don't have
8 long-term follow-up for any of those kinds of projects.

9 Just to add one more thing. I think one of the
10 things we focus an awful lot on is the quantitative kinds
11 of evaluation where we come up with metrics, which are
12 absolutely important. But the qualitative data that we
13 get also gives us an understanding about change, and
14 that's what we need. So proxy indicators that tell
15 us - and I think if we sat a group of practitioners down
16 in the room, and I have certainly done this, and said,
17 "How will you know if change has happened," you can get a
18 list of things that you can then start saying, if you are
19 using the ecological model, "At the personal level what
20 kind of changes do you expect to see? At a community or
21 an organisational level what kind of changes do you expect
22 to see?" I think we are seeing that in Kellie's projects;
23 and then at a societal level. You can start to put those
24 together and take them with you and say, "Is this program
25 meeting any of these things that we would hope to see
26 coming out of it, that aren't just about the high-level
27 numbers but about what we understand about change?"

28 DR FLOOD: It feels a little like we are sort of fleshing out
29 some of the kind of minimum standards, for example, for
30 respectful relationships education in schools. On that
31 I think there are three further things. One is it has to

1 be delivered by trained educators, whether they are
2 teachers who have gone through professional development or
3 community educators.

4 Second, it needs to address a variety of forms of
5 violence and abuse, not only family violence but also
6 sexual violence and other forms of violence that overlap
7 with that.

8 Third, it has to explicitly address gender. It
9 has to explicitly invite young people, or AFL footballers
10 or whoever its participants are into conversations about
11 men's and women's roles and the expectations given to
12 that, because the evidence is that whether you are trying
13 to encourage safe sex among young people or encourage
14 lower levels of family violence perpetration among adults
15 explicit conversations about gender are a necessary part
16 of that process.

17 MS ELLYARD: Does this also then involve questions about
18 sexuality? Dr Dyson, you have indicated that from your
19 perspective there is a very close nexus between the kinds
20 of education that should be given to children, perhaps
21 even primary school children, about respectful
22 relationships and education that should begin also at that
23 young stage in relation to sexuality?

24 DR DYSON: Yes. One part of my research has been about primary
25 prevention with very young children, primary school
26 children, and their parents. One of the things I think
27 that we focus on in sexuality education is a kind of adult
28 ideal about sex and sexual behaviour. So we leave it
29 until adolescence when we start to worry about pregnancy
30 and STIs and other factors that have to do with adult
31 kinds of sexual behaviour.

1 But as soon as children become verbal they ask
2 questions about sex. They ask questions about sex
3 differences. They often are exposed to women who are
4 pregnant and want to know where babies come from. One of
5 the things we found in our research was that a lot of
6 parents don't know how to answer those questions. They
7 feel embarrassed. They don't want to introduce subjects
8 too early and somehow destroy their children's innocence.
9 Yet the work that Dr Kerry Robinson has been doing with
10 preschool children shows us that, in the absence of any
11 kind of information from their parents, children make up
12 stories to fill the void.

13 So one of the things that I think we need to be
14 doing is working in supporting the parents not to tell
15 them what they have to tell their children but what to
16 expect. When your child asks, "Why does daddy have a
17 pee-pee that's different from mummy's pee-pee," how do you
18 talk to kids about that? Often when you talk to parents
19 they say, "I don't know what to say," and this moment of
20 panic when they think they have to give a really complex
21 answer to a question that a child is not looking for a
22 complex answer to.

23 So what we found was often parents just lie to
24 their children or withheld information from them in the
25 hopes that they would leave it now until they were
26 adolescents and maybe the school would deal with it. So
27 parents want to teach values and their own ideas about sex
28 and sexual behaviour and those sorts of things. But they
29 like the idea, for the most part, of schools teaching the
30 kind of facts and figures about anatomy, physiology,
31 reproduction and sexual behaviour.

1 So, for me, it's too late to wait until then. We
2 really need to be providing support for parents. There's
3 no real framework. I'm so glad to hear Kellie talking
4 about the infant welfare nurses, because I think as a
5 grandmother I see my daughter taking her baby to the
6 infant welfare centre and I think, "If only she could kind
7 of have some chats with parents about when you expect
8 those questions." Two years old is not too soon to expect
9 those questions. How do you answer them? It's okay to
10 have a bit of a laugh about it. It's not something you
11 have to have a perfect answer to.

12 MS ELLYARD: I will ask you first, Dr Dyson, and then you,
13 Dr Flood. What is the link then between early discussions
14 with children about sexual differences and issues of
15 sexuality and violence prevention?

16 DR DYSON: From the beginning it's about relationships. So
17 very young children, what they learn in kindergarten about
18 relationships is really critical. So if they are learning
19 that boys deserve something different than girls, that
20 it's okay for boys to be rough - we saw again in the YMCA
21 the child-care workers really understanding gender and
22 needing to intervene with children in those child-care
23 centres where they have a kind of gender equity approach,
24 to talk to parents about, "Why has my son got a
25 (indistinct) in his hair today?" "He wanted one. Why
26 not?" So those kinds of things are really important in
27 the beginning. If children have a really well-established
28 understanding about respectful and equal relationships,
29 unlike some of the children in that video we saw, then
30 they can take that with them when they start to know more
31 about sexuality education.

1 In Victoria we have the Victorian Essential
2 Learning Standards which really set a framework for what
3 should be taught when in schools, starting in primary
4 school at level 3, I think it is. It's an excellent
5 framework. So it's a kind of incremental thing. When you
6 get into secondary school you start to move into something
7 that's much more about sexual behaviours and relationships
8 in sexual relationships. So, for me, there is a kind of
9 long-term process that we need to put in place to support
10 parents first and then to support children and to
11 encourage that kind of relationship that we hope to see in
12 adults.

13 MS ELLYARD: Dr Flood, from your perspective, what would be the
14 critical components of a program that dealt with sexuality
15 as well as relationships?

16 DR FLOOD: I was going to say that I see sexuality education
17 and violence prevention education as having common cause.
18 They have a common cause in terms of the sort of bread and
19 butter issues of bodies and rights and consent and respect
20 and so on. Likewise, they both require kind of staged
21 implementation as children age. They have common enemies
22 in terms of narrow and inequitable ideas of relationships
23 and roles. They have common political enemies too, to be
24 frank, in term of the people that try to stop either of
25 these things coming into schools.

26 But I don't think they are reducible to each
27 other. In fact good family violence prevention education
28 has to address the specific dynamics that feed into family
29 domestic violence in relationships and communities.
30 Likewise, sexuality education has to address the distinct
31 issues of sexuality and bodies and sexual diversity and so

1 on that are in some ways less central to family violence.

2 I can't remember your original question, but
3 I think they have a common cause and they are not
4 reducible to each other. We can't just have one and think
5 we have ticked the box on both.

6 MS ELLYARD: Can I invite you perhaps first, Dr Flood, because
7 I know you have done some work on this, but you might
8 chime in as well, Dr Dyson, about the role of pornography
9 and the role that you might see for an education program
10 about respectful relationships in assisting children to
11 understand what pornography is and how they should respond
12 to it?

13 DR FLOOD: Anyone who has paid any attention to children's and
14 young people's lives in the last decade sees that
15 pornography is an increasingly pervasive influence among
16 young people. I and others have written about the ways in
17 which pornography is, without doubt, shaping young
18 people's and particularly young men's sexual attitudes and
19 their sexual relations. There is good empirical evidence
20 of a relationship between pornography use and shifting
21 young people's sexual behaviour; that young men, for
22 example, are more interested in particular sexual
23 practices if they are regular consumers of pornography.

24 There is good evidence also, particularly from
25 research among young adults, that pornography consumption,
26 particularly consumption of violent pornography, is linked
27 to the perpetration of sexual violence; that is that young
28 men, for example, who consume pornography, particularly
29 violent pornography, are more likely to be tolerant of and
30 indeed to perpetrate sexual violence to try to coerce or
31 force a girl or woman into sex than other young men.

1 I have been really heartened and inspired to see
2 particularly in Victoria, actually - it seems to lead the
3 way in lots of ways - some really interesting work trying
4 to engage young people in responding more critically to
5 pornography. It's not about shutting down pornography
6 on-line. It's not about the regulatory control of
7 pornography. It's instead about critical literacy, about
8 engaging young people in thinking critically about
9 pornography in the way that we engage young people already
10 in thinking about racist stereotypes or narrow
11 advertising. So the project Reality & Risk run by Brophy
12 Family Community Services I think is a particularly
13 innovative and valuable project developing curricula for
14 young people and other resources precisely to, if you
15 like, inoculate young people against some of the violence
16 supportive themes which are very, very common in
17 mainstream pornography.

18 MS ELLYARD: Dr Dyson?

19 DR DYSON: Yes, I completely agree that pornography is
20 absolutely pervasive. I think one of the reasons young
21 people turn to pornography is that they are not getting
22 the kind of sexuality education they really need to
23 understand what sexual relationships are about. So
24 I think there's some really good models for working with
25 young people. For example, Moira Carmody's sex and ethics
26 work has been really important for working with young
27 people to think about how they relate to each other and
28 how they take care of themselves. So that's one model
29 that we have that we haven't seen so much in Victoria.
30 It's been done with the NRL players in New South Wales and
31 Queensland. It's been done a lot with young people in

1 those states.

2 But I think we have some really good examples of
3 sexuality education that also addresses violence
4 prevention in Dr Debbie Ollis's program that's being run
5 at the moment through Our Watch in the Respectful
6 Relationships Education in Schools program which is
7 implementing that curriculum that looks both at violence
8 prevention and sexuality education, not necessarily as the
9 same thing but addressing both of those in a full
10 curriculum, as well as the joined-up approach of looking
11 at the school as a workplace, having the policies in place
12 to ensure that violence prevention supports the curriculum
13 that Dr Ollis has put in place. So I think we have those
14 best practice examples that we need to be building on.

15 MS ELLYARD: Can I turn to just a different topic, and I'm
16 conscious of the time. We have spoken about the role of
17 schools and the role of sporting clubs and community
18 organisations and the local government. One of the things
19 you address in your statement, Mr Holmes, is your view
20 that there is also a role for faith communities. Could
21 you speak a little bit about why you see the role for
22 faith communities existing and what role that might be?

23 MR HOLMES: I think there are two reasons. One is that if we
24 are thinking about changing culture and the ways in which
25 our current social norms around gender goals, gender
26 stereotypes, sex and gender, where those are produced and
27 reinforced, then faith communities are negatively one
28 place where some of those attitudes that we want to see
29 changed are reinforced. So there is a place there to
30 actually get involved with faith communities and see what
31 can be done to bring a different point of view to bear

1 upon them. So that's one reason why it's good to work
2 with faith communities.

3 The other reason is that they are still a place
4 where many women who are being affected by family violence
5 will go to get support. Therefore we want to ensure that
6 the support they are getting from their faith leader or
7 their pastoral person is one that is appropriate and has a
8 strongly gendered position.

9 So we know, for instance, that in some places if
10 a woman goes to a faith leader and discloses that she's
11 experiencing family violence she might be told, "You just
12 need to go back to your husband. This is part of God's
13 plan for you," or something. Obviously that's something
14 we want to see changed.

15 In other circumstances the faith leader might
16 think that they can care for both the victim and the
17 perpetrator equally and not understand that there's
18 differences of power going on in those relationships and
19 that they may not be the best person to care for both the
20 victim and perpetrator, or indeed either, and need to
21 refer elsewhere. So there is a role there to try to
22 ensure that faith communities have best practice in terms
23 of how to deal with their members who are experiencing
24 family violence.

25 I think for both of those reasons faith
26 communities are a vital setting as much as any of the
27 other settings that we have talked about: workplaces,
28 schools et cetera. Faith communities are places where
29 people learn their values, experience community, practice
30 their gender relationships, so therefore as much as any
31 other setting or place that we should be doing this work

1 in.

2 MS ELLYARD: In your statement you refer to a project that you
3 were involved in that began as a multi-faith project but
4 ultimately became focused only on one faith. Based on
5 those experiences and your past experiences as a priest,
6 could you comment on whether there are any particular
7 sensitivities or issues that arise perhaps in inviting
8 people together to reflect on their different faith
9 traditions and to do that in community with others rather
10 than community by community?

11 MR HOLMES: Obviously all of faith traditions aren't the same.
12 They not only have different world views, they have
13 different sacred texts. They also often come at a
14 different cultural context as well. When you put all that
15 in the mix and you try to get people from those different
16 faith traditions to talk about gender you have so many
17 different contexts bumping up against each other that
18 often it can be very difficult to have sort of a single
19 conversation, as it were.

20 Our experience in doing that project you referred
21 to was that it is probably much more productive to
22 actually work from a faith by faith basis so that each of
23 those faith traditions can be dealing with the issue in
24 the context of their sacred text, their cultural
25 backgrounds, their world views and so forth. That's
26 probably a much more productive view.

27 Our experience with this in terms of the Anglican
28 Diocese of Melbourne, where there has been a preventing
29 violence project now for three years, I think it is, was
30 that by focusing on that one - not just within the
31 Christian tradition but within the Anglican part of the

1 Christian tradition, that that's been a very productive
2 way of working because it has allowed for that sort of
3 focus that's contextual.

4 MS ELLYARD: Do the Commissioners have any questions of this
5 panel? I'm conscious of time.

6 COMMISSIONER NEAVE: No, thank you.

7 MS ELLYARD: In that case I will ask the panel be excused with
8 our thanks.

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

11 <(THE WITNESSES WITHDREW)

12 MS ELLYARD: We are moving now to the next witness, who is
13 going to give evidence partly before and partly after the
14 lunch break. We are in the Commission's hands about
15 whether we go now until 1 or whether we take a short break
16 before her evidence starts.

17 COMMISSIONER NEAVE: I think we should just run on.

18 MR MOSHINSKY: If Ms Callister could come forward, please.

19 <GILLIAN ANNE CALLISTER, affirmed and examined:

20 MR MOSHINSKY: Ms Callister, could you please outline to the
21 Commission what your current position is and just give a
22 brief outline of your professional background?

23 MS CALLISTER: Yes, I'm currently the Secretary of the
24 Department of Education and Training here in Victoria.
25 Prior to that I was the Secretary of the Department of
26 then Human Services for five years. Prior to that I have
27 had a background in both policy and service delivery
28 across largely the health and human services areas, having
29 originally trained as a social worker and spent about
30 10 years in the community sector before coming to
31 government.

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

3 MS CALLISTER: I have.

4 MR MOSHINSKY: Are the contents true and correct?

5 MS CALLISTER: They are.

6 MR MOSHINSKY: Thank you. I should just indicate for the
7 Commission that, while part of your witness statement
8 deals with the maternal and child health service, that's a
9 topic that we will be focusing on on Wednesday of this
10 week and the role of the health system. So I won't be
11 taking up that part of your witness statement with you
12 today in my questions.

13 I would like to start with the topic of
14 respectful relationships programs which have been referred
15 to already in evidence today. First of all, not everyone
16 may know what we are talking about when we talk about
17 respectful relationships programs in schools, and I was
18 just wondering could you give us a brief overview of what
19 those programs look like, how they are arranged, what they
20 cover, what they are aimed at?

21 MS CALLISTER: Okay. There's a number of programs available,
22 and I will focus particularly on the Respectful
23 Relationships program that is currently being piloted
24 across 19 schools in Victoria. Dr Dyson referred to it
25 earlier in her evidence. So the Respectful Relationships
26 program was established or the current Respectful
27 Relationships program was established after a piece of
28 work done by VicHealth in 2009 that examined a whole lot
29 of the existing programs that were available and
30 identified 16 programs that existed that had content on
31 violence prevention or respectful relationships and then a

1 further 10 that could be described as complementary.

2 Subsequent to that, the department commissioned
3 Deakin University and CASA to look at that piece of work
4 that VicHealth had done and establish a contemporary
5 Respectful Relationships program. That's been available
6 in the department since 2013, but the current pilot across
7 the 19 schools is being evaluated by Our Watch. That
8 evaluation should be complete by December this year.

9 MR MOSHINSKY: We heard in evidence just a short time ago from
10 Dr Flood some of the features of programs that are
11 successful, and one of them was intensity and duration.
12 So what's that Respectful Relationships program that you
13 have referred to, how long does it run for roughly, does
14 it fulfil those factors that he referred to?

15 MS CALLISTER: There are eight components. There are two
16 modules, one for the year 8 level and one for the year 9
17 level, and each has I think eight sessions associated with
18 it. I think the most important thing about the pilot is
19 that the schools undertaking it are taking a whole of
20 school approach, rather than the sort of Powerpoint
21 approach or the "just show a video" approach that's been
22 referred to in some of the earlier evidence this morning.

23 The schools that are in the pilot, and two in
24 particular that I have spent time talking to - Mooroolbark
25 and Manor Lakes - are taking a whole of school approach to
26 their implementation of Respectful Relationships. So what
27 that means is thinking about how the staff are involved in
28 modelling Respectful Relationships across the school, how
29 the senior team have spent time looking at school policies
30 and procedures to establish a whole of school approach,
31 how some of the teachers not involved in delivering the

1 actual module have been involved to be aware of what, as
2 I said, modelling this across the whole school would be.

3 I think what that does is bring a much more
4 sustained and intensive approach to how the students then
5 see the modules and the work they do in the actual class
6 and the actual curriculum around the Respectful
7 Relationships, how they see that played out across the
8 whole school.

9 MR MOSHINSKY: So you referred to it being in 19 schools.

10 That's on a pilot basis, is it?

11 MS CALLISTER: They are all part of the Our Watch pilot, or the
12 pilot for the Our Watch evaluation, which should be
13 complete in December.

14 MR MOSHINSKY: At this stage are there plans for it to be
15 extended further?

16 MS CALLISTER: I think what we want to do is wait for the
17 evaluation and understand whether we need to make any
18 changes to the program. It's been very heartening to hear
19 the evidence this morning that this can't be just, as
20 I said, a Powerpoint or a sort of "go and run six classes
21 or eight classes" sort of approach. It has to be
22 something that actually makes a difference and makes a
23 difference in a sustained way.

24 One of the pieces of information that's already
25 come out of the evaluation is that one in three of the
26 students involved in the pilot have attitudes that either
27 support or excuse family violence. So we are talking
28 about one in three year 8s and year 9s across 19 schools
29 in Victoria.

30 So one of the things we want to make sure is that
31 this program, along with other things we do in schools and

1 taking a whole of school approach, actually starts to
2 shift and move those sorts of attitudes. So what we want
3 to see is what does the evaluation tell us, should we
4 modify or change the program in any way and then what does
5 that mean for further implementation in Victoria.

6 MR MOSHINSKY: Is the aim of the program simply to change
7 attitudes or is it also to change behaviours?

8 MS CALLISTER: Absolutely to change behaviours, as well as
9 attitudes.

10 MR MOSHINSKY: Will the evaluation look at whether there is
11 that effective change in behaviour?

12 MS CALLISTER: I believe so, yes. But one of the things we
13 would want to see is whether those changed behaviours are
14 sustained over time.

15 MR MOSHINSKY: I understand from submissions the Commission has
16 received that there are a plethora of different programs
17 across different schools which might be described loosely
18 as respectful relationships programs, even though not
19 specifically the program at the 19 schools. Does the
20 department have data about what different schools are
21 doing in terms of such programs?

22 MS CALLISTER: No, we don't have that at the moment. There are
23 a range of different programs available. We know some
24 schools use the White Ribbon program, Breaking the
25 Silence, which is a nationally available program.
26 I understand it goes to a certain point and then refers to
27 the curriculum for Respectful Relationships. But at this
28 point we don't have data about what schools are using what
29 programs.

30 MR MOSHINSKY: Following the evaluation, what will happen then?
31 Assuming it's positive, what would the department do at

1 that point?

2 MS CALLISTER: If it is positive and we wanted to make the
3 program or the evaluation - we may make the evaluation
4 outcomes better known and encourage schools to pursue this
5 program. We don't in Victoria mandate particular
6 programs. We have a curriculum that has some mandatory
7 components. So this is one of the mandatory components of
8 the curriculum under health and physical education, sex
9 education and other programs. But we don't in Victoria
10 mandate how schools teach the curriculum. We mandate the
11 actual curriculum, and that's been the mechanism in
12 Victoria for a long time.

13 MR MOSHINSKY: I will just ask you a few further questions on
14 that. In terms of the curriculum you indicate in your
15 witness statement the curriculum is what schools must
16 teach; teaching and learning programs is how they teach
17 it, is that right?

18 MS CALLISTER: That's right.

19 MR MOSHINSKY: And the State can mandate the curriculum but not
20 the teaching and learning programs?

21 MS CALLISTER: It tends not to mandate the specific teaching
22 and learning programs for schools. It tends to make a
23 range of things available and schools build a great deal
24 of their curriculum - how they actually do it themselves.

25 MR MOSHINSKY: So, in terms of the curriculum, is some form of
26 Respectful Relationships program part of the curriculum at
27 present?

28 MS CALLISTER: It fits under the health and physical education
29 component of the curriculum, and sex education, sexuality
30 education and a range of other materials and programs are
31 made available for schools to use. So the building

1 resilience program which is available from prep through to
2 the end of school; Catching on Early, which is sex
3 education in primary schools; and Catching on Later, sex
4 education in secondary schools; there's a range of
5 programs available that the department makes available and
6 provides often a lot of professional development for
7 teachers, a lot of training for teachers in how to use
8 them, but generally stops short of mandating using that
9 particular program. But they tend to be used because they
10 are evidence based programs that teachers generally find
11 and schools find useful.

12 COMMISSIONER NEAVE: Can I just follow up. I just want to
13 understand that more clearly. Is there some basic content
14 that has to be taught under that rubric of health and
15 physical education, and then how the school communicates
16 that basic content - and I don't mean by Powerpoint - is
17 left to the school? How does one know which bits have to
18 be taught and which bits are left to the discretion of the
19 school? I'm just not quite clear on that.

20 MS CALLISTER: So we are getting into quite detail that I may
21 struggle with on how the curriculum is communicated. But
22 there are a range of things put out in AusVELS, which is
23 the Australian and Victorian curriculum, to schools.
24 There is quite a lot of information provided about the
25 outcomes that are expected in the curriculum, so the sorts
26 of outcomes that you are teaching for, and what students
27 are expected to learn and know. But the methods by which
28 and the programs by which schools get there are many and
29 varied. So we don't provide a syllabus as such, a "Here's
30 what you're teaching on Monday and Tuesday and Wednesday
31 in maths."

1 COMMISSIONER NEAVE: If we looked at the AusVELS program we
2 would see something like, by the end of year such and such
3 students should have been introduced to such and such or
4 should be aware of such and such; is it as prescriptive as
5 that?

6 MS CALLISTER: I would have to check.

7 COMMISSIONER NEAVE: Thank you.

8 DEPUTY COMMISSIONER NICHOLSON: Can I just follow up. Are you
9 saying that if this Respectful Relationships education
10 that's currently being piloted is proved by the end of
11 this year to be, say, spectacularly successful, are you
12 saying that you aren't able to insist that schools use it?

13 MS CALLISTER: Well, it would be possible for there to be a
14 ministerial direction, I believe, for schools to use it.
15 But generally what we would do is show schools the value
16 of it through the evidence and the outcomes, and provide
17 support for schools to adopt it. So we would actively
18 promote it and actively support schools to take it up. So
19 we have done that on a number of occasions with a number
20 of programs.

21 MR MOSHINSKY: Could I then just pick up another matter that
22 you referred to which is the whole of school approach, and
23 I think you were indicating for the Respectful
24 Relationships program to work it's not sufficient for it
25 just to be taught in isolation but the whole of school
26 approach is very important, and I think you indicated
27 teachers adopting certain ways of behaviour and presumably
28 other staff members as well. To what extent is that whole
29 of school Respectful Relationships approach something the
30 department can direct by way of policies or programs
31 across the schools that the government provides?

1 MS CALLISTER: The department could certainly have a policy
2 about the nature of the Respectful Relationships program
3 and how it should be implemented and how it's best value
4 is achieved. The schools that are in the pilot, or
5 certainly the two of the principals that I have spent
6 quite a bit of time listening to, are strong exponents of
7 the fact that that whole of school approach is what is
8 making the biggest difference in their school around the
9 implementation of the actual curriculum of Respectful
10 Relationships.

11 MR MOSHINSKY: So are there currently any plans to roll out
12 that whole of school approach across a wider number of
13 schools?

14 MS CALLISTER: I think the plan is just at the moment to take
15 the evaluation and understand fully what it's telling us
16 and then look at what the next steps are. We would put to
17 government what those next steps should be.

18 MR MOSHINSKY: And would the ability to mandate a whole of
19 school Respectful Relationships program be the same as
20 your earlier answers in terms of the ability of the
21 department to direct that that occur?

22 MS CALLISTER: It's just not been the practice generally to
23 mandate a particular program, but it doesn't mean that it
24 isn't possible for the department to establish a policy
25 that this is by far the best - the program that we want to
26 implement and have a process to implement it further
27 across the state.

28 MR MOSHINSKY: Just turning to independent schools, do you have
29 any data on the extent to which these types of respectful
30 relationships programs are being conducted by independent
31 schools?

1 MS CALLISTER: I don't believe we do, no.

2 MR MOSHINSKY: Can I then turn to the primary school level, and

3 we have just heard evidence this morning from Associate

4 Professor Dyson about it may be too late to wait until

5 adolescence for some of these important messages. To what

6 extent does the primary school curriculum or programs

7 include programs such as Respectful Relationships or

8 similar programs with similar objectives?

9 MS CALLISTER: The primary school curriculum or one of the

10 programs available at primary school is the Building

11 Resilience program. So that's available from prep all the

12 way through, and I believe it's graduated to meet the

13 needs of children as they go through those stages. So

14 that's very much about positive relationships, about

15 making good decisions, self protection; it's a whole range

16 of different things that are about building appropriate

17 behaviours and ways of understanding a whole range of

18 situations. That's been available I think for quite some

19 time. Then there is the Catching on Early program, which

20 is about positive early sexuality for children in primary

21 school. So it's an appropriate early sexuality program.

22 MR MOSHINSKY: Is there data on how widespread the actual

23 implementation of these programs is?

24 MS CALLISTER: No, we don't have that at the moment.

25 MR MOSHINSKY: So the department doesn't know how many schools

26 are actually running these programs?

27 MS CALLISTER: No, it doesn't.

28 MR MOSHINSKY: Can I turn to a topic that was discussed by the

29 previous panel, which is the effects of pornography on

30 young people. This was an issue that was raised in the

31 course of community consultations by the Commission with

1 many being very concerned about the effects of exposure to
2 pornography and that that has on young people. We have
3 heard some evidence from the previous panel about its
4 effects. What do we know about the extent to which young
5 people are accessing pornography?

6 MS CALLISTER: In understanding that we are quite dependent on
7 the researchers and some of the others who were giving
8 evidence earlier. So some of the research that Dr Flood
9 has done and some others have, I think, shed light on
10 something that is literally emerging as we speak, the
11 speed at which young people are able to access all sorts
12 of information through social media and the internet, and
13 the ages at which they are being exposed to pornography
14 and often quite violent pornography is something that
15 I think we are all grappling with and the education system
16 is grappling with at the same time.

17 MR MOSHINSKY: What do we know about the evidence of the
18 impacts of accessing pornography at a young age on
19 developing young people?

20 MS CALLISTER: Well, again, I defer to the research rather than
21 having first-hand information. But my understanding is
22 that essentially it has an impact potentially on the very
23 issue that we are talking about, on people's understanding
24 of violence, of gender stereotypes, of the relationship
25 between sexuality and violence and relationships, and for
26 young people with already particular views and family
27 views that have engendered their views it will reinforce
28 and possibly exacerbate some of their behaviours. So it's
29 potentially quite inflammatory.

30 MR MOSHINSKY: In light of this, what measures is the
31 Department of Education adopting to address this issue?

1 MS CALLISTER: We have developed a third module for the
2 Respectful Relationships program which is specifically
3 about pornography. It's a pornography unit that builds on
4 the first two units. It's intended for year 10 students.
5 It's very much about trying to deconstruct, as we heard in
6 the previous evidence, some of those media images -
7 sexualised images of women, particularly the connection to
8 power, the connection to relationships.

9 This unit hasn't yet been implemented. It's
10 being developed and we would like to trial it potentially.
11 So we are at the point of putting to government that it be
12 built on to the Respectful Relationships program and
13 trialled, particularly in the schools where students have
14 already done modules 1 and 2 because we think this is
15 quite a sensitive unit.

16 I do want to just reassure people it doesn't
17 involve showing students pornography, because there have
18 been some fears that in examining pornography that somehow
19 the curriculum will therefore show young people
20 pornography. So it doesn't do that in any way. It uses
21 the sorts of images you see on billboards driving around
22 Melbourne. It is something we haven't yet rolled out but
23 are in the position of putting to government that we
24 should now trial it, attached to the other two modules.

25 MR MOSHINSKY: Some might say that year 10 is rather late to be
26 looking at a program when many boys will be accessing
27 pornography through the internet around the age of 12, for
28 example. Do you have a response to that?

29 MS CALLISTER: I would be guided by the research, but I would
30 have thought that potentially the Respectful Relationships
31 modules 1 and 2 are still quite appropriate ways to deal

1 with those very young boys. But it may be that we should
2 adapt something earlier. To some extent I think that's
3 what the Our Watch evaluation will tell us: are there
4 things that we have missed that that curriculum should
5 then be modified to deal with?

6 MR MOSHINSKY: Commissioners, I see the time. It is 1 o'clock.
7 I wonder if that is a convenient time to adjourn for
8 lunch.

9 COMMISSIONER NEAVE: It is, but just before we leave I do have
10 one question. You talked about the policy that content is
11 not mandated. I probably have the wrong word, but that
12 the curriculum is not mandated, although there is a basic
13 sort of curriculum document. I'm not using the correct
14 terminology, I know, but I think I understood what you
15 said.

16 But what about situations where there is, for
17 example, a parental protest about the content, for
18 example, of a Respectful Relationships program? Is the
19 department ever in the position where it might say to a
20 school, "Don't teach that. We don't want you to teach a
21 particular" - how does it respond to those sorts of
22 complaints which might sometimes come because of a
23 particular cultural community's concern about something or
24 any number of reasons why people might be concerned?

25 MS CALLISTER: It's a good question. Certainly there are
26 parental complaints about all sorts of aspects of schools,
27 and I suspect that on occasion parents remove their
28 children from particular classes or particular aspects of
29 the curriculum. There may be occasions where the
30 department or government decide that a particular program
31 is inappropriate and that it should be revised. I can't

1 think of an example, but there may be some.

2 COMMISSIONER NEAVE: Thank you.

3 MR MOSHINSKY: If we could adjourn.

4 COMMISSIONER NEAVE: Thank you. We will see you after lunch.

5 LUNCHEON ADJOURNMENT

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1 UPON RESUMING AT 2.00 PM:

2 MR MOSHINSKY: Ms Callister, before the lunch break there was
3 some discussion of the difference between educational
4 outcomes that schools are required to achieve on the one
5 hand, and on the other the way they go about teaching to
6 achieve those outcomes. You have provided a document to
7 me, and there are copies for the Commissioners, which
8 indicates for level 4, level 6 and level 8, as
9 I understand it, the reporting outcomes. Could you
10 explain that document to the Commissioners?

11 MS CALLISTER: Yes. So I have just sought a bit more advice
12 from the Executive Director of Curriculum at the Victorian
13 Curriculum Authority. So this is, for example, the
14 standards at levels 4, 6, 8 and 10 that children - this
15 describes the outcomes that children are expected to be
16 able to demonstrate. So what teachers need to do is,
17 firstly, develop lessons and resource - use resource
18 material to achieve those. They have to design
19 assessments to evaluate whether children are actually able
20 to meet those standards, so those assessments might be a
21 test or classroom observation or a range of other things
22 teachers use, and then finally they have to report the
23 findings on children's achievement towards those outcomes
24 twice a year to parents and also they have to report to
25 the department.

26 So I hope that clarifies to some extent what the
27 curriculum outlines and then how teachers go about
28 achieving it.

29 MR MOSHINSKY: And the passages in - so this is the health,
30 knowledge and promotion domain?

31 MS CALLISTER: Yes.

1 MR MOSHINSKY: And you have highlighted in yellow the relevant
2 parts of that that might be relevant to matters such as
3 respectful relationships or relationships between people?
4 MS CALLISTER: Yes. But there's something similar to this for
5 English and maths and science and arts and humanities and
6 language and technology, and this is one of the standards
7 under physical and health.
8 MR MOSHINSKY: Thank you. Can I turn then to a new topic,
9 which is the role of schools when children are affected by
10 family violence.
11 COMMISSIONER NEAVE: Mr Moshinsky, I'm very sorry, just before
12 you go on to that, how much money is being provided to the
13 schools for actually running the Respectful - because it's
14 a pilot, they presumably get some sort of a grant to do
15 it. What are they actually getting, are you able to tell
16 us that?
17 MS CALLISTER: I think the overall - I do have it here.
18 I believe the overall amount for the pilot is about
19 \$500,000. Some of that is coordinators who are
20 overseeing - who are employed by Our Watch but are based
21 in our regions who are working with the schools. Largely
22 the money will be with Our Watch for the overall
23 evaluation. So some of it is in personnel who are working
24 in the schools and based in the regions but they aren't
25 employed by us, I believe.
26 COMMISSIONER NEAVE: If ultimately the department were to say,
27 "This is a favourable evaluation. We will support it in
28 principle, without mandating the particular content," then
29 the schools would have to pick it up with their own
30 funding; is that right?
31 MS CALLISTER: It depends whether - if it's a program that we

1 consider significant enough and if there is money made
2 available through the budget or other mechanisms, then we
3 may well make sure that we enable the proper embedding of
4 it by actually providing some resources and support to go
5 with it.

6 COMMISSIONER NEAVE: I know this is unlikely, but if the
7 minister were to mandate something like this then in those
8 circumstances one might expect some sort of budget
9 allocation for it; is that how it goes?

10 MS CALLISTER: That would be quite possible.

11 COMMISSIONER NEAVE: I know it's unusual for that to occur.
12 But thank you.

13 MS CALLISTER: Perhaps it is reasonable to say there is a huge
14 amount of work going on at the moment in relation to
15 education policy and delivery. The government's made some
16 very big commitments around Victoria being the education
17 state, and there's a lot of public consultation going on
18 about that at the moment, and that is about the whole
19 student, it's not just about academic performance, and
20 there's been a large amount of money allocated to
21 education in the budget but that's not yet allocated to
22 schools. We would expect the outcomes of a lot of that
23 work to be fairly imminent in the next month or so.

24 COMMISSIONER NEAVE: Thank you very much.

25 DEPUTY COMMISSIONER NICHOLSON: Could you clarify, just on the
26 Respectful Relationships education that Our Watch are
27 overseeing, will the evaluation carried out by Our Watch
28 establish the full cost of implementation of the program?

29 MS CALLISTER: I don't know the answer to that, I'm sorry.
30 I think the evaluation is more focused on the success of
31 the program. The question of the cost of implementation

1 is probably more an issue for the department to ascertain.

2 DEPUTY COMMISSIONER NICHOLSON: So Our Watch won't look at
3 that?

4 MS CALLISTER: They might. They might. I would have to - - -

5 DEPUTY COMMISSIONER NICHOLSON: It would be important to know,
6 you would agree?

7 MS CALLISTER: Yes, yes. I might have to take that on notice.

8 COMMISSIONER NEAVE: That would be helpful. Thank you.

9 MR MOSHINSKY: Could I turn then to the topic of the role of
10 schools where children are affected by family violence or
11 there's family violence in the family. We have heard
12 evidence from two lay witnesses, one on Day 1 and one on
13 Day 9, where in their stories the school played a pivotal
14 role, a very positive role, in the early detection that
15 there was family violence and raising it with the mother
16 on each occasion, and that was the first outside response
17 outside the family, and it was quite crucial in each case.
18 What policies or programs or training is there to assist
19 schools in the way they respond to situations where a
20 child may be affected by family violence?

21 MS CALLISTER: I completely agree that schools are a very
22 important early detection and response point, and often a
23 point that is seen as potentially more friendly and not as
24 potentially judgmental or risky as some other points. So
25 there is a range of different training available. There
26 is an online tool for mandatory reporting which references
27 family violence for teachers.

28 The primary school nurses in a number - I think
29 in two of our regions have done the CRAF training, so the
30 Common Risk Assessment Framework training. They play a
31 pretty important role in children's first year of school

1 in looking at a family assessment that's done through a
2 questionnaire given to families, and a lot of
3 families - families can indicate any risk through that.

4 The secondary school nurses who are in some of
5 our schools but not all of our schools have some access
6 and awareness of - some training around family violence.
7 Then there's our entire allied health workforce, which is
8 referred to as the SSSO workforce, so social workers,
9 psychologists and other speech therapists, who again will
10 have some understanding of how to detect and respond to
11 family violence.

12 MR MOSHINSKY: Does the training extend to teachers in general?

13 MS CALLISTER: Teachers - the main training for teachers that
14 I'm aware of is through the mandatory reporting training
15 of child abuse where there is reference to family violence
16 and the indicators for family violence.

17 MR MOSHINSKY: There may well be cases that are not within the
18 mandatory reporting requirements but the child is
19 nevertheless affected by family violence and there are
20 signs that family violence may be occurring. Is there any
21 plan for further training in relation to teachers in
22 general?

23 MS CALLISTER: Yes. I think we have to relook at the overall
24 range of training available to teachers and look at
25 whether we are adequately making sure that they have
26 access to understanding about what to look for and how to
27 respond to family violence, particularly when it's at that
28 level that might not require a mandatory report. So
29 I think that's part of the work that we need to do,
30 because I think there's quite a lot of training available,
31 and some schools and some teachers avail themselves of

1 training outside of education in all sorts of ways, but we
2 wouldn't necessarily have a consistent approach to that.

3 MR MOSHINSKY: Is training something that the department can
4 require of staff in government schools, or is that again
5 something for the individual school to decide?

6 MS CALLISTER: There are certain things that we require staff
7 to do. So we require - teachers are mandated reporters
8 and they are expected under the law to have, as
9 I understand it, completed certain training to make sure
10 that they are able to discharge those responsibilities.
11 But generally, as I understand it - again, I'm relatively
12 new, but as I understand it we take the professional
13 development approach with teachers, and we try and build
14 their professional development rather than mandate a lot
15 of training over and above what is required.

16 MR MOSHINSKY: Can I turn then to the issue of children who are
17 not attending schools, and you deal with this at paragraph
18 170 and following of your statement. Do you have a sense
19 of the relationship between family violence and children
20 not attending?

21 MS CALLISTER: One of the things we know about family violence
22 is that where it is severe and women particularly have to
23 move location that is one of the things that will often
24 dislocate or disengage children from school because they
25 will often move from one area to another. We do have a
26 disengagement policy and teachers are expected to follow
27 up with families where children are absent. So we would
28 expect there would be some contact between teachers and
29 parents. If they have moved out of the area, even
30 temporarily, the expectation would be that there would be
31 some attempt made to link the child to a new school,

1 either through giving the parent that advice or the
2 teacher contacting that other school and them reaching
3 out.

4 What we know is that that doesn't always happen
5 and that one of the most common things that happens for
6 children, particularly where they have to move, is that
7 they do lose contact with school particularly if they are
8 in a homelessness service or if they are in a family
9 violence service.

10 The other thing we know is that, the longer
11 children are disengaged from school, the greater the risk
12 that they won't return or won't return and succeed at
13 school. So this is an area that we are doing a large
14 amount of work on currently, a large amount of both policy
15 work and operational work, it's nearing completion,
16 because there are too many opportunities for children
17 still who - particularly where they have to move because
18 of family violence, to disengage. So this is an area of
19 some crucial work in the department at the moment.

20 MR MOSHINSKY: What are the numbers on how many children are
21 not attending school?

22 MS CALLISTER: It is very difficult to tell exactly how many
23 children are not. We know that between year 9 and year 12
24 that is where children and young people are most likely to
25 disengage from school. A lot of them will disengage at
26 year 9 or 10 and enrol with another provider, such as a
27 TAFE provider. But we know that they are more likely in
28 that first 12 months to disengage from that provider as
29 well. So there is a lot of work going on at the moment
30 about how we address that issue.

31 MR MOSHINSKY: I have seen references to 10,000 school-aged

1 students in the state not attending school. Is there data
2 to support that figure?

3 MS CALLISTER: That is work that was done a number of years ago
4 under a disengaged youth project by the department, and
5 that is the number, the year 9 to year 12 number. That is
6 the number that that project projected was potentially the
7 number not at school. It's a year 9 to year 12 number,
8 the 10,000 number. It's possible that that is the number
9 not attending at that age. I think there's been work done
10 since then that may well have improved that, but we don't
11 have an accurate current number.

12 MR MOSHINSKY: One of the issues that is sometimes mentioned in
13 this regard is that, given the circumstances of this
14 cohort, the schools may not be particularly enthusiastic
15 about the student returning to school. Are there policies
16 of the department which should encourage schools to
17 encourage re-enrolment of the students or attendance by
18 the students?

19 MS CALLISTER: Yes. So all schools are required to have an
20 engagement policy, and there is student engagement and
21 inclusion advice that is available to schools, that they
22 are expected to use, and that is all about how we keep
23 children at school, identify those children who are at
24 risk of disengaging, so children with mental health
25 problems, children exposed to family violence, children
26 with other sorts of problems, children who are being
27 bullied, for example. So there is quite a lot of advice
28 to schools about understanding the causes of children's
29 behaviour that might be causing a problem and how the
30 school is expected to work to maintain those children at
31 school.

1 Suspension or expulsion is clearly in the policy
2 considered to be a last resort, and the principal who is
3 proposing to expel a child is expected to have found an
4 alternative school for that child to attend. So there is
5 a whole series of policies and procedures that are aimed
6 in the first instance at schools being required to keep
7 children at school.

8 MR MOSHINSKY: I understand there was a Commonwealth program
9 Youth Connections, but that's no longer funded. Are you
10 able to comment on that?

11 MS CALLISTER: I can only comment on the fact that the
12 Commonwealth doesn't fund it any longer.

13 MR MOSHINSKY: So you have indicated that this is an area that
14 there's quite a lot of work going on within the department
15 at the moment?

16 MS CALLISTER: Yes, and that work is nearing completion,
17 because there is, notwithstanding I think progress made on
18 policies and processes and recognition that some numbers
19 of children are not at school, we simply aren't - this is
20 a gap for us and we have to address it.

21 DEPUTY COMMISSIONER NICHOLSON: In the circumstances where a
22 family has become homeless, they may be staying in a
23 homeless service of some type, does a primary school - do
24 they have a responsibility to educate those children?

25 MS CALLISTER: Yes, they have a responsibility to offer - make
26 sure that that - or to contact that family and try and
27 make sure that there's an alternate option. I was talking
28 before about a teacher might contact a mother and find
29 that she's moved and offer either - explain where a new
30 school is available and possibly even contact that school.

31 DEPUTY COMMISSIONER NICHOLSON: So that new school would then

1 have to offer a place to the child?

2 MS CALLISTER: I would think so. I would think so.

3 DEPUTY COMMISSIONER NICHOLSON: In consultations we heard

4 instances where schools were refusing to take those

5 children in.

6 MS CALLISTER: So I would need to follow that up.

7 DEPUTY COMMISSIONER FAULKNER: Could I just follow up too,

8 Ms Callister, in relation to that we visited refuges and

9 they would have a volume of children who were coming and

10 going, and the local schools, both state and

11 denominational, would say they can't maintain their school

12 program if they have people coming in and out. So they

13 were sort of limiting the number of children that could

14 come in. So, if you are following up, it's that sort of

15 context.

16 MS CALLISTER: Yes, yes, and I am aware that that happens. So

17 there's a question of what's expected and then sometimes

18 what occurs.

19 DEPUTY COMMISSIONER FAULKNER: I think one of the refuges also

20 put to us the idea that there would be a principal

21 appointed for children who are missing, sort of, and they

22 would have a much more active outreach to go and find

23 them. I wondered if that could be put into the mix of

24 considerations that you are - - -

25 MS CALLISTER: Solutions of that kind are certainly one of the

26 options that we are currently considering.

27 DEPUTY COMMISSIONER FAULKNER: Thank you.

28 MR MOSHINSKY: Can I then turn to really across the range of

29 activities that the department is engaged in. To what

30 extent is there consideration of family violence issues, a

31 consciousness of family violence and the effects it may

1 have across the range of activities that the department
2 carries out?

3 MS CALLISTER: It's something that we are looking at across a
4 whole range of our programs. So certainly in maternal and
5 child health, which I understand we are not going into in
6 detail today, but certainly across the range of programs
7 in early childhood, maternal and child health, the early
8 years curriculum being taught in kindergartens, our work
9 with the Aboriginal community, and we have covered a lot
10 of details about schools today, it's something that we are
11 looking at across all of those programs in different ways
12 and to different degrees.

13 MR MOSHINSKY: Have you any ideas of perhaps ways things could
14 be done differently, any big ideas, so to speak, in terms
15 of how the department could better address the issue of
16 family violence?

17 MS CALLISTER: I agree with Ms Batty's evidence earlier this
18 morning and a number of other people. I think schools are
19 ideally placed as platforms for primary prevention, for
20 culture change particularly and to some extent the
21 structural change that was described as well. So I think
22 we should be thinking about schools more actively as
23 points of primary prevention. If I think about the public
24 health approach that you have referred to a number of
25 times, I think schools are a platform in public health
26 terms over a longer period where we can look at primary
27 prevention.

28 I think one of the risks is in an environment
29 where there is so much demand for service, there are so
30 many family violence events, police attendances, queues at
31 homelessness services and family violence services and

1 child protection and others, one of the risks is that we
2 don't invest in prevention. But ultimately I think that
3 is going to be one of the cornerstones of changing this
4 over the longer term.

5 So I think we have to think about what we can do
6 in education and across schools even more broadly than the
7 fairly modest things we are currently doing. I think the
8 other piece that we have just addressed that's absolutely
9 critical is those disengaged young people who are arguably
10 some of the most vulnerable, and I think there are
11 opportunities to make significant inroads there.

12 MR MOSHINSKY: Thank you. I don't know whether the

13 Commissioners have any questions?

14 DEPUTY COMMISSIONER FAULKNER: Ms Callister, just in terms of
15 the argument that we hear constantly about the crowded
16 curriculum, I suppose I'm interested in how space is made
17 and who is in the end going to agree or disagree to this.
18 Is our system in Victoria such that a school might decide
19 with its own community that they don't want to talk about
20 this? How does the accountability for pushing this
21 forward work?

22 MS CALLISTER: You are right, Commissioner. We do have a very
23 devolved education system in Victoria and we have had a
24 very devolved education system for some time, but we do
25 have frameworks and standards that we can set. It may be
26 possible to mandate this. It's not totally out of the
27 question. It isn't just the general practice. But
28 I think, more importantly, how we disseminate interest,
29 how we encourage and develop awareness, how we give
30 schools the opportunity to understand that this isn't just
31 running a series of modules but it's about changing

1 behaviour in a school and building a completely different
2 way of modelling relationships in schools and how we build
3 that capability and awareness and interest across the
4 state with probably some resources and some - this is
5 assuming this goes ahead, but hypothetically I think that
6 we can encourage this and there will be a range of ways
7 that we could foster awareness of family violence and the
8 use of relevant materials.

9 DEPUTY COMMISSIONER FAULKNER: Thank you.

10 COMMISSIONER NEAVE: I just had one fairly minor question. We
11 have the AusVELS curriculum in front of us. To what
12 extent are private schools required to follow the
13 curriculum in the broad sense in which you have described
14 and what is the sanction if they don't?

15 MS CALLISTER: No, I understand they are not required to follow
16 the AusVELS curriculum.

17 COMMISSIONER NEAVE: Thank you.

18 MR MOSHINSKY: If there are no further questions I ask that the
19 witness please be excused with our thanks.

20 COMMISSIONER NEAVE: Thank you very much, Ms Callister.

21 <(THE WITNESS WITHDREW)

22 MS ELLYARD: The next witness is Professor Tony Vinson.

23 I will ask him to come forward to the witness box.

24 <TONY VINSON, sworn and examined:

25 MS ELLYARD: Professor, you are presently an honorary professor
26 at the University of Sydney and also a social researcher
27 with the Jesuit Social Services; is that correct?

28 PROFESSOR VINSON: That is correct.

29 MS ELLYARD: Could I ask you to summarise for the Commission,
30 please, your background and experience both in social work
31 and in the overseeing perhaps of major change in large

1 institutions?

2 PROFESSOR VINSON: Yes. My background in social work is that
3 I took the undergraduate course when I was much younger
4 than I am now; subsequently engaged in sociology and
5 related disciplines; took a PhD from the University of New
6 South Wales; and am the recipient of an honorary doctorate
7 from Sydney University. Will that suffice?

8 MS ELLYARD: It will, thank you. I understand that in addition
9 to your work in academia you have also held substantial
10 roles in the public service in New South Wales.

11 PROFESSOR VINSON: Yes. I was the - apart from having been
12 engaged as a parole officer at the beginning, I was
13 appointed to the position within the justice
14 administration in New South Wales of the first Director of
15 the Bureau of Crime Statistics and Research in that state,
16 and subsequently I was appointed to be the Chair, which
17 means head of department, of Corrective Services in New
18 South Wales following a royal commission into the prisons
19 of that state.

20 MS ELLYARD: One of the issues that you take up in your witness
21 statement today is the "Dropping Off the Edge 2015"
22 report, of which you are one of the authors.

23 PROFESSOR VINSON: Yes.

24 MS ELLYARD: Could you summarise for the Commission, please,
25 how it was that the initial "Dropping Off the Edge" report
26 came to be commissioned and the process by which the
27 original report was prepared?

28 PROFESSOR VINSON: Yes. The current report, "Dropping Off the
29 Edge 2015", follows three earlier exercises, the first two
30 of which were confined to New South Wales and Victoria,
31 and had support from the governments of both states. Then

1 in 2007 a national study was undertaken. This was based
2 on the collection of information on 22 indicators of
3 disadvantage, indicators that had a provenance of having
4 demonstrated separately and in combination a high degree
5 of thwarting of life opportunities.

6 So these 22 indicators, which covered - if
7 I might just refer to this?

8 MS ELLYARD: Please.

9 PROFESSOR VINSON: Family household income, disability,
10 education attainments, post-schooling training, admissions
11 to psychiatric hospitals, child maltreatment, juvenile and
12 adult crime, admissions to prison in all states of
13 Australia, and combination stress. In each instance, for
14 each of identifiable local areas across the jurisdictions
15 of Australia, the study was basically a social geographic
16 one of how frequently, given the make-up of the
17 populations involved in each instance, the rate of
18 occurrence of deficits or lacks under the headings that
19 I have just outlined.

20 For example, just to make it more concrete, in
21 Victoria, in this most recent study, 667 postcodes were
22 examined from this point of view. At no stage is the raw
23 data exposed in a way that might embarrass, cause concern
24 to individuals upon whom the compilations are based,
25 because what we have done is convert the number of
26 instances into rates of occurrence and then ranked those
27 667 postcodes by where they fell on the array of results
28 for each of the indicators.

29 So it's possible to report how many of the areas
30 were required to account for the highest ranking
31 places - I'm putting it very generally and could detail it

1 if required - but then also we have converted, as
2 I've mentioned, the results into ranks so what is
3 publicised is all based on the relative standing of those
4 locations.

5 MS ELLYARD: To put it in very high-level layman's terms, what
6 the report identifies is those postcodes within Victoria
7 and indeed within other parts of the country which are
8 marked by the highest level of these indicators of
9 disadvantage or which ranks each postcode by reference to
10 each of those indicators?

11 PROFESSOR VINSON: That's right. There was another statistical
12 procedure - intervened to convert the results on each of
13 the 22 indicators into a composite score, and it's to that
14 that we attach the greatest importance. What we have found
15 is that in 2014, when the information was being collated,
16 those areas which had ranked highly on previous
17 occasions - in the case of Victoria going back to 1999, a
18 15-year period, there was a very strong similarity in the
19 places identified. That's it in a nutshell, I suppose.

20 MS ELLYARD: So those areas marked by clusters of disadvantage
21 15 years ago are most likely still the areas in Victoria
22 where those disadvantages are most common today?

23 PROFESSOR VINSON: Yes. The more broadly you take the analysis
24 the more the risk of diluting the pattern. But we have,
25 in that series of publications, attached the greatest
26 importance to those areas that rank really in the first 12
27 places on the list. When you look at it that way, eight
28 of the 12 that in 2014 were so placed were equally so
29 placed in 1999. For the remainder, the other four, they
30 also had relatively high rankings on the previous
31 occasions.

1 MS ELLYARD: You have summarised the findings and some other
2 matters in your statement to the Commission, which is
3 dated 4 August 2015. Are the contents of that statement
4 true and correct?

5 PROFESSOR VINSON: I'm sorry, I didn't quite catch that.

6 MS ELLYARD: The statement that you have made dated 4 August
7 2015 which summarises the matters we have been discussing,
8 is the statement true and correct?

9 PROFESSOR VINSON: Yes, to the best of one's empirical ability.

10 MS ELLYARD: Can I ask you then to unpick what flows from the
11 findings that you have made. You have made, as
12 I understand it, firstly a finding that areas marked by
13 high rates of disadvantage 15 years ago are still marked
14 by high rates of disadvantage today?

15 PROFESSOR VINSON: Yes, that's so.

16 MS ELLYARD: What's the consequence of that finding for the way
17 in which, for example, social policy might be developed to
18 assist in the amelioration of the disadvantages that those
19 communities are experiencing?

20 PROFESSOR VINSON: The first thing to say is that it is a
21 profound challenge to one of the values of Australian
22 society that has come down to us from the previous
23 century, centuries now, and that is that children being
24 born into that situation, are resident in that situation,
25 not by osmosis but by the accumulation of the forms of
26 disadvantage that I have mentioned, are less likely to
27 develop to their potential, and I have had the opportunity
28 indeed by heading up another inquiry into public education
29 in New South Wales to witness this at firsthand, to meet
30 little four-year-olds, five-year-olds who have never held
31 a pencil, don't know what a book is, coming from the

1 locations and their counterparts that I have mentioned.
2 So it's a very shaky start to one of the most important
3 areas of development.

4 Indeed, if you look at what's happened to the
5 kids who have been in that situation you can see a
6 progressive disengagement with learning which has
7 manifested even in the primary years, and which irritates
8 other students who are more determined and have had the
9 background to enable them to master the educational
10 challenges, with resultant misbehaviour. The children
11 will say to someone in that role that I occupied, "Well,
12 if you want to do something really constructive here, get
13 rid of him and him and him and him" - not many hers,
14 I must say, but hims - "who are frustrating our education
15 by their misbehaviour. They're distracting of us in the
16 tasks that we are trying to follow."

17 MS ELLYARD: Is it through means like that, then, that the
18 cycle perpetuates itself, so that we see 15 years later
19 the experiences of certain communities still being marked
20 by disadvantage?

21 PROFESSOR VINSON: I can speak more confidently of New South
22 Wales, but I suspect the same is true of Victoria, that as
23 the urge to increase the handling of this situation, the
24 misbehaviour and so on by use of institutional care or,
25 more frankly, containment seems to me to be a
26 progressively more intensive mining of the same areas to
27 find the candidates.

28 MS ELLYARD: One of the 22 integers of disadvantage that you
29 have relied on is the frequency of family violence or
30 domestic violence?

31 PROFESSOR VINSON: Yes, insofar as it's declared and orders

1 have been made in relation to it. There remains hidden
2 from my data instances where action has not been taken.

3 MS ELLYARD: So you are measuring the rates per thousand of the
4 population of the granting of a protective order or an
5 intervention order as your guide?

6 PROFESSOR VINSON: Yes, that's right.

7 MS ELLYARD: Perhaps it's an obvious question, but why is the
8 presence of family violence identified as one of your 22
9 integers of disadvantage?

10 PROFESSOR VINSON: I won't be able to cite chapter and verse,
11 but I think I was a co-author of perhaps the first
12 empirical study of this field in my days at the Bureau of
13 Crime Statistics, and one developed through the agency of
14 clerks of petty sessions detailing applications and cases
15 that were coming to the local courts' attention, there was
16 a deep suspicion that this was interwoven with other forms
17 of disadvantage.

18 Indeed, that particular study revealed the extent
19 to which a reaction to the situation of domestic violence
20 that might entail leaving the situation, the home, was
21 thwarted by the lack of opportunities for safe refuge
22 somewhere else, the deprivation of the funds that were
23 necessary for running a family and so on. So there's
24 that.

25 I suppose that plus other studies that I cannot
26 detail encouraged us to include it as one of the 22
27 indicators. On the basis of the results obtained, I think
28 it was a wise thing to have done.

29 MS ELLYARD: One of the things you note at paragraph 23 of your
30 witness statement is that domestic violence appears with
31 moderate but identifiable strength in the profiles of

1 disadvantaged localities. So I understand you to mean
2 that when thinking about how localities might score highly
3 on multiple areas of disadvantage, where that's the case
4 domestic violence is often one of the ones in which they
5 are scoring highly?

6 PROFESSOR VINSON: I can be reasonably precise about that in
7 terms of our findings. There are three ways in which the
8 connection or the association of domestic violence and
9 other forms of disadvantage were apparent.

10 The first one was that if you took the postcodes
11 within that 667 that were more frequently at the top of
12 the list of areas, actually the top five per cent of
13 areas, then you can scan the profiles of those areas in
14 terms of the other indicators. When you do that, hence
15 the use of the term "moderate" because there were some
16 variables that were even more strongly associated, but you
17 have to go down the list to about the mid-point to find
18 domestic violence as one of the recurring characteristics
19 of those locations that most frequently were at the top of
20 the array of scores on several multiplicity of indicators.
21 So that's one reason for seeing an association there.

22 Another one was that we performed a standard
23 correlational analysis and domestic violence was
24 associated significantly - certainly significantly but not
25 at the top of the list, again - with a number of the other
26 forms of disadvantage included in our study.

27 In particular, if I can just refer to this, that
28 association was quite strong, at a level that social
29 researchers would say indicates something significant,
30 with unemployment, both long- and short-term unemployment,
31 with disability support, where the count was high on that,

1 and confirmed child maltreatment. So they were the
2 aspects of the profile of the areas in question that it
3 was most strongly associated with.

4 If I could just mention the third one. The third
5 one could be even the most convincing, and that is if it
6 is true that what we refer to as the first two bands of
7 composite disadvantage are the ones to watch, the ones
8 that tally so strongly with previous instalments of this
9 series, then of the first six, four were near the top on
10 domestic violence. The first four on the aggregate
11 disadvantage certainly overlapped with the listing of
12 locations that had high rates of domestic violence. The
13 remaining two in that first bracket of six didn't quite
14 fit that tightly but still fitted quite strongly.

15 MS ELLYARD: Thus far we have been talking about the
16 correlation or the simultaneous presence of multiple
17 integers of disadvantage. Can anything be said about
18 cause and effect, thinking particularly about family
19 violence and what comes first - the other things with
20 which it is associated or the family violence itself?

21 PROFESSOR VINSON: Certainly not from this study, I must be
22 frank about that. But if one is in the situation or a
23 society is in the situation of wanting to combat this
24 particular problem of domestic violence or any of the
25 others that were mentioned, then it's not a bad starting
26 point to know that this is where we should have a focal
27 concern because of the frequency with which the issue
28 arises there; that particularly, yes.

29 MS ELLYARD: At paragraph 26 and following in your statement
30 you offer some reflections based on your many years doing
31 studies of this kind on one thing that has come through to

1 you through your research about, I suppose, the mindset
2 that might exist in areas where disadvantage persists.
3 Could I invite you to give us those reflections?

4 PROFESSOR VINSON: Yes. Here there's been several instances in
5 which I have been able to measure the quality that I am
6 about to refer to, and on so many occasions - and I'm sure
7 a body of practitioners in social work and related fields,
8 psychology and so on, would have had the same impression,
9 but I'm just wishing to say I have both measured it and
10 felt it and seen it, and that is without any sense of
11 accusation or anything of the kind some services that have
12 been instituted to help families in really depressed
13 circumstances finish up being much more heavily utilised
14 by families less burdened than the ones for whom this
15 might have been a first port of call, primary source of
16 help.

17 I'm thinking of locations where child
18 development, child health facilities/centres exist, and
19 yet when you look at people's response to their problems
20 those in the greatest cumulative need tend to be keeping
21 body and soul together, seeking material assistance but
22 missing out on what could be more change promoting
23 influences in their lives.

24 Accompanying that - and I have tried to measure
25 it on different occasions - you find an attitude of
26 resignation to the situation, one might argue a perfectly
27 rational thing to do when there's not much you can do.
28 But from the point of view of inviting solutions to
29 problems it's unhelpful, and I'm going to suggest there
30 might be a way of better overcoming it.

31 But you find characteristics, measurable

1 characteristics, like less forethought about the health
2 consequences of diet and behaviour generally, habits and
3 so on. You find, sadly, an appreciation by parents that
4 the thing to do is to stay in school until you have
5 completed high school but a lack of conviction that
6 "that's going to happen in my children's case"; and
7 I think that's most important because of the few positive
8 examples one can find of where getting the parents
9 involved with the school has addressed the whole issue of
10 enthusing the child to do their best when it comes
11 to - - -

12 MS ELLYARD: I'm sorry to interrupt, in your statement you
13 refer to effectively a resignation about what fate will
14 serve up that you have observed amongst people who,
15 perhaps for good reason, feel like they won't be able to
16 alter their life's trajectory.

17 PROFESSOR VINSON: That's right, and of course there are
18 exceptions. In some of the most heavily disadvantaged
19 locations people can hardly wait to escape from those
20 circumstances and make every post a winning post.
21 I hesitated to put it in the witness statement but I'll
22 say what the evidence is. Even with respect to fertility
23 control, when asked, "If you had your life over again, how
24 many children would you wish to have by your present age?"
25 There was a much greater discrepancy in the case of the
26 most disadvantaged and resigned families to accepting what
27 fate served up.

28 MS ELLYARD: So again what, from your perspective, are the
29 consequences for that - of that observation for the way in
30 which attempts might be made to change those attitudes or
31 the way in which programs intended to have universal

1 application might need to be tailored to take account of
2 some of these issues?

3 PROFESSOR VINSON: I think the findings that we have reported
4 in terms of things not changing should make us all think,
5 "Are we going about this the best possible way?" I think
6 there is both evidence from Victoria about how vital
7 strengthening the community as a functioning entity can
8 be, not to displace entirely of course services to
9 individuals and families, but in terms of an efficacious
10 outcome, that's something which you don't find generally
11 to be the case. What you find where it's described as
12 occurring is old wine in new bottles, the tagging on of
13 the word "communal" but the repetition of the past
14 practices.

15 I think when you have a - the research literature
16 coming from health and coming from criminology and other
17 fields is that if by a series of graded steps you can
18 build the confidence, what goes by the title of collective
19 efficacy, of people in the area, then this can be
20 contagious and make the services work much more
21 effectively.

22 MS ELLYARD: May I turn to a different topic which you deal
23 with at paragraph 30 and following of your statement, and
24 that is that through your past work you have had cause to
25 be closely associated with the aftermath of at least one
26 royal commission and other inquiries of a similar kind.

27 PROFESSOR VINSON: That's correct.

28 MS ELLYARD: You offer your reflections on, from your
29 observation, what are the two key factors that have
30 enabled the outcomes of such inquiries to be carried
31 forward into practice from the point of being mere

1 recommendations into practice. Can I ask you to summarise
2 what in your experience those two factors are and how you
3 have observed them to be relevant?

4 PROFESSOR VINSON: I admit to still searching for a formula
5 that will sustain changes that may be introduced following
6 a royal commission or a rather large scale inquiry. In
7 the case of the Nagle Royal Commission into New South
8 Wales prisons - looms very much in my consciousness -
9 I was appointed and I found extremely important in the
10 short-term - it may well be a case of two steps forward,
11 one step back, but in the three years to be able to cite
12 quasi-legal prescriptions - they weren't. I didn't really
13 I think have that standing, but they certainly made it
14 possible to bring about an enormous number of
15 implementations of the recommendations of the Royal
16 Commission. It was the capacity to be able to turn to
17 that document - less the document and more the tabulations
18 - that made me, as it were, the victim of those
19 prescriptions as much as anyone else - "we must implement
20 them because there it is" - and that added a quality of
21 obligation that hasn't always been present in other
22 inquiries that I have been part of or closely
23 observed.

24 MS ELLYARD: May I unpick that a little. Do you mean that the
25 way in which the recommendations were framed were such as
26 to give them a kind of status that meant that you were
27 able to shield behind them, as it were, and say, "We must
28 do this because the Royal Commission has said so," and
29 that gave you a capacity to persuade others that perhaps
30 you might not have otherwise been able to do?

31 PROFESSOR VINSON: Of the 213 recommendations, it could be said

1 that 200 of them were implemented in three years. That,
2 of course, is not the whole story. To be implemented is
3 not necessarily to have commitment and backing. But,
4 nonetheless, it was a pretty remarkable thing at the time,
5 and I put the capacity to do that down to the way in which
6 the recommendations were concrete. Almost the phraseology
7 helped as well because they were made to sound like
8 obligations, and of course holding those who governed to
9 those prescriptions was also important.

10 MS ELLYARD: I think what other people have referred to today
11 is an authorising environment was created by those
12 recommendations. Is that a fair - - -

13 PROFESSOR VINSON: Compelling, I would say. It was stronger
14 than authorising.

15 MS ELLYARD: What was the other thing from your observation
16 that assisted the process of implementing recommendations
17 arising from the Royal Commission?

18 PROFESSOR VINSON: I think - I have used the term in the
19 witness statement the use of "condensational symbols".
20 The first thing is of course that the society has to be
21 moved, and even with the prisons that was happening
22 because of disturbances that were occurring and so on.
23 But in a whole range of research findings and so on I have
24 looked for something to hang it on, something which
25 encapsulates the most important features of this area of
26 society and which can be a constant reminder of what we
27 are trying to leave behind.

28 For example, it was data generated in relation to
29 the outcome of cases where there was representation or
30 non-representation, cases of course matched for their
31 severity and so on, that enabled the Federal Government at

1 the time, with the statement rather than a single image,
2 I suppose, of "one law for the rich and one for the poor"
3 being taken up by a whole lot of people. It's an example,
4 not a very well drawn one, I think - - -

5 MS ELLYARD: One of the things you say - I'm looking at
6 paragraphs 33 and 34 of your statement. You talk about
7 the need to raise public consciousness, which in the case
8 of the Royal Commission with which you were involved was
9 partly done by a great deal of media and other interests
10 in the condition of prisons that created a perception in
11 the community that change was warranted.

12 PROFESSOR VINSON: Yes, and - well, I can't improve on that.
13 That's right. But also prior to that unbelievably by
14 today's standards a third of all the people admitted to
15 prisons in New South Wales were for public drunkenness,
16 and by riding in the paddy wagons, by becoming very well
17 acquainted with those who were going through this
18 revolving door, that image suggested itself that it proved
19 most potent. It was thereafter cancelled and so on. It's
20 a case of a metaphor or it can even be a sentence, but
21 encapsulating what this is all about and pointing in the
22 direction of action.

23 MS ELLYARD: Do the Commissioners have any questions for
24 Professor Vinson?

25 DEPUTY COMMISSIONER NICHOLSON: Yes, Counsel, I have two
26 questions for Professor Vinson. Professor, this
27 Commission has heard a lot about policies and practice in
28 the area of family violence. An observation I would make
29 is that they tend to disassociate people from place. I'm
30 wondering what you might say about efforts focused on
31 addressing family violence in these communities that focus

1 on individuals and the efficacy of those?

2 PROFESSOR VINSON: I think in my earlier remarks I mentioned
3 rather rapidly the importance of the communal context to
4 the occurrence of a whole range of things that society
5 would wish to see changed or improved. In what must be in
6 the circumstances a brief response, I can only suggest
7 that building up the confidence of people that things can
8 be done - and I have in mind as I say this a place which,
9 from 1973, in other studies I was doing in Newcastle with
10 the Bureau, outstripped all other locations in the Hunter
11 Valley or at least around the City of Newcastle in terms
12 of accumulating disadvantages. Eventually, following some
13 reluctance initially, persuasion to base a project in the
14 local primary school of the area in question in southern
15 Newcastle, when on every subsequent occasion that place
16 continues to outrank everywhere else now across the whole
17 of New South Wales in terms of disadvantage, but by
18 attracting the parents to the view that, if we all pull
19 together we will get the kids to learn, that school on the
20 NAPLAN test results, to my great shock and surprise, you
21 have to go 83 per cent of the way down the list of
22 postcodes in New South Wales to come to the score of that
23 location; in other words, it's heading towards the
24 absolute superior end.

25 I put that down to the fact that at one stage 50
26 fathers were working in and around the school, the fact
27 that - you know, groundworks if they couldn't help with
28 reading and the other more academic side of things, to the
29 invitation to the mothers of the location to come and take
30 exercise and fitness, and then would they welcome
31 provision of a section of their time on bringing up kids

1 and so on and so on - camps for the women of the area to
2 go and talk to each other about what we might aspire to
3 see.

4 Now, the problems are still there, but it's the
5 most graphic instance of the importance of involving the
6 whole community in trying to find remedies for problems
7 that I think would be the way to go with domestic violence
8 as well. I hope that answers your question.

9 DEPUTY COMMISSIONER NICHOLSON: It does. My second question is
10 really inviting you to draw upon your experience in the
11 whole area of corrections. The Commission has heard from
12 magistrates last week where they were pointing to the
13 efforts at rehabilitation of domestic violence offenders
14 and noting that a number of them were unemployed and
15 long-term unemployed people. I'm wondering from your
16 experience what role does the availability of training and
17 employment opportunities play in the rehabilitation of
18 offenders?

19 PROFESSOR VINSON: In general, yes. I have had the benefit of
20 international observations as well, and that must affect
21 my answer to your question. There would be few things
22 more beneficial, more contributing to the rehabilitation
23 of people coming out of prison than acquiring a skill
24 while they are in there. The best examples I have seen of
25 that have not been in Australia but in Sweden and Holland,
26 but certainly Sweden - I will just mention it - where
27 local industries provide the equipment that the released
28 prisoner is going to go and operate the next day with the
29 equivalent of TAFE involved in transmitting the necessary
30 education. I don't think there could be a single thing
31 that would be more useful in the rehabilitation of people

1 coming out of gaol, whether for - regardless of the type
2 of crime, than that approach.

3 I wanted to say that as far as domestic violence
4 is concerned, to just step outside the prison for a
5 moment, if you only had one piece of information with
6 which to predict where the domestic violence rate will be
7 highest it would be unemployment - on a geographic basis,
8 of course.

9 DEPUTY COMMISSIONER NICHOLSON: Thank you.

10 COMMISSIONER NEAVE: I have a question. There has been a
11 considerable campaign over the years to ensure that the
12 community realises that domestic violence can happen in
13 any family and it's not just in socially disadvantaged
14 areas, that it also happens between professional couples,
15 it happens in a whole variety of areas. So strategically
16 if you want to do something about this how do you maintain
17 the recognition that this is not something that's confined
18 to people who are suffering from some social disadvantage
19 whilst at the same time recognising the statistics that
20 you have described to us and which are very compelling
21 evidence of the relationship between powerlessness in some
22 areas, disadvantage and high rates of family violence?

23 PROFESSOR VINSON: I did take care to say that, while extremely
24 keen to promote community level interventions, it should
25 not be at the expense of services to individuals and
26 families. Indeed, this information from the last
27 instalment of this series was taken up particularly by the
28 minister for social - heaven's know the title; it was so
29 long ago I can't remember it - with a view to making sure
30 that the offices extending Commonwealth level services to
31 families were appropriately located.

1 My recommendation would be that society should
2 not pass up the opportunity to have a special focus on
3 those areas that the available evidence, with its
4 limitations, indicates to be in need of particular help.
5 But it's in those locations that you would also attempt
6 not to deal in an isolated way with domestic violence.
7 You would be dealing with a range of challenges, and by
8 community level interventions.

9 I have found that most people have difficulty in
10 conceiving of this community level, thinking of community
11 as an entity which can be considered in its own right.
12 I think those who have sponsored this project, the one
13 that's just completed, have a task to try and do more to
14 inform people about what might be implied by just saying
15 "at the community level", and action is being taken right
16 now to try and do something about that.

17 But the other services would be as the purse and
18 the personnel made possible, you would go on with that.
19 I'm not wishing to recommend - only that we not pass up
20 the opportunity to work on domestic violence in
21 conjunction - I mean, it ranked at the mid-point of the
22 range with psychiatric illness and other indicators. So a
23 special effort there without denying that domestic
24 violence can occur across the whole social spectrum.

25 COMMISSIONER NEAVE: Thank you.

26 MS ELLYARD: Thank you. I ask that Professor Vinson be excused
27 and invite the Commission just to take a five-minute
28 break.

29 COMMISSIONER NEAVE: Thank you very much, Professor Vinson.

30 That's been most helpful.

31 PROFESSOR VINSON: Thank you.

1 <(THE WITNESS WITHDREW)

2 (Short adjournment.)

3 MS ELLYARD: Commissioners, Mr Higgins and Mr Hearne are in the
4 witness box. I ask that they be sworn, please.

5 <JEREMY LUKE HEARNE, affirmed and examined:

6 <GARRY ROBERT HIGGINS, affirmed and examined:

7 MS ELLYARD: May I start with you, Mr Hearne. Where do you
8 work at present?

9 MR HEARNE: I work at CoHealth as the Manager of Prevention for
10 North and Inner North.

11 MS ELLYARD: What does CoHealth do?

12 MR HEARNE: CoHealth is a registered community health service.
13 We provide a range of services, including medical, dental,
14 allied health, mental health programs. We also provide a
15 series of population health based initiatives that impact
16 on health and lifestyle.

17 MS ELLYARD: What is your professional background?

18 MR HEARNE: I'm a social worker. I received my social work
19 degree in 2003. I've worked in juvenile justice, family
20 relationship programs, men's counselling and support, and
21 most recently in community health.

22 MS ELLYARD: You made a statement to the Royal Commission
23 that's dated 5 August 2015. Are the contents of that
24 statement true and correct?

25 MR HEARNE: They are.

26 MS ELLYARD: And you have attached to the statement a copy of
27 the submission made by CoHealth to the Royal Commission?

28 MR HEARNE: That's correct.

29 MS ELLYARD: May I turn to you, Mr Higgins. You are presently
30 the Memberships Director of Maryborough Rotary, and you
31 are appearing partly in that capacity. But can you

1 summarise, please, your professional background and
2 experience?

3 MR HIGGINS: Yes. I'm currently a bakery owner with my wife
4 and family in Maryborough. I came down from Maryborough
5 to play football with Carlton back in the early '70s and
6 spent 20 years away working in local and state government
7 in the recreation management field, and then we have been
8 back in Maryborough for about 20 years as well running
9 bakeries.

10 MS ELLYARD: How long have you been a member of Rotary?

11 MR HIGGINS: Around about 10 years.

12 MS ELLYARD: You have made a statement that's dated 7 August
13 2015. Are the contents of that statement true and
14 correct?

15 MR HIGGINS: They are.

16 MS ELLYARD: And you have attached to the statement a copy of
17 Maryborough Rotary's submission to the Royal Commission?

18 MR HIGGINS: That's correct.

19 MS ELLYARD: Mr Higgins, can I start with you. At paragraph 52
20 of your statement you talk about the importance of
21 community and I wonder could you reflect for the
22 Commission, please, your thoughts on the different role
23 the community plays now compared with perhaps 20 years ago
24 and what the implications of that change are?

25 MR HIGGINS: I was the Manager of Recreation Services at the
26 old Shire of Corio, which is basically the North Geelong
27 area, and I was sitting there one day and just thought,
28 "What am I doing here when years ago the community looked
29 after itself and had built its football grounds and its
30 basketball stadiums," and I resigned, actually, because
31 I couldn't really see the need for people in that

1 position - I suppose I have changed a little bit over the
2 years, but at that time it was a real issue with me of how
3 government had disenfranchised community, and I see it - a
4 lot of the situations that we are experiencing at the
5 moment is the disengaging of the community.

6 MS ELLYARD: You identify in your statement that community
7 organisations don't have the power that they used to have.
8 Why do you think that is?

9 MR HIGGINS: I just get a feeling that the bureaucracy and the
10 public sector - and I don't mean this in a negative way,
11 because I know I'm probably in a room full of those sort
12 of people, but there just seems to be a lot of
13 professional arrogance in that sector towards community in
14 a lot of areas, I think, that the community structures
15 that we used to have and the roles that they used to play
16 have been made redundant. I think there's a real
17 opportunity, because a lot of those social or that social
18 infrastructure still exists but doesn't play the vital
19 role that it used to in the past.

20 MS ELLYARD: You are a member of Maryborough Rotary Club. Can
21 you speak a little bit about what Rotary International is
22 and what its mandate and charter involve?

23 MR HIGGINS: Rotary basically is a voluntary organisation, a
24 voluntary service organisation, that's trying to make the
25 world a better place. It has around about 1.2 million
26 people worldwide, and it's apolitical, areligious. So
27 it's just an organisation consisting of professional and
28 business people.

29 MS ELLYARD: It is a service organisation, as I understand it.

30 MR HIGGINS: Yes.

31 MS ELLYARD: What forms can that service take?

1 MR HIGGINS: A whole range of areas. I suppose traditionally
2 Rotary's been sort of perceived as monument builders and
3 sausage flippers, but just of late it really has taken an
4 active role in social change because a lot of - both in
5 local projects but also in international projects as well.

6 MS ELLYARD: May I turn to you, Mr Hearne. One of the things
7 that CoHealth does is work in a community setting to try
8 and effect changes that are seen to be in the interests of
9 that community. At paragraph 19 and following of your
10 statement you talk about the two different contexts in
11 which CoHealth might be trying to work within a community
12 or a group to bring about change. Could you summarise,
13 please, those two different settings and what the issues
14 associated with them are?

15 MR HEARNE: I guess in those paragraphs we talk about working
16 in place based settings and in culturally based settings.
17 In reality the work that occurs within a place might well
18 target the community that you find there. So essentially
19 there are some key elements that are very important with
20 regard to working in those spaces. So when working in a
21 place based manner you are engaging with a community that
22 might be defined by geography, it might be defined by its
23 suburban place, it might be defined by the characteristics
24 of the people that live within that community. Then when
25 thinking I guess to add that layer of cultural place
26 within that community of course you might be working with
27 communities either of diverse cultural background or
28 specific cultural background.

29 If I can pick up on something that Garry said
30 quickly, when it comes to the work of CoHealth and working
31 in community based settings we are very much interested in

1 investing back in communities in building their capacity
2 to actually take the leadership role that he historically
3 refers to from 20 years ago. That is our intention with
4 regards to outcomes when working with community.

5 MS ELLYARD: So how does an organisation like CoHealth identify
6 the community that they are going to work with, the
7 problem that's going to be fixed, how the problem is going
8 to be fixed? Can you speak us through the steps involved
9 in the process of developing a project?

10 MR HEARNE: Yes. So we would - initially you would be looking
11 at considering what the data might be telling you with
12 regard to the need in a certain community or within a
13 given population, but also you rely on your local
14 understanding of the community in which you have
15 relationships and a general understanding of what the
16 indicators might be for greater risk for communities such
17 as the diversity, the level of employment or unemployment
18 or underemployment in that community, what the data says
19 around family violence outcomes through justice
20 indicators.

21 Once you have ascertained or identified those
22 specific communities that you might want to work with,
23 I think then the approach that we take is to embark on a
24 process of building relationships with the people that
25 reside in that local community. One of the things that
26 I reference in the witness statement is the importance of
27 investing time in building relationships with the
28 communities that you engage and wish to build trust with,
29 because to rely solely on the data that is provided and
30 use that as a rationale for an intervention is likely not
31 to bring community with you in the development of

1 interventions that are tailored to the specific needs of
2 that community.

3 MS ELLYARD: In your statement you talk about the process by
4 which you encourage the community to take ownership of or
5 to be the ground from which the project springs up.

6 MR HEARNE: Yes.

7 MS ELLYARD: Thinking particularly - as I think a lot of the
8 work CoHealth does is in culturally and linguistically
9 diverse communities, how in practice does it work? How do
10 you identify who you are going to work with? How do you
11 assist the community to identify what it wants to work on
12 and what help it needs from you?

13 MR HEARNE: The word that we would use is "co-design", and
14 certainly when we are working with using a place based
15 approach we would spend time sitting with and alongside
16 communities, opening up conversations that provide them
17 with an opportunity to articulate what they see as both
18 the needs but particularly the strengths of the local
19 community in which they reside; looking for opportunities
20 to build the skills and capacities of community members
21 who might then act as peer leaders or peer educators or
22 bilingual educators, they are variously referred to as, to
23 support them in bringing their broader community with
24 them.

25 I think it's important to note that - and Tony
26 Vinson referred to a communal response, and I think this
27 goes to the heart of what he's talking about - if you are
28 looking to work with a community in addressing specific
29 issues, it's important to note that you need to have an
30 encompassing support from the broader community that you
31 are working with to take them all on that journey with

1 you. You can't - it's a danger to rely on pockets of
2 individuals to put their heads up, particularly with
3 regards to issues like family violence, because you run
4 the risk of putting them at risk by standing and
5 presenting a contrary opinion to what is the current
6 cultural norm in that community.

7 MS ELLYARD: Mr Higgins, Mr Hearne mentioned starting with
8 the data. A few years ago what was the data saying about
9 Maryborough?

10 MR HIGGINS: Not real good. I think Professor Vinson referred
11 to our place - we have been up the top of those indicators
12 for quite a number of years. But, as I understand it, the
13 last couple of years we have actually dropped a couple of
14 rungs. But we have our social indicators. I think we
15 were 79 out of 79 municipalities for quite a number of
16 years.

17 MS ELLYARD: So what was the process by which you and your
18 colleagues at Rotary in Maryborough identified family
19 violence as something that you wished to work on?

20 MR HIGGINS: Our club started off with a strategic plan. We
21 were a club that was struggling a little bit, and just a
22 lot of knife and fork, as they call it in the service
23 sector, where people were just turning up to have dinner
24 of a Thursday night, and a few people got on board and we
25 thought, "We really do want to make a difference." So we
26 conducted a strategic planning exercise, and as part of
27 that strategic plan we engaged our local council, called
28 the Go Goldfields project, and we formed a really strong
29 partnership with that organisation. Between us we
30 identified family violence as being one of the major
31 projects that we could participate in and have an impact

1 locally.

2 MS ELLYARD: Mr Hearne has talked about the importance of
3 bringing the whole community with you. Can you speak a
4 bit about what was involved in getting, first, The Rotary
5 Club and then perhaps the broader community on the same
6 page about taking on family violence as an issue?

7 MR HIGGINS: Family violence still is a really sensitive issue,
8 and it's a challenge to a lot of people. Rotary clubs
9 traditionally are sort of late - I was going to say
10 middle- to late-age, but they are probably late-age
11 people. So to that demograph I think they have
12 traditional views of family violence, that it's got
13 nothing to do with anybody else bar the people involved.
14 So our club wasn't unanimous. We actually had a debate on
15 the floor to see whether we wanted to participate or adopt
16 this project as a major club project, which we did.

17 But the turning point was a major function that
18 we had and our guest speaker was a member of - or a woman
19 from Loddon Mallee Women's Health, and there were about
20 200 Rotarians and their partners in the room, so you could
21 imagine sort of you are looking at people who have been
22 together for 30 or 40 years I suppose in marriage, and
23 Marg asked the question, "How many women in this room
24 believe they have a true equality in their relationship?"
25 There wasn't one woman in the room who put their hand up,
26 which to me was a real turning point that, yes, we have
27 really got the opportunity to gather full support behind
28 this project. So that was the defining point, I suppose,
29 in the project, that each member of our group had to
30 probably go home and talk to their wives about, "Why
31 haven't we got equality in our relationship?"

1 MS ELLYARD: You speak in your witness statement about the
2 initial plan that you had and then how the plan changed
3 over time. What was the initial proposal that you were
4 going to work on?

5 MR HIGGINS: I must say with our working group we formed
6 partnerships with the assistant principals of the two
7 secondary colleges in town, the police, Zonta,
8 representatives from Zonta, we had a victims'
9 representative as well as Go Goldfields, the General
10 Manager of Go Goldfields.

11 So we sat around and initially the project was
12 just going to be a poster project. We developed half a
13 dozen large posters that we were going to put in windows
14 around the shops in town, and they were the stereotypical
15 shattered pane of glass with the battered woman and a
16 crying child behind it, and the now Principal of the
17 Maryborough Education Centre said, "Here we are trying to
18 convey a message of safety and harmony and non-violence
19 with this violent image."

20 So it really turned the whole project around to
21 talk about safety, providing a safe environment for our
22 community. So since then it's just - it's morphed into
23 something that we would never have thought when we first
24 looked at the project.

25 MS ELLYARD: Mr Hearne, can I invite you to comment from your
26 perspective as someone who works in the area of
27 facilitating community change, the kind of collaborative
28 model of different parts of the community working together
29 to identify things, is that the kind of thing that
30 CoHealth tries to get going?

31 MR HEARNE: Absolutely. I think that is such an important

1 point that is made and certainly with regards to the
2 project that we have been running specifically, for
3 example, in Flemington, the 360 project, the role of not
4 only the community as partners in that process but local
5 partner agencies I think can't be underestimated and is
6 imperative. There is a benefit of the diverse skills,
7 knowledge and experiences of the partner agencies that
8 come on board but also - that they can impart to
9 community, but also there's the benefit of learning from
10 community about their own lived experiences as experts in
11 their local community.

12 MS ELLYARD: Can you speak a little bit more about
13 the Flemington project and how it worked and the lessons
14 from it for other initiatives in the future?

15 MR HEARNE: Broadly the Flemington 360 project was run over two
16 years but came on the back of the Flemington Neighbourhood
17 Renewal project. So there had been some ongoing
18 engagement with community prior to the 360 project
19 commencing. But the interesting characteristic of the 360
20 project was that it had the modest aim of commencing a
21 community conversation around prevention of violence
22 against women with the East African community, who are the
23 dominant cultural region represented in the estate.

24 MS ELLYARD: Why was that the aim?

25 MR HEARNE: Because it goes to the issue of readiness, and what
26 we have found in our work is that when engaging with
27 communities we have to be able to pick up where we feel
28 they are ready to start the conversation. For many
29 communities that come to Australia their understanding and
30 knowledge and experience of family violence is very
31 different to what perhaps the experience of a

1 multi-generational Anglo community might be. In some
2 cultures there is no definition that describes what family
3 violence is. There are also interesting issues of
4 intersectional issues within cultures. So there's a
5 variety of complexity with regards to picking up and
6 engaging with communities around readiness and their
7 understanding of issues such as family violence.

8 So starting at that very formative point of
9 commencing a conversation, which might be seen as a modest
10 aim, but for many of these communities it's quite a leap
11 to begin a conversation. So, for example, we started a
12 process of training peer leaders, who then - with the
13 support of a local women's health agency, Women's Health
14 West, in understanding the broader definitions of family
15 violence and also how to have conversations with their
16 community about family violence, and we integrated with
17 that response a series of workshops and programs that
18 allowed us to pick up on cultural strengths, such as
19 doll-making programs, coffee-making ceremonies, those
20 sorts of cultural activities that communities were
21 familiar with and comfortable with, and use those as an
22 opportunity to then gently commence conversations in safe
23 places around family violence and what healthy
24 relationships look like to them in their local community.

25 Over time what we found was that particularly the
26 women in the women-only groups found that they were
27 comfortable to start talking about their own experiences
28 with others in the group in a way that had never been
29 occurring previously.

30 MS ELLYARD: How do we measure the success of projects like
31 that? What are your KPIs when you start with that kind of

1 project?

2 MR HEARNE: Measuring the success of these sorts of primary
3 interventions is really a very difficult thing to do.
4 When we are thinking about outcome measures such as
5 reductions in family violence, it is very hard to go back
6 a generation later and go "what we did in Flemington in
7 2015 was the seed for that". But what we do look for is
8 insights into changes in behaviour, changes in patterns of
9 the way community engages and relates.

10 I think an enlightening example of what has grown
11 perhaps out of the Flemington 360 project is there's an
12 emerging soccer club, which is predominantly a
13 male-dominated club, other than the support roles that
14 local women play in that football club, completely staffed
15 by male coaches. Young male participants across all age
16 groups of their own volition have commenced this project
17 called the "Be Good to Your Mum Hour", and it's part of
18 the criteria for - and a part of the criteria for getting
19 a game the following week is that the kids must go home
20 and contribute to the family in a positive way that might
21 be supportive of their mum.

22 I guess the coaches don't necessarily articulate
23 it in these ways, but we'd see that as an insight into
24 building those young people - the young men's
25 understanding of the role of women in the home and how
26 they can contribute to that and in fact normalising their
27 own role as becoming helpers in the family home, but also
28 then getting the reward and benefit of getting a game in
29 the team the following weekend.

30 MS ELLYARD: Mr Higgins, in your statement you note that one of
31 the decisions made by your project was to try and improve

1 the social capital of Maryborough through some investment
2 in local people, and the first investment was in a
3 teacher. I wonder could you speak a little bit about what
4 you invested in and what the rewards were of that
5 initiative?

6 MR HIGGINS: Yes. Because of our geographic location, we are
7 about 40k from both Ballarat and Bendigo, so we find that
8 most of our managers and middle managers actually fly in
9 and fly out, which causes a huge gap in terms of our
10 social infrastructure. So one of our programs is trying
11 to improve that, our own social capital. So we created
12 what we call a vocational scholarship where we would train
13 local professionals who actually live in town to study
14 world's best practice. The first recipient of the
15 scholarship was a young woman phys ed teacher at our
16 Maryborough Education Centre and we sent her to San Diego
17 to study positive mantras. She has come back to the
18 school, and one of the interviews with the principal
19 afterwards, he said, "One of the really scary things that
20 we have experienced since Eva has come back is that when
21 you walk past the classroom the kids are talking like the
22 teachers." So that's been a really positive impact where
23 there is obvious change in terms - - -

24 MS ELLYARD: Change in the way that teachers are relating to
25 students and the way students are relating to teachers?

26 MR HIGGINS: Yes, yes. We have seen some really positive
27 results as well in terms of our scores at secondary level
28 in Maryborough.

29 MS ELLYARD: One of the other things that you did was some
30 wallet cards and posters, and I think we have them to show
31 on the screen. What was the thinking behind the posters

1 and the wallet cards?

2 MR HIGGINS: The posters were basically an awareness thing.

3 But the wallet cards were something that we can distribute
4 to young teenagers in town. One of the interesting
5 comments from the victim on our working group was, "Geez,
6 I wish I had have had this when I was 16. I would have
7 made a lot wiser decisions as a teenager."

8 What we have managed to do with it, we have an
9 Energy Breakthrough, it's called, which attracts something
10 like 20,000 people to Maryborough, but it's a secondary
11 and primary school modified bicycle competition, but we
12 distributed 7,000 of those last year. We have also got
13 the three versions which talk about what is family
14 violence and about what's a positive relationship and
15 what's not a positive relationship. So we have actually
16 had those put up in the two gaming venues in town on their
17 internal television screens. So they are being exposed to
18 people 24/7.

19 MS ELLYARD: There's also some initiatives I think in the
20 future involving, for example, the local harness racing
21 club?

22 MR HIGGINS: Yes, that's a really innovative project. What we
23 are looking at doing is in October, I think we are
24 planning it - I think it's 18 October. I'm not sure of
25 the exact date, but we are looking at sponsoring a whole
26 card. Maryborough Harness Racing has the most number of
27 meetings outside of metro Melbourne. We have something
28 like 36 meetings, I think. What we are looking at doing
29 is, as I said, to sponsor each event and we will have - an
30 event will be sponsored like "Respect Your Partner
31 Handicap". So the eight events will have that messaging.

1 MS ELLYARD: What's the international exposure to - - -
2 MR HIGGINS: Apparently on satellite television that has it
3 goes into something like 3,600 TABs throughout Australia,
4 and it has around about 10 million hits for those events.
5 So the exposure for that is going to be quite rare. But
6 we're even going to - and this is a suggestion of the
7 manager of the harness racing club, he's going to get a
8 silk made up with the hashtag "Say No To Family Violence",
9 and that will be worn by the rider of the favourite in
10 each race. So we should get some really good visibility
11 and exposure.
12 MS ELLYARD: Another project that is referred to in your
13 statement was the Elephant in the Room, and we have some
14 pictures of the elephant, but I wonder could you speak
15 about the thinking behind this aspect of your community's
16 work.
17 MR HIGGINS: Yes, the elephant was - and I'm not sure where it
18 came from, but it was a community arts project, and on one
19 side of the elephant is in black and white and it's all
20 the really dark messaging, and on the other side is a very
21 colourful side, which is all the good stuff. But we had
22 it in our information centre for a while, but we also had
23 it in our bakery for three or four months, and the
24 response that that had was - you talk about providing a
25 stimulant for conversation. It was just an incredible
26 response that long-term customers of ours were just coming
27 up pouring their hearts out.
28 MS ELLYARD: About family violence?
29 MR HIGGINS: About family violence, yes. I suppose at the
30 stage of our project it had received a lot of exposure
31 within our community and people felt confident that they

1 could talk about that really sensitive issue.

2 MS ELLYARD: One of the things Mr Hearne talked about was how
3 you measure success and changes of attitudes. How were
4 you able to measure over time either the extent to which
5 your work was changing people's attitudes or even perhaps
6 the extent to which it was changing views within your own
7 club?

8 MR HIGGINS: We have the hard evidence, I think, as part of our
9 project. There was a rise in reported incidents last
10 year, an increase in third party reporting. So we have
11 that hard evidence. But it's the anecdotal stuff, like a
12 member of our club who used to teach me at school actually
13 came up to me and said - you know, he wanted to
14 congratulate us about the project because he wasn't on
15 board originally and he's a long, traditional farming
16 family, and he just cited an example of how he has had to
17 change his thinking in his relationship, and he was
18 talking about the previous week he had been in the
19 shearing shed and the two shearers are up the end bragging
20 about their exploits of the weekend, and our member said
21 to me, "Last year I probably wouldn't have taken any
22 notice of that. But this year I just wasn't prepared to
23 put up with it."

24 MS ELLYARD: So exploits involving the opposite sex?

25 MR HIGGINS: Yes, yes. Even the fact that people are coming up
26 to me talking about - like, we had an incident, I was in
27 one of the local supermarkets and one of the customer
28 service people said, "Look, we get this guy comes in, he
29 drags his wife in and his child and abuses them from
30 the time they get in to the time they leave. What can we
31 do?" There are just little things like that.

1 The interesting thing with that, I said to the
2 local police officers who we sent through with the men's
3 behavioural change program, "What can they do?" But
4 there's a protocol that exists, and there are lots of
5 protocols that exist but nobody really knows about them
6 and it's about getting down to that - you talk about what
7 community is, but it is the farmer and it is the customer
8 service person and it is the teacher at the school. So
9 just getting that message out there to give people that
10 safe environment that they feel like talking about the
11 issue is really important.

12 MS ELLYARD: Mr Hearne, in your statement you talk about shards
13 of light being the kind of - the little glimmers perhaps
14 that change on an incremental basis is happening. The
15 things that Mr Higgins has been talking about, are they
16 examples of the things you would look for?

17 MR HEARNE: Yes, absolutely. They are consistent with
18 the example that I gave around the soccer club, and also
19 the examples of the women coming together and feeling more
20 comfortable to have conversations with a trusted person in
21 a safe place around family violence.

22 I will just make a comment I agree with Garry's
23 reference to the role and the importance of informing
24 people about the process, the steps along the way. One of
25 the important things around the work I think when working
26 with communities from back to the reference around a
27 partnership perspective is that it's not just about what's
28 occurring - what we would refer to as in the primary
29 prevention space but having the service providers who are
30 part of that relationship as well.

31 So when you are building the understanding of

1 community members with regards to what family violence
2 looks like and there's this realisation that, "Hang on a
3 second, I'm experiencing that," it's also having those
4 service providers alongside for the journey so they are
5 actually familiar with the community, the issues, and the
6 community are building a relationship with service
7 providers as well so they are actually more comfortable
8 then to take advantage of the services that are available.

9 So in Flemington that might be the local
10 community legal services are around the table, part of
11 that process and building personal relationships with the
12 community so when it comes time to take that step through
13 the door that's something that can be achieved and not
14 just a daunting experience.

15 MS ELLYARD: Mr Higgins, at paragraph 49 of your statement you
16 reflect on why you think your project in Maryborough has
17 been successful, and I wonder would you speak a little bit
18 about your view about what's made your project work.

19 MR HIGGINS: I think that it really revolves around the
20 community really taking a stance and saying, "No, we have
21 been resilient for too long. It's time to take that
22 aspirational step and start turning things around." Our
23 project's worked because it's taken a holistic approach to
24 it. It's just not taking one little silo or one little
25 aspect of not only family violence but community
26 development as a whole.

27 It's a two-way process, I suppose. Until the
28 community acknowledges that it's got an issue and wants to
29 do something about it, and until the government or the
30 bureaucracy or whatever you call this thing up here is
31 prepared to genuinely engage and trust the community in

1 looking after its own affairs - you still need the
2 resources of the service providers, but you've really got
3 to have that two-way process of that willingness to do
4 something about it and a willingness to have confidence in
5 people to be able to look after themselves.

6 MS ELLYARD: Where does leadership come from, do you think?

7 Does it come from up top or does it - - -

8 MR HIGGINS: No, no. Look, we have been talking about it - if
9 you have a look at the resources that have been put into a
10 lot of our social services over the years, they really
11 haven't improved things all that much. I think that's
12 really because we really haven't engaged the community,
13 and that's where it comes from, because eventually blokes
14 like Jeremy will be redundant. That's where we would like
15 our project to end, that there will be no need for
16 counsellors to fly one day a fortnight into Maryborough
17 from Bendigo. We will have to get rid of half our police
18 force because they won't have anything to do, and we will
19 have kids that actually grow up with good, healthy minds.
20 We will have two women a week who won't be in the ground.

21 MS ELLYARD: Mr Hearne, do you agree that part of your role is
22 to basically make yourself redundant over the long term?

23 MR HEARNE: Absolutely, and when thinking about investment
24 I think investment into community is something that should
25 be part of the consideration for the Commissioners
26 because - and Garry made the reference to it's not just
27 about investment in community based interventions around
28 family violence. It's about investment in community, in
29 civic participation and capacity to take local leadership
30 for issues in communities where they live, and I think we
31 need to have the aspiration that investment in people like

1 me can be diverted elsewhere at a point where not only
2 violence is no longer an issue but more broadly a number
3 of chronic issues, diseases and so on that affect our
4 communities are no longer impacting us.

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

7 DEPUTY COMMISSIONER NICHOLSON: I had a question for
8 Mr Higgins. This Commission has heard from a number of
9 people about the importance of a long-term sustained
10 effort if we are going to reduce levels of family
11 violence. That throws up some interesting challenges
12 I think for service clubs like Rotary, where you annually
13 change your presidents and committee membership,
14 et cetera. Have you thought of how Rotary Maryborough are
15 going to sustain this effort?

16 MR HIGGINS: Yes, we have given it a lot of thought. We hope
17 to have in place - you know, in terms of developing that
18 social capital, we see that as being one of the outcomes
19 of our project, that we will have that skill set within
20 our community embedding that knowledge within community
21 members. I think that that's how you provide that ongoing
22 value in the community.

23 In terms of the direct value or the direct
24 project identification, we have a long-term strategic
25 plan. We can see that it works. I know in terms of
26 Rotary - I think Rotary International a number of years
27 ago decided that they would try and eradicate polio from
28 the globe, and I think there were 200 reported cases of it
29 last year. So it goes to show you that service clubs and
30 community have got a lot more capacity than what a lot of
31 people give recognition to.

1 MS ELLYARD: If there are no questions, I ask that the
2 witnesses be excused.
3 COMMISSIONER NEAVE: Thank you very much indeed.
4 <(THE WITNESSES WITHDREW)
5 MR MOSHINSKY: Could I ask the next witnesses to come forward
6 to the witness box, please.
7 <MARJANNE WILHELMINA STRACKE, affirmed and examined:
8 <GERARDINE MARY KEARNEY, affirmed and examined:
9 <KATHERINE LOUISE PAROZ, sworn and examined:
10 MR MOSHINSKY: Could I start with you, Ms Paroz. Could you
11 please tell the Commission what your current position is?
12 MS PAROZ: Certainly. My current position is as the Chief
13 Talent Officer in the Human Resources Department in
14 Telstra.
15 MR MOSHINSKY: Have you prepared a witness statement for the
16 Royal Commission?
17 MS PAROZ: I have.
18 MR MOSHINSKY: Are the contents of your statement true and
19 correct?
20 MS PAROZ: They are.
21 MR MOSHINSKY: Ms Kearney, are you the President of the ACTU?
22 MS KEARNEY: I certainly am.
23 MR MOSHINSKY: Have the ACTU prepared a submission to the Royal
24 Commission dated 29 May 2015?
25 MS KEARNEY: Yes, we have.
26 MR MOSHINSKY: Ms Stracke, could you please state your current
27 position?
28 MS STRACKE: I'm the Industrial and Campaigns Officer at the
29 Victorian Trades Hall Council.
30 MR MOSHINSKY: Has the Victorian Trades Hall Council provided a
31 submission to the Royal Commission?

1 MS STRACKE: It has.

2 MR MOSHINSKY: Ms Paroz, you explain in your witness statement
3 that Telstra has developed and adopted a policy for family
4 and domestic violence support. Could you please tell us
5 what brought about that policy, what were the steps that
6 led up to that policy being adopted?

7 MS PAROZ: Certainly. Telstra has worked with White Ribbon for
8 over six years now, and as part of our relationship with
9 them we became a White Ribbon accredited workplace. We
10 were in discussions for a while with White Ribbon thinking
11 about what else we could do in our workplace, and
12 understanding the prevalence of family and domestic
13 violence in Australia and as a large Australian employer
14 we understood that it's likely that there were employees
15 that work for Telstra that were experiencing family and
16 domestic violence. So we set about putting in place a
17 framework for identified leave, family and domestic
18 violence leave, which we call family and domestic violence
19 leave internally, 10 days unpaid leave for casuals and
20 10 days paid leave for all other employees.

21 We knew that employees were potentially taking
22 other types of leave anyway if they were experiencing
23 these incidents, so using personal leave or annual leave,
24 sick leave, those types of other leaves. We introduced
25 the policy in November. It's a private and confidential
26 process. So an employee applies for leave just by
27 speaking with their manager, and the manager is the only
28 person that will know. We have been able to track the
29 leave taken since then, which is detailed in the
30 statement. Really, the reasons behind all of this are,
31 for us, about wanting to have an engaged, a productive and

1 healthy and safe employee base, and for them to feel
2 supported at all times by their employer.

3 MR MOSHINSKY: What was the training involved in the rollout of
4 the policy?

5 MS PAROZ: We provided extensive communications when we
6 launched the policy to all staff. We had particular
7 training for leaders, which was compulsory for them as
8 part of what we call our business essentials training for
9 all people, and that talked about definitions of family
10 and domestic violence, and detailed the policy and how
11 people were able to apply. It also provided particularly
12 assistance for managers to think about how they can
13 support employees who had requested this leave, and
14 pointed to our manager assistance program and our employee
15 assistance program as well.

16 MR MOSHINSKY: What was the reaction from your staff when this
17 policy was rolled out?

18 MS PAROZ: We have had an overwhelmingly positive reaction
19 internally and externally. So we have had - continue to
20 have very positive discussions inside the company. We
21 have an internal system that we call Yammer, which is
22 online blogging where people can comment about various
23 things that are happening in the organisation, and there
24 continues to be a very positive response. We have been
25 overwhelmed, actually, by the external response in terms
26 of media and online and just the number of other
27 organisations approaching us to talk about what we have
28 done with this leave policy.

29 MR MOSHINSKY: Could I turn to you, either Ms Kearney or
30 Ms Stracke, to explain what's the union's position on
31 family violence leave and what are some of the arguments

1 in favour of that position?

2 MS KEARNEY: We are aware of the serious nature of the impact
3 of domestic violence on the community broadly, and the
4 fact that for a long time it has been something that has
5 been behind closed doors and often suffered in silence and
6 for whatever reason has never been something that's really
7 been brought out and talked about openly. I think that's
8 why the Royal Commission is doing a fantastic thing.

9 But from our perspective our area of expertise is
10 in the workplace, and we know that this is an issue that
11 needs to be dealt with by the community at large and that
12 the workplace is a very important part of the community,
13 and that if we are serious about tackling this issue then
14 the workplace has to be part of the solution.

15 We came to realise through various networks and
16 talking with our members that one way we could help in
17 that was providing for, asking for or making sure that
18 sufferers of domestic violence could get access to leave
19 to deal with the issues that arise, which are varied and
20 many, and a lot of our members told us that this would
21 certainly go a long way to assisting them deal with the
22 serious situation. We think that this is a significant
23 contribution that the trade union movement can make to
24 what is a very complex issue.

25 MR MOSHINSKY: Do you want to add to that, Ms Stracke?

26 MS KEARNEY: And employers.

27 MS STRACKE: I think what I would say is I worked at the ASU,
28 which introduced the benchmark claim in 2010 at the Surf
29 Coast Shire, and what informed that was the knowledge that
30 one of the primary reasons women end up in situations of
31 financial distress when they are experiencing family

1 violence is that they have utilised all of their leave and
2 that can impact on their capacity to continue being
3 employed. So they either leave their workplace because
4 they no longer have leave that they can use, they are
5 embarrassed to talk about it, and the fact that they lose
6 their relationship with their employer makes things very,
7 very difficult for them.

8 So we at that time got information from the
9 Family and Domestic Violence Clearinghouse. They spoke to
10 us about the fact that one of the things that could be
11 incredibly useful was for women to have a way to be able
12 to maintain a relationship with their workplace and - in a
13 situation where they had utilised all their leave. So we
14 put forward a benchmark claim at that time for the
15 20 days. That was on the basis that's what we were told
16 at the time would be an amount that would be useful for
17 women, and the added benefit of running that claim would
18 also be that it would give us an opportunity to do
19 education and information among workers so that we could
20 actually have those conversations about the impact of
21 family violence.

22 So the claim for us was about addressing a
23 practical problem, which was that women - generally
24 women - who were experiencing financial distress, that
25 this would be a way to help them in a situation of intense
26 trauma and difficulty.

27 MS KEARNEY: Just adding to that, there is actually research
28 that shows that having financial security and having an
29 income - women who do have an income and financial
30 security fare much better at the end of the situation.

31 MR MOSHINSKY: Can I ask you, either or both of you, in the

1 position that you have put forward you are advocating a
2 particular type of leave named family violence leave or
3 domestic violence leave. What are some of the arguments
4 for having it as a distinct form of leave rather than a
5 more generic label such as personal leave, which might
6 encompass family violence matters?

7 MS KEARNEY: There was a lot of discussion about that, and
8 I think Telstra came to the same conclusion, is that if we
9 do actually label it, if we do say that this is
10 specifically for family and domestic violence leave, then
11 it makes absolutely no doubt that that is the issue we are
12 trying to tackle through having this leave, and I think
13 that that's an important part of culturally swinging about
14 the attitude to domestic and family violence in the
15 community.

16 MS STRACKE: I would add to that that the practical realities,
17 the other forms of leave available, the situations where
18 this leave is utilised, attendance at court, moving kids
19 from one school to another, finding new accommodation,
20 changing the locks, all of those things, carer's leave
21 isn't appropriate for that, neither is sick leave, and
22 neither is recreational leave or annual leave. So the
23 reality for us was that it was - women would not be able
24 to - victims of family violence would not be able to
25 access those other forms of leave honestly because it's
26 not appropriate for that. So we developed a specific
27 entitlement, which was family and domestic violence leave,
28 and that was also partly about addressing that question of
29 stigma, of saying, "This is a workplace where your
30 co-workers have voted with you in an enterprise agreement
31 for this entitlement, so they stand with you, and your

1 employer has accepted that claim, which means they stand
2 with you. So this is a workplace where we all stand
3 together to support you in this situation."

4 MS KEARNEY: It may be that there are flow-on effects from
5 this. As we say in our submission, if we can identify
6 this as a workplace issue it may be that we can then move
7 on and tackle anti-discrimination legislation that doesn't
8 address it, we can address occupational health and safety
9 legislation that this falls through the cracks through -
10 because of. So there's good flow-on effects, we think,
11 that if we can actually identify it as such we can then
12 address other anomalies or gaps in legislation.

13 MR MOSHINSKY: I have provided each of you with a copy of a
14 case study which is based on the experience of a woman who
15 came to the community consultations. This case study was
16 also referred to on Day 4 of the public hearings. The
17 woman is of a culturally and linguistically diverse
18 background. I won't, given the time, go through all the
19 detail, but you have seen that. After she was
20 experiencing violence from her partner, her manager spoke
21 to her. She worked for a major retailer, and her manager
22 initially noticed that something wasn't right, spoke to
23 her and asked if something was wrong. She initially
24 didn't say anything, but eventually the manager spoke to
25 her again in private and at that point she revealed that
26 things weren't right in her home life and told her manager
27 what was happening, and he referred her to a GP and to
28 counselling.

29 Then at a later point in time when finally she
30 makes an escape from the situation she receives further
31 support both from her manager and work colleagues which is

1 quite instrumental at that point in time, and then
2 subsequently again her manager is very instrumental in
3 providing flexibility around leave.

4 So I was wondering if I could invite each of you,
5 perhaps starting with you, Ms Paroz, as to what role there
6 can be for others in the workplace or an employer in
7 supporting those affected by family violence.

8 MS PAROZ: Absolutely. I think that that case study helps with
9 the conversation that we were just having in terms of the
10 case for named domestic and family violence leave where
11 the leader and the manager is given the best opportunity
12 to be supportive and to provide resources and support to
13 the individual, and in our case, coming from a place where
14 they have some education about what will be the best thing
15 for the individual, whether it's referrals to our employee
16 assistance program or to other types of support, but it
17 seems that that gives you the best opportunity then.

18 I guess at Telstra a part of our consideration
19 has been we absolutely understand that in these
20 circumstances the financial independence or the ability of
21 the individual experiencing the difficulty to continue to
22 be able to earn a salary and to pay their bills and all of
23 the things that come with that is just of paramount
24 importance. With us having a named leave policy and a
25 live conversation in our company about what that means and
26 resources for people, whether they sit next to the person
27 or they are in the same team as the person or they're a
28 leader of the person, to be able to rally around and
29 provide support we think is critical. So that has been a
30 big factor in our thinking in developing the policy.

31 MS ELLYARD: Ms Kearney or Ms Stracke, do you wish to comment

1 on that general topic?

2 MS KEARNEY: I think there's lots of terrific things in that
3 case study. It's a tragic story but the great thing is
4 that it shows the incredibly positive impact having
5 support from work had on the woman. It gave her
6 confidence. It made her see that she was in a
7 relationship that wasn't normal. The employer had the
8 confidence to approach the employee. So there was clearly
9 a good relationship. The employer had at their fingertips
10 some practical things that the employee could do - the
11 phone numbers that she could call, suggested to see a GP
12 and when that didn't work had somewhere else for her to
13 go. That's all incredibly fantastic that the employer had
14 that. The employee clearly, because of her being isolated
15 from her family and friends, et cetera, wouldn't have got
16 that information, really was unable to get that
17 information anywhere else. So that's an important part of
18 our submission, is that the employer is equipped with all
19 of those things and it's not just a matter of giving
20 someone leave. So that's an important part of it.

21 The other lovely thing I think about it is what
22 you just said, Katherine, about rallying. It wasn't just
23 the employer but it was all of the other workmates,
24 everybody else in that place who understood the situation,
25 and even though we are so obsessed with security and
26 privacy, which is very important - don't get me wrong,
27 that's an important part of the whole thing - I think
28 because the whole workplace was supportive she escaped a
29 dreadful situation and she lived her dream, as she says in
30 the submission, but she kept working at that place. She
31 wanted to go back one day a week just to be connected,

1 still connected. That's the power I think of that
2 support. It's an amazing case study.

3 MS STRACKE: The only thing I would say is it's a fantastic
4 case study. I wouldn't be a union official if I didn't
5 say it's terrific that there are employers who do that,
6 but it should not be a matter of luck that you work for an
7 employer who will do those things and bend over backwards,
8 and that's why our submission is around an entitlement to
9 this leave, that that's a critical thing because your
10 safety should not be dependent on having an employer who
11 is understanding. Not every employer is as understanding
12 as Telstra sitting here today.

13 MS KEARNEY: That's for sure.

14 MR MOSHINSKY: I don't know whether the Commissioners have any
15 questions for the witnesses?

16 DEPUTY COMMISSIONER FAULKNER: Ms Paroz, I wanted to ask you
17 about the other side of the coin, which is for every
18 person who is a victim there is also a perpetrator. I am
19 wondering whether Telstra have yet turned their mind to
20 how they might be able to assist - there must be
21 perpetrators on staff at Telstra. Have they turned their
22 mind to the ways in which people can be assisted to change
23 their ways through the workplace? I know it's not what we
24 usually talk about in this regard, but it seems to be the
25 next step to me.

26 MS PAROZ: Yes, I think we would certainly acknowledge as a
27 very large employer that we must have perpetrators, we
28 imagine. I don't think we are yet at the stage where we
29 understand or we are certainly not actively providing
30 education yet, and I think actually for all employers and
31 for industry it's a bit of an open question about what the

1 right thing to do is with perpetrators.

2 We are certainly not intending that our leave
3 policy is for them, but we have been asked that question
4 in the past as well. Clearly the leave is for victims and
5 is set up in that way. But, no, we don't have plans as
6 yet. I'm not sure, in fact, what the right thing to do -
7 I think part of what we - this first step has been about
8 is having the issue talked about in the organisation and
9 having - developing an understanding of the issue, and
10 perhaps that's our first step and then we will come back
11 and think more about what we can do.

12 DEPUTY COMMISSIONER FAULKNER: Thank you.

13 DEPUTY COMMISSIONER NICHOLSON: I had a question for Ms Paroz.

14 It's about the take-up of the family violence leave. In
15 your statement I think you have said over the last eight
16 months you have had 17 people utilise the family leave, 12
17 of those were women, five men, out of a total workforce of
18 33,000. So by my quick mental arithmetic that works out
19 I think to about 0.05 of one per cent, which seems
20 extraordinarily low when you consider the prevalence rates
21 of family violence in our community. Do you have anything
22 to say of that? Do you have any plans to revisit the
23 policy in light of such a low take-up? Perhaps for the
24 ACTU too, do you have any data on take-up of these
25 policies where they have been implemented?

26 MS PAROZ: If I start, yes, we didn't know what to expect, to
27 be honest, but you would expect, when you think about the
28 prevalence rates and we employ 33,000 people, that it
29 could be in the order of zero to 3,000 in any given time.
30 But it does seem low. They are slightly higher now.
31 I think we are at 22 people now who have availed of that

1 leave in the month that we have gone. But it is still low
2 overall. We feel confident that our policy has been well
3 publicised and understood internally. We are not
4 encouraging people to take leave but we want it to be
5 extremely well known that it is there.

6 I think that the way we are thinking about it is
7 that - and sometimes people just need the confidence and
8 need to see that other people have taken that step and are
9 availing of that leave and that will give them confidence
10 in their own circumstances over time, and I think that it
11 is time.

12 MS KEARNEY: I agree. I think this is very new and, despite
13 the fact that we are talking more about it, I still think
14 there is a stigma attached, and I think it will take time,
15 a long time maybe, hopefully not too long, for us to see
16 uptake properly and fully.

17 Are we doing data? We have a case before the
18 Fair Work Commission right now asking for this - for a
19 clause around family and domestic violence to be
20 introduced to the awards. However, having said that, that
21 will cover all employees. We have about 1.6 million
22 workers covered at the moment through enterprise bargain
23 agreements. I think there are about 500 agreements. We
24 are gathering data right now for our case to the
25 Commission. I don't have that data right now, but we will
26 have that available soon and I would be happy to share
27 that once it's published with the Commission.

28 DEPUTY COMMISSIONER NICHOLSON: Thank you.

29 COMMISSIONER NEAVE: I have no further questions.

30 MR MOSHINSKY: If there are no further questions, if the
31 witnesses could please be excused.

1 COMMISSIONER NEAVE: Thank you very much indeed.

2 <(THE WITNESSES WITHDREW)

3 MR MOSHINSKY: That completes the evidence for today,
4 Commissioners.

5 ADJOURNED UNTIL TUESDAY, 11 AUGUST 2015 AT 9.30 AM

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