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VICTORIAN ROYAL COMMISSION INTO FAMILY VIOLENCE

MELBOURNE

WEDNESDAY, 14 OCTOBER 2015

(23rd day of hearing)

BEFORE:

THE HONOURABLE M. NEAVE AO - Commissioner

MS P. FAULKNER AO - Deputy Commissioner

MR T. NICHOLSON - Deputy Commissioner

1 MS DAVIDSON: Commissioners, the overall topic that we will be  
2 exploring today in a variety of different contexts is  
3 evaluation, review and reporting. We have a number of  
4 witnesses today. We first have Neil Comrie, who is the  
5 Implementation Monitor for previous royal commissions and  
6 the Hazelwood Coal Mine Fire Inquiry. We have then Fiona  
7 Dowsley and Dr Kristin Diemer, who will talk about  
8 statistics and data. The next panel will be Dr Lyndal  
9 Bugeja and Fiona Mort, who will talk about the role of  
10 coroners.

11 After lunch we will have Professor Margarita  
12 Frederico and Professor Thea Brown, who will expand on  
13 other aspects of review and reporting processes. Then we  
14 will have Professor Chris Goddard, who is the Director of  
15 Child Abuse Prevention Research at Monash University, who  
16 will also talk about aspects of review in the context of  
17 children. Finally we will have Bernie Geary and Brenda  
18 Boland from the Commission for Children and Young People.

19 COMMISSIONER NEAVE: Just before we start, Commissioner  
20 Faulkner would like to make a declaration.

21 DEPUTY COMMISSIONER FAULKNER: I have previously declared that  
22 I'm now the Chairman of Jesuit Social Services. One of  
23 the witnesses today, Professor Margarita Frederico, is  
24 also on the board of Jesuit Social Services with me.

25 MS DAVIDSON: I would ask that our first witness, Mr Neil  
26 Comrie, be sworn.

27 <MURRAY NEIL COMRIE, sworn and examined:

28 MS DAVIDSON: Mr Comrie, can I ask that you first just outline  
29 very briefly your background and what your current role is  
30 in terms of an implementation monitor or recommendations  
31 monitor?

1 MR COMRIE: My background is 35 years in policing, eight and a  
2 half years of which was as the Chief Commissioner of  
3 Victoria Police. Since leaving policing in 2001 I have  
4 done a range of inquiries and reviews for both the  
5 Commonwealth and the state government.

6 My current role is similar to my previous role as  
7 the Victorian Bushfires Royal Commission Implementation  
8 Monitor, a role that I undertook for four and a half  
9 years, from 2009 until last year. My current role is the  
10 Implementation Monitor for the Hazelwood Coal Mine Fire  
11 Inquiry. Both of those roles oblige me to ensure that the  
12 commitments made by the State in response to the Royal  
13 Commission and the Inquiry are implemented, and to comment  
14 on the efficacy of the implementation actions that are  
15 being put in place.

16 MS DAVIDSON: Are recommendations or implementation monitors a  
17 common position established following commissions?

18 MR COMRIE: Not to my knowledge. In fact I think apart from a  
19 monitor who was put in place to monitor the environmental  
20 impact of the dredging of Port Phillip Bay some years ago,  
21 I'm the only person who's held a similar role up until  
22 recently, to the best of my understanding.

23 MS DAVIDSON: Could I just ask that you describe the structure  
24 of your office, how many people you employ and how you are  
25 funded?

26 MR COMRIE: That's fairly simple. It's a very small office of  
27 three people. I undertake my work on a part-time basis,  
28 but I have two full-time colleagues, one of whom, the  
29 director of the office, Brian Hine, was formerly a Deputy  
30 Commissioner in the Emergency Management Commissioner's  
31 office, and a serving senior officer of Victoria Police,

1 Superintendent Steve Gleeson. They work full time. We  
2 are funded through an allocation made out of the  
3 Department of Premier and Cabinet office.

4 MS DAVIDSON: Do you have funding within that budget to not  
5 only pay your staff but to engage research or engage  
6 expert advice if it's necessary?

7 MR COMRIE: Yes. There is provision for consultants or  
8 research if we see the need to do so.

9 MS DAVIDSON: Perhaps can I get you to outline the practical  
10 process that happens following the Commission having  
11 handed down its - - -

12 COMMISSIONER NEAVE: Counsel, just before we go on to that  
13 question, your position is not a statutory position; is  
14 that correct?

15 MR COMRIE: Not on this occasion, but it was previously.

16 COMMISSIONER NEAVE: With the bushfires?

17 MR COMRIE: Yes. There was a specific Act created called the  
18 Bushfires Royal Commission Implementation Monitor Act  
19 2011.

20 COMMISSIONER NEAVE: Thank you. But now it's an administrative  
21 arrangement?

22 MR COMRIE: Yes.

23 COMMISSIONER NEAVE: Are you funded for a specific period to  
24 carry out your work?

25 MR COMRIE: Three years.

26 COMMISSIONER NEAVE: What's the process by which your funding  
27 is kind of guaranteed, as it were?

28 MR COMRIE: The two roles are structured differently. In the  
29 previous role we were given a budget that we managed  
30 ourselves. This time essentially the money is managed by  
31 the Department of Premier and Cabinet. We just forward

1       our bills to them and they are paid. Personally  
2       I preferred the first option because of both the  
3       perception and the ability to operate more independently.

4               I think the Act is critical. There was some  
5       intention, as I understand it, to have some legislation to  
6       support this role. But that hasn't occurred for reasons  
7       that I'm not aware of. But I think there are some  
8       advantages in having legislation where should I experience  
9       some difficulty in obtaining information or getting access  
10      then the Act is a very strong tool to be able to ensure  
11      that that occurs.

12   COMMISSIONER NEAVE: So did you have powers under the Bushfires  
13      Act to compel people to provide you with information, did  
14      you?

15   MR COMRIE: Yes.

16   COMMISSIONER NEAVE: Thank you.

17   MR COMRIE: So the process - - -

18   MS DAVIDSON: Can I just have a follow-up question in relation  
19      to that. You have identified the preference for a  
20      legislative foundation because it strengthens the  
21      independence and it gives you specific power to compel  
22      production of information if you have difficulty obtaining  
23      it by other means. Are there any other reasons why you  
24      prefer the legislative model?

25   MR COMRIE: I think it sends out a very strong signal about the  
26      importance of the issues that are being addressed. Having  
27      a legislative background, I think if you put those three  
28      advantages together it really sends out a very strong  
29      signal that the State is serious about addressing these  
30      issues.

31   MS DAVIDSON: If I go back to the process following the

1 Commission having handed down its recommendations, what  
2 practically has occurred following that?

3 MR COMRIE: In both instances the recommendations were handed  
4 down, considered by the State and ultimately accepted  
5 publicly with a statement that the recommendations would  
6 be implemented. The State then takes some time to prepare  
7 an implementation and monitoring plan in which the State  
8 indicates what it's already done in response to some of  
9 the recommendations on the understanding that often if an  
10 issue arises during a hearing, and it is obvious that  
11 things need to be done immediately, the State will go off  
12 and start doing that. So by the time the hearings  
13 conclude and the report comes down there may already be  
14 some action that's been taken.

15 The second part of that is - - -

16 MS DAVIDSON: Can I just interrupt you in relation to the  
17 implementation plan. How detailed is that?

18 MR COMRIE: It can be quite detailed. The work that we do  
19 really requires some of those commitments to be broken  
20 down into manageable pieces of work because one paragraph  
21 from the State might actually commit to doing three or  
22 four things. So we need to break that down into  
23 manageable pieces of work, get a very clear understanding  
24 of which entity it is that takes responsibility for  
25 implementation and then lock in some firm dates that  
26 everyone understands.

27 We go about that process to make sure that  
28 there's no misunderstanding about who is doing what, what  
29 the due dates are, and that allows us an opportunity then  
30 to call for evidence twice a year from the department or  
31 agency on the progress in implementing those particular

1 actions.

2 COMMISSIONER NEAVE: It sounds as if, even though you are

3 independent, there's some sort of a dialogue between you

4 and the State as to the State does the implementation plan

5 but you are then filling it out, and would you go back to

6 the State and say, "Look, you have this feature in your

7 implementation plan but it's not really going to work for

8 these reasons"? I don't quite understand how those roles

9 are assigned or allocated.

10 MR COMRIE: Okay. I think this is again where the legislation

11 actually helped because section 12 of the Implementation

12 Monitors Act required me to report on the progress of the

13 agency's activities, the effectiveness of the method used

14 by the agency in carrying out an implementation action and

15 the efficacy of an implementation action implemented or

16 effected; in other words, "Does it make a difference?

17 Does it work?" So that provided me with the opportunity

18 to go back to the department or agency and say, "Look, you

19 have done these things, but when we have examined them we

20 don't actually think they are achieving what the

21 Commission wanted to be achieved or we don't think that

22 it's actually going to make a difference in the long run."

23 I perhaps need to explain that there are two

24 separate documents, one being the State's implementation

25 and monitoring plan. From that we then analyse the

26 commitments that are being made and we turn that into what

27 we call a work plan, which is quite a detailed document

28 which is where we break up the individual pieces of work

29 that need to be done to meet the commitments. It's that

30 work plan that we sit down with the State and its agencies

31 to seek their agreement and commitment to the particular

1 pieces of work and the dates by which they need to be  
2 completed.

3 COMMISSIONER NEAVE: Those reports that you said you deliver  
4 twice a year, are they public or are they private?

5 MR COMRIE: The evidence provided to my office is requested  
6 twice a year, which is then used to develop an annual  
7 report.

8 COMMISSIONER NEAVE: To parliament?

9 MR COMRIE: To parliament. In the Bushfire Royal Commission  
10 instance the reports were direct to parliament. In this  
11 instance it's via the Secretary of the Department of  
12 Premier and Cabinet, but I do understand that they will be  
13 lodged at parliament shortly thereafter.

14 COMMISSIONER NEAVE: Thank you.

15 DEPUTY COMMISSIONER FAULKNER: Mr Comrie, in relation to the  
16 setting of dates for the achievement of particular things,  
17 is there any potential for those dates to be moved by  
18 negotiation or once done is it done?

19 MR COMRIE: There is potential. In fact I have made the point  
20 on a number of occasions that with the best of intentions  
21 sometimes an agency will commit to do something in the  
22 immediate aftermath of the inquiry or commission, but then  
23 with further examination they may find there's actually a  
24 better way of doing something. It makes no sense to me to  
25 lock in to doing something in a way which is superseded or  
26 not efficient when another way has been identified. So we  
27 consider that. On a few occasions in my reports I have  
28 actually said that the State has opted to undertake this a  
29 better way but we agree with that because we believe it's  
30 a more effective and efficient way of doing things.

31 MS DAVIDSON: In terms of that work plan that is negotiated or



1 prepared in consultation with all of those actors who you  
2 are effectively committing to do that work?

3 MR COMRIE: I write to the secretaries or the heads of agencies  
4 immediately after we have developed our work plan, ask  
5 them to nominate a liaison officer. We sit down with them  
6 and work through the commitments and the timelines, and  
7 then I write back to the secretary or the head of the  
8 agency putting those commitments to them and asking them  
9 to endorse them and sign off on them so that there's  
10 absolutely no doubt that the head of the agency knows what  
11 commitments are being made on their behalf.

12 MS DAVIDSON: In terms of the value of the implementation  
13 monitor, the detail that you see in the State's  
14 implementation plans, do you think we would see that level  
15 of detail about how the State would go about implementing  
16 if it wasn't for the recommendations monitor or is that  
17 one of the potential benefits, that you end up with a much  
18 more detailed concrete plan of how to implement?

19 MR COMRIE: I would have to say, sadly, with my long history in  
20 the government area that there are many reports from  
21 reviews, inquiries that have not been fully implemented  
22 and I think it's worthy of note that some of those same  
23 issues keep re-emerging at subsequent inquiries. So  
24 I think the rigour and the discipline that this monitoring  
25 process applies is really important to make sure that  
26 there is not only a commitment but a delivery of the  
27 undertaking.

28 MS DAVIDSON: Would it be fair to say that that rigour happens  
29 both from you but also from government as a consequence  
30 of - just by the mere fact of your role?

31 MR COMRIE: I take it that the fact that the government has

1 appointed me as a monitor indicates that they really want  
2 this to be done and done properly, and I take that role  
3 seriously. Being able to go through the process that  
4 I have detailed does apply significant rigour to the  
5 process.

6 MS DAVIDSON: What other values do you think there are of  
7 having an implementation monitor?

8 MR COMRIE: I think the value particularly in the current  
9 environment is that the three people in my office are all  
10 experienced in a range of different disciplines and often  
11 we can look at something and question the value or the  
12 efficacy of what's being done. It's not just a tick the  
13 box routine environment. It's actually, I think, adding  
14 some value to the process. We have undertaken some quite  
15 significant discussions with departments and agencies and  
16 I think it's a fresh pair of eyes, if you like, to the  
17 process.

18 MS DAVIDSON: Do you have any observations to make about any  
19 challenges that there are for the monitoring role?

20 MR COMRIE: I think it's really important that whoever the  
21 monitor and their staff may be have credibility with the  
22 people that they are dealing with, that they have an  
23 understanding of the environment, that they are able to  
24 make some judgment as to the efficiency and efficacy of  
25 the work that's being done. As I said, it's not to me a  
26 routine auditing role. It's quite a different role  
27 altogether.

28 The challenges I think really are to engage with  
29 the departments and agencies, but we have managed to  
30 achieve that without a great deal of difficulty and  
31 I think the working relationship between us and the

1 departments and agencies is a very positive one. There is  
2 nothing that I can think of that I could say is an  
3 insurmountable problem. They are generally resolved by  
4 consultation with the agencies.

5 MS DAVIDSON: I was about to move on to the topic of community  
6 engagement. Are there any further questions that the  
7 Commissioners wanted to ask specifically on that?

8 COMMISSIONER NEAVE: I did have one question. It has been put  
9 to us in some submissions that it would be desirable to  
10 have some sort of an independent agency which would have a  
11 number of functions, including possibly the implementation  
12 function; for example, undertaking research, evaluating  
13 particular programs. Just as an example, there are many  
14 men's behaviour change programs that are being run  
15 throughout the state. One possible role could be for an  
16 agency to look at the effectiveness of those programs  
17 overall or that approach overall.

18 Do you see that there would be difficulties in  
19 combining the function of implementation monitor with that  
20 broader sort of oversight of the way the very complex  
21 family violence system is operating?

22 MR COMRIE: I could foresee some difficulty.

23 COMMISSIONER NEAVE: Yes, what would they be?

24 MR COMRIE: I think one of the advantages that we have is we  
25 are somewhat removed from the actual doing, and that  
26 allows us I think to take a broader view of the  
27 activities. If the monitoring had other responsibilities  
28 then it would become far more complex and I think could  
29 perhaps compromise the ability of an independent monitor  
30 to take that elevated view, if you like, of what's  
31 occurring.

1 COMMISSIONER NEAVE: Are there any possible advantages of doing  
2 it that way? You mention the fact that you do commission  
3 or you have power to commission research or independent  
4 reviews, those sorts of things. So that might be a little  
5 bit more like what I'm putting to you.

6 MR COMRIE: Certainly if the monitoring role has the capacity  
7 to conduct or to commission research or other consulted  
8 work then I think that's a distinct advantage. I must  
9 say, if I can use my current role, I knew nothing about  
10 coal mining and air particulate matter when I was asked to  
11 take this role on. But we have done quite a lot of  
12 reading and we have sought independent advice on those  
13 things from time to time. So I think as long as there is  
14 the capacity to seek research and input along the way then  
15 that's fine. But I would be concerned about having the  
16 monitoring as part of a broader role because I think it  
17 would be very complicated and perhaps detract from the  
18 independence and the ability of the monitor to undertake  
19 that quite specific role.

20 COMMISSIONER NEAVE: Thank you for that.

21 MS DAVIDSON: I wanted to move on to the topic of community  
22 engagement. The bushfires final report talks about shared  
23 responsibility where my understanding is it means that  
24 there needs to be work that helps the community also but  
25 take part of the responsibility. Is that correct or have  
26 I misunderstood that?

27 MR COMRIE: There are a number of titles, if you like, or  
28 descriptors given to essentially what is about building a  
29 resilient community. Commissioner Teague in the Bushfire  
30 Royal Commission report had a chapter on shared  
31 responsibility, and essentially the message there was that

1 everyone has a role and it's not anyone's specific role,  
2 no-one has ownership of it, but we can only really make  
3 progress if individuals, families, communities, the State  
4 and the Commonwealth all come together and work in unison  
5 for that outcome.

6 In 2011 the Council of Australian Governments  
7 actually produced a document called The National Strategy  
8 for Disaster Resilience, and the same themes were very  
9 strong in that document. I undertook a review of the  
10 major 2010/11 floods in Victoria, and I wrote a chapter in  
11 that report on this issue of community resilience. I note  
12 again that Commissioner Teague in his report on the  
13 Hazelwood Mine Fire Inquiry, recommendation 12, he said  
14 that the State should develop a community engagement model  
15 using local trusted networks as the mechanism to go about  
16 that process.

17 This is a bit of a hobbyhorse of mine, if I can  
18 say that, and I actually gave a presentation on this  
19 subject to our symposium at Melbourne University  
20 yesterday. Really the issue is that the State, for a  
21 whole lot of reasons, seeks to engage with the community,  
22 but to the best of my knowledge there has been no real  
23 successful model developed.

24 What we have seen a lot of following major events  
25 is communities get what they have described as  
26 consultation fatigue by a whole plethora of government  
27 agencies coming in, wanting to talk to the same people  
28 about different subjects. My argument would be very  
29 strongly that if there is any intention for further  
30 community consultation models that we need to give some  
31 thought about doing this in a broadbased approach rather

1       than just setting up one model for one specific purpose,  
2       because I think we really haven't made a lot of progress.

3               Now we are six years after the Bushfires Royal  
4       Commission. The State is still struggling to come to  
5       grips with this issue of community consultation and how it  
6       might go about it. I actually think there's a very  
7       significant but very important piece of work that needs to  
8       be done to identify a mechanism by which the State can  
9       engage in this process and then seriously work at putting  
10      that in place. I think it's a very common theme, that we  
11      should engage with the community, but I'm yet to see a  
12      model that works.

13   MS DAVIDSON: Can I perhaps ask you to give some examples, and  
14               I'm not asking you to name names or departments or  
15               anything, but some examples of attempts to do that but it  
16               hasn't worked. What shouldn't we be doing?

17   MR COMRIE: Commissioner Teague and I have had some discussions  
18               about this issue because what has happened traditionally  
19               is that after an event government agencies will go into a  
20               community. They will put a notice up in the town hall or  
21               in the local milk bar saying, "We are going to have a  
22               public meeting," and someone from Melbourne will turn up  
23               to try to tell local people what they should be doing in  
24               their local community. I have to say that's not well  
25               accepted as a general rule.

26               So the term that Commissioner Teague used, local  
27               trusted networks, I think to me is the really important  
28               basis for all of this. So in every country community  
29               I know you have a CWA, a Rotary, a Lions Club, you have a  
30               local school principal, you have the local police  
31               sergeant. These are people who those communities already

1 know and trust. In my view, they should be the people  
2 that we use as our means of facilitating engagement with  
3 those local communities.

4 So the State has that challenge directly out of  
5 recommendation 12 of the Hazelwood Inquiry to develop a  
6 community engagement model using local trusted networks.  
7 I'm going to be looking at that very closely over the next  
8 couple of years to see where it goes. But today progress  
9 has not been particularly positive.

10 DEPUTY COMMISSIONER FAULKNER: Can you see exceptions to that  
11 rule in relation to the content of consultation or do you  
12 see that as a multi-purpose? There would be some people  
13 who would say some of the local trusted networks have  
14 features that might not lend itself to a topic like  
15 domestic violence. So, if we were to go along that  
16 pathway, people would be concerned about the attitudes of  
17 some of the people in those networks. Can you see  
18 exceptions?

19 MR COMRIE: Absolutely. I don't see the networks as being the  
20 sole contributors here. It's more about facilitation.  
21 Who do you go to in the first instance to ask the  
22 question, "Who are the best people in your community to  
23 talk to about these particular issues?" I think to a  
24 large extent we have been leaving those people to  
25 self-identify when in many instances I think there are  
26 some extremely valuable resources and knowledge in  
27 communities that we are not tapping into because we don't  
28 actually approach them; an invitation to specific people  
29 to come to a meeting to talk through, "These are the  
30 issues that we need to address. Who are the best people  
31 in your community to talk to?"

1 DEPUTY COMMISSIONER FAULKNER: Thank you.

2 MS DAVIDSON: Perhaps picking up on that, we have heard some  
3 evidence about a collective impact model of engaging the  
4 community. We also heard from some New Zealand witnesses  
5 who have a national team but work with communities,  
6 I think they called it community mobilisation, with the  
7 idea of identifying potential champions or leaders within  
8 that community to lead and champion the work. Is that the  
9 sort of model that you are potentially talking about?

10 MR COMRIE: What I think we need to get a better understanding  
11 of is what are the fundamentals that will lead to a  
12 community engagement model. I'm already aware of a number  
13 of communities in Victoria who, through their own  
14 initiative, have done things to build the resilience of  
15 those communities, and the State to a large extent has had  
16 very little role in that. So I think a good starting  
17 point would be to go to look at those communities and find  
18 out what it is that make those things work.

19 What works in one community may not necessarily  
20 work in another, but I think we can identify what the  
21 fundamentals are. If you like, my ideal approach here for  
22 a start would be to get a better understanding about it  
23 before you put something in place to deliver it. That  
24 approach, to me, would be to bring some practitioners and  
25 some researchers together with a specific role of getting  
26 some understanding about how do you actually go about the  
27 process of engaging the community from the  
28 experience - I don't think you start with a clean slate.  
29 As I said, I think there are many examples already  
30 existing out there that we can tap into and explore what  
31 it is that worked for them and seek their advice, and then



1 build on that advice so we have a much broader approach.  
2 Then you might talk about putting something in place by  
3 way of an agency to take it further. But I think that's  
4 premature until you understand what needs to be done.

5 MS DAVIDSON: Would it be fair to say that what you are  
6 potentially talking about is identifying a community where  
7 it's working well, try to work out what those fundamentals  
8 are, maybe try and apply the same model in another  
9 community, look at how that's worked, what has or hasn't  
10 worked so you are reviewing it as you go along, move  
11 potentially into another community; I suppose an adaptive  
12 process where you are constantly working to review and  
13 improve whatever you are doing as you go along?

14 MR COMRIE: I wouldn't just do it from one community. I would  
15 start by looking at perhaps half a dozen communities that  
16 have dealt with fires or floods or some other challenge  
17 and have come through that and done well afterwards, and  
18 from those fundamentals then start to build a bit of a  
19 model which you could then go and talk to other towns and  
20 cities about.

21 The other thing that I think really we haven't  
22 done very well is to celebrate the successes of those  
23 communities that have actually done well. We really  
24 haven't used that in a way where it actually puts some  
25 advice out there and perhaps even some peer pressure on  
26 other towns that, "If my adjoining town can do this, why  
27 can't we do it?" So I think publicly promoting those  
28 towns that have taken that initiative would be a good  
29 start in that process as well.

30 DEPUTY COMMISSIONER NICHOLSON: You are talking about community  
31 engagement with particular reference to country towns

1       where you have a confined geography and population. I'm  
2       wondering in your experience in policing whether this is  
3       applicable in big urban communities where it's not as easy  
4       to say, "This is the community" by a geographic boundary,  
5       and also particularly in the subject that we are concerned  
6       about it may not be defined by a spatial boundary, it's  
7       defined by population groups. Is there anything from your  
8       experience in policing which would give us any insights  
9       into those challenges which are quite different, I think,  
10      from a rural town?

11   MR COMRIE: They are, but I think the process necessarily can  
12      be the same but adjusted to meet the changing  
13      circumstances. The building I work in in Exhibition  
14      Street is essentially empty at night time but during the  
15      day there are probably 4,000, 5,000 people in it. So  
16      there's an opportunity there. In that building there are  
17      already people who have leadership roles, designated as  
18      fire wardens. There is one on every floor. So I think we  
19      just need to think a bit more laterally about what does  
20      the city look like at different times of the day. It's  
21      the same in suburbs because there are a lot of sort of  
22      dormitory suburbs where you don't have anyone during the  
23      day. So if you go around trying to do things during the  
24      daytime the probability is you don't engage very well.

25           I think really my starting point for this would  
26      be to try to demonstrate that we can do this, to actually  
27      then build on it. In the emergency management environment  
28      the fact of the matter is that people are in homes to a  
29      much greater degree in rural areas than they are in the  
30      city area. You don't have bushfires in the CBD. You can  
31      have major floods in the CBD. So if you want to build

1 resilience I think it's in these smaller communities where  
2 you can actually get a foothold and build from there.  
3 I understand there are some greater challenges in the  
4 metropolitan area, but I don't see they are insurmountable  
5 if we apply an appropriate model.

6 COMMISSIONER NEAVE: It does occur to me, and I know you had a  
7 background a long time ago in community policing, that  
8 Neighbourhood Watch, which has always been regarded as  
9 being about people out there rather than people within the  
10 home - that was quite a powerful network at one point.  
11 That's a sort of a model possibly that could be adapted in  
12 the area of family violence. I don't know what you think  
13 about that.

14 MR COMRIE: Again, Commissioner, in virtually every major  
15 suburb in Melbourne we have community organisations  
16 already in existence: Rotary Clubs, Lions Clubs. My  
17 experience with them is they are actually looking for  
18 things to do and if they were able to have some sort of  
19 role in bringing their communities together in suburban  
20 Melbourne for an important issue like this then I'm sure  
21 they would jump at the opportunity.

22 It's a matter I think, as I said before, we  
23 really need to understand the fundamentals of how we get  
24 in at the bottom level of community engagement. I don't  
25 think we have a clear picture of that at this point in  
26 time. Once we get those fundamentals understood we can  
27 then start to think about how do we adjust that from the  
28 rural versus the urban environment.

29 I have had a number of people say to me it's too  
30 hard, and I reject that notion. I just don't think we  
31 have tried hard enough.

1 COMMISSIONER NEAVE: Thank you.

2 MS DAVIDSON: Unless the Commission has any further questions,  
3 would the Commission like a short five-minute break  
4 perhaps?

5 COMMISSIONER NEAVE: We could go on to our next witnesses  
6 there. We could go on, I think.

7 MS DAVIDSON: We might need a five-minute break.

8 COMMISSIONER NEAVE: Thank you, Mr Comrie; you are excused.

9 <(THE WITNESS WITHDREW)

10 (Short adjournment.)

11 MR MOSHINSKY: Commissioners, the next segment of evidence is a  
12 panel comprising Ms Dowsley and Dr Diemer. If they could  
13 please be sworn in.

14 <KRISTIN DIEMER, affirmed and examined:

15 <FIONA ELIZABETH DOWSLEY, affirmed and examined:

16 MR MOSHINSKY: Commissioners, before I start asking the  
17 witnesses questions, could I just indicate in terms of the  
18 scope of what we will be covering in this session. It  
19 concerns the general topic of collection of data,  
20 including in particular through the Family Violence  
21 Database, which I will be going into with the witnesses.  
22 While we are looking in some detail at the Family Violence  
23 Database and its history and current status, we won't be  
24 looking at the Family Violence Index, which is a measure  
25 that's been announced recently and is still in a formative  
26 stage, and therefore won't be the subject of the evidence  
27 in this session.

28 Could I start with you, Ms Dowsley. Could you  
29 please tell the Commission what your position is and  
30 provide an outline of your professional background?

31 MS DOWSLEY: Sure. My current role is Chief Statistician of

1 the Crime Statistics Agency, which is an entity within the  
2 Department of Justice and Regulation. It is a relatively  
3 new entity that commenced public operation on 1 January  
4 this year with a role of producing the state's official  
5 crime statistics and undertaking research into crime and  
6 criminal justice trends and issues. We are a relatively  
7 small organisation, but we have commenced both our  
8 statistical and research output and released a research  
9 agenda earlier this year outlining the major themes that  
10 the agency will be looking at.

11 In terms of my professional expertise, I'm a  
12 criminologist by training. However, my professional  
13 career has been spent in the building of evidence base and  
14 working with data. I spent 10 years at the Australian  
15 Bureau of Statistics mostly working in crime and justice  
16 statistics, but also a stint as Director of Victorian  
17 Statistical Leadership Branch looking at coordination  
18 across Victorian and state government, leading social and  
19 progress reporting, including measures of Australia's  
20 progress, and a range of international work around the  
21 development of crime and criminal justice statistics.

22 MR MOSHINSKY: Thank you. Just on the Crime Statistics Agency,  
23 does that have a legislative basis?

24 MS DOWSLEY: It does in that there's the Crime Statistics Act  
25 2014, which creates the functions associated with my role,  
26 and it gives me the function of releasing and making  
27 accessible crime statistics and conducting research into  
28 crime and criminal justice trends.

29 MR MOSHINSKY: What's the rough size of the agency?

30 MS DOWSLEY: Our base FTE is about eight or nine people, but if  
31 we have additional work sometimes we are a little bit

1 bigger.

2 MR MOSHINSKY: Is the role of the Crime Statistics Agency  
3 limited to crime statistics, or does it sometimes do other  
4 work?

5 MS DOWSLEY: Apart from the fact that that's quite a broad  
6 remit in itself, I'm a public servant employed by the  
7 secretary, so we can undertake other collaborative work as  
8 requested by the secretary.

9 MR MOSHINSKY: Thank you. The Crime Statistics Agency has been  
10 commissioned by this Royal Commission to do a piece of  
11 work essentially updating the information on the Family  
12 Violence Database; is that right?

13 MS DOWSLEY: That's correct, we have taken on custodianship of  
14 the Family Violence Database.

15 MR MOSHINSKY: Could I turn to you, Dr Diemer. Could you  
16 please tell the Commission what your current position is  
17 and give an outline of your professional background?

18 DR DIEMER: Sure. I'm currently employed at the University of  
19 Melbourne as a Senior Research Fellow. My background is  
20 sociology. I'm a social researcher. I have been  
21 researching family violence and child abuse for over  
22 20 years in Australia. That research is across public  
23 health and public government institutions, as well as  
24 I have been employed for different contracts within  
25 government institutions, like Department of Justice and  
26 Victoria Police. So I have a quite long history of  
27 involvement with different datasets across the public  
28 system in Victoria.

29 MR MOSHINSKY: You were the principal author of one of the  
30 briefing papers prepared by the Melbourne Research  
31 Alliance to End Violence Against Women and Their Children

1 provided to this Royal Commission?

2 DR DIEMER: Correct, yes.

3 MR MOSHINSKY: That was briefing paper No. 7 on closing the  
4 data gaps on family violence?

5 DR DIEMER: Correct.

6 MR MOSHINSKY: Did you in the course of your professional work  
7 also work at some stage on the Family Violence Database?

8 DR DIEMER: Yes. I was employed when the Victorian Family  
9 Violence Database, about the second year after it got  
10 started, with the second volume, and we ran five volumes  
11 after that. So that started out being employed at a  
12 business unit, the Victorian Community Council Against  
13 Violence and violence against women, and it was set up as  
14 a separate business unit so that the data could be  
15 collected from the different government organisations  
16 without it being held by any particular government body,  
17 and that was seen as an advantage to be able to formulate  
18 the start of the Family Violence Database.

19 As funding changed and structures changed, that  
20 organisation was dissolved, and then I was placed then  
21 within the Department of Justice and connected with  
22 Victoria Police to then continue the database.

23 MR MOSHINSKY: Ms Dowsley, would you be able to give the  
24 Commission a sort of brief history of the Family Violence  
25 Database and also just indicate what it comprises?

26 MS DOWSLEY: Sure. As Dr Diemer referred to, it was initially  
27 set up a number of years ago, in about the year 2000. It  
28 was an Australian government initiative and was initially  
29 housed with the Victorian Community Council Against  
30 Violence, the idea being that because family violence by  
31 its nature is responded to by a large number of agencies

1       there's a lot of disparate data. Bringing it all together  
2       into one place means that you can get a more comprehensive  
3       picture of what's going on.

4               So it was initiated there. There were two  
5       volumes produced under that banner. It was then moved  
6       across to the Department of Justice in 2007, where the  
7       Victims Support Agency took on responsibility for the  
8       database. That was when the further three volumes were  
9       produced. Last year we came to an agreement with the  
10      Community Operations and Victims Support Agency to look  
11      after the custodianship within the Crime Statistics Agency  
12      for them.

13             Over time it has expanded in terms of the number  
14      of datasets that it contains. I think it started with a  
15      slightly reduced number compared to what it has now. So  
16      that's been I suppose the potted history of its structure.

17   MR MOSHINSKY: About four or five years ago did work on it  
18      cease for a period of time?

19   MS DOWSLEY: There seems to have been a little bit of a lapse  
20      after the 2012 report.

21   DR DIEMER: There has always been periods of it being active  
22      and then lapsing, partly because things change in the  
23      funding structures behind it and where it sits - it moved  
24      to quite a few different places within government - and  
25      then the commitment of who is actually funding it when you  
26      have lots of different organisations providing data, and  
27      then who was going to run it and contract.

28   MR MOSHINSKY: The work that's been commissioned by this Royal  
29      Commission for the CSA to do to cover a five-year period,  
30      what will happen sort of going forward? What's the  
31      ongoing status of the Family Violence Database?



1 MS DOWSLEY: Going forward, there are memorandums of  
2 understanding signed between Department of Justice and  
3 Regulation and all the contributing portfolio departments  
4 to continue provision of data to the database, and my  
5 expectation is that we will be continuing that on a  
6 rolling basis from here on in.

7 MR MOSHINSKY: Ms Dowsley, can you explain what are the main  
8 datasets that are picked up in the Family Violence  
9 Database?

10 MS DOWSLEY: Sure. I will refer to my list to make sure  
11 I don't miss anyone. So the major institutions are  
12 covered with it at the moment. So it has the data from  
13 Victoria Police, which is taken from our record of crime  
14 holdings. It has the LIZARD system from Court Services  
15 Victoria, which deals with all the specialist services  
16 related to family violence. There's data from Courtlink  
17 in Court Services Victoria. There's the Victorian  
18 Emergency Management Dataset, which comes from Department  
19 of Health and Human Services. There's data from Victorian  
20 Legal Aid, the Victims Assistance Program and Victims of  
21 Crime Helpline from Department of Justice and Regulation.

22 The integrated reporting information system from  
23 Department of Health and Human Services contributes a  
24 number of social support datasets, and there's also  
25 information about the specialist housing services  
26 collection, which we actually import from the Australian  
27 Institute of Health and Welfare, which particularly covers  
28 homelessness services.

29 MR MOSHINSKY: So when we refer to the Family Violence Database  
30 we are referring to a collection of datasets which are the  
31 ones that you have just referred to there?

1 MS DOWSLEY: Correct.

2 MR MOSHINSKY: Is the nature, in broad terms, of the data that  
3 is included in those datasets data about service provision  
4 as compared with prevalence data?

5 MS DOWSLEY: That's correct. So they are records relating to  
6 interactions that victims or perpetrators as they are  
7 defined by the various agencies as their clients have -  
8 the interactions that they have had with those services.  
9 So it doesn't give you and it can't give you a picture of  
10 prevalence in the community. No administrative by-product  
11 data can. That's not what it's for. But it can give you  
12 an effective profile of demand and service provision and  
13 interaction.

14 MR MOSHINSKY: For prevalence data, and that's not really the  
15 object of the Family Violence Database, where would one go  
16 to? What type of data is available or could be available  
17 dealing with prevalence?

18 MS DOWSLEY: The best source for community prevalence data is  
19 community victimisation surveys in that they bypass a lot  
20 of the limitations with administrative by-product data.  
21 So instead of being limited by whether or not people have  
22 accessed a service, whether or not they have disclosed in  
23 a formal sense that they have experienced certain things,  
24 you can go direct to people within the community and ask  
25 them about their experience. So it's the most direct  
26 measure that we have of the level of anything occurring in  
27 the community; and particularly when you have something  
28 like family violence, where it does like to remain hidden,  
29 disclosure is an issue, it's the most direct way of  
30 reaching your potential audience in terms of victims or  
31 people otherwise affected.

1 MR MOSHINSKY: In terms of crime victimisation survey data,  
2 what exists? What information is available of that  
3 nature?

4 MS DOWSLEY: There's two major ABS surveys, the most relevant  
5 one for this topic being the Personal Safety Survey. It  
6 probably still remains the gold standard. It's one of the  
7 best international surveys for getting at issues around  
8 the very sensitive topics of intimate partner violence and  
9 sexual violence. So that's probably the best source for  
10 this kind of information. There's a more frequent Crime  
11 Victimization Survey run on an annual basis by the ABS,  
12 but due to the methodology it's possibly not the best  
13 source for this particular information.

14 MR MOSHINSKY: Going back to the Family Violence Database, the  
15 different datasets that comprise it, it's possible to  
16 analyse each of those sort of individually. Is it  
17 possibly to sort of total them all up to get a picture of  
18 what's happening, or is that not how it works?

19 MS DOWSLEY: That would not be recommended purely because - as  
20 you are taking the view of each particular agency about  
21 its client base or the people that it's responding to.  
22 You can have in our system very valid pathways where you  
23 have victims going to multiple services at the same time  
24 for different particular needs. So, if you tried to  
25 simply sum all the experience across them, you would end  
26 up with a lot of potential double counting. So it's  
27 really more about looking at things in a complementary way  
28 rather than a cumulative way.

29 DR DIEMER: Can I just add something to that, just to simplify  
30 it. It's not counting individual people that can easily  
31 link together. It's counting the service provided

1 overall, so there will be multiple services provided to  
2 individuals.

3 MR MOSHINSKY: So even within one dataset it's counting  
4 services provided, not necessarily possible to say how  
5 many individuals access those services?

6 DR DIEMER: Correct.

7 DEPUTY COMMISSIONER NICHOLSON: Do those individual datasets  
8 give each person a unique identifier so they can pick up  
9 on that?

10 MS DOWSLEY: Some do and for some it's possible.

11 COMMISSIONER NEAVE: But the limitation from the point of view  
12 of public policy is, although you can track demand on the  
13 system, it's very difficult to unpick what that means in  
14 terms of human beings.

15 MS DOWSLEY: It's a more complicated prospect. There are  
16 things that we can look at doing to get closer to that.  
17 But at the moment the way the database has been set up to  
18 date that hasn't been the way it's been running.

19 COMMISSIONER NEAVE: We know what we have asked you to do.  
20 But, for example, to track the proportion of services that  
21 go to repeat users of family violence or repeat victims of  
22 family violence as opposed to overall services would be  
23 quite difficult to do. I'm not saying it's impossible,  
24 but it's difficult.

25 MS DOWSLEY: It depends on the source. For instance, my agency  
26 has the greatest experience to date with our Victoria  
27 Police data because that's what we are set up to do and we  
28 have only just started working with the Family Violence  
29 Database in recent times. So we have found ways that we  
30 can identify individuals within that dataset so we can  
31 look at repeat experience of victimisation, we can look at

1 repeat experience of offending. We just released a report  
2 not too long ago, on 1 October, that covered off on a lot  
3 of those populations. So it is possible to create those  
4 in that dataset, and I believe there's potential to do it  
5 in a number of other datasets as well.

6 MR MOSHINSKY: Perhaps while we are on this topic, I might ask  
7 you a few more questions around this issue of data  
8 linkage. We have these discrete databases, and there's  
9 quite a bit of analysis that can be done on each of those  
10 to gain learnings. If one wanted to sort of accumulate  
11 the data across more than one of those datasets, what  
12 system does one need to have to enable that to happen?

13 MS DOWSLEY: If you were doing it for statistical purposes  
14 where your interest is after the fact working out what's  
15 gone on, there's not too much system activity. It's more  
16 a matter of extracting information out of the system,  
17 putting it into a more flexible environment where you can  
18 create those linkages. If you wanted data to be linked  
19 for operational purposes in real-time, that's a different  
20 proposition. Then you are talking about systems that need  
21 to work differently.

22 MR MOSHINSKY: There is I think reference in some of the  
23 documentation to statistical linkage. Could one of you  
24 just explain to us what do we mean when we are talking  
25 about statistical linkage?

26 MS DOWSLEY: In a process of statistical linkage - we have done  
27 a few exercises like that in the agency - essentially what  
28 you are doing is taking a couple of different datasets.  
29 You are looking at personal identifiers for each person,  
30 so name, sex, date of birth - those kinds of variables.  
31 They get run through an algorithm which creates a

1 statistical linkage key. It essentially just takes  
2 certain characteristics of those variables, creates a  
3 code. That code gets applied to each person. You run it  
4 over the two datasets. It gives the same code to John  
5 Smith here, the same code to John Smith here, and then you  
6 can link them together based on that particular  
7 statistical linkage key.

8 So it's a way of then creating a linked database  
9 which has uniquely identified people within a certain  
10 margin of error depending on the quality of your inputs  
11 and the quality of the linkage process, and then you can  
12 remove the personal identifiers, you can just use that  
13 code and you can then conduct your unique person analysis.

14 MR MOSHINSKY: Is that technically a difficult task to develop  
15 those statistical linkage keys and add them to these  
16 databases, for example?

17 MS DOWSLEY: Not really. They already exist and they are  
18 already used across a number of government departments and  
19 agencies that we are working with.

20 MR MOSHINSKY: Is the problem here that some of the databases  
21 don't have the raw material in them to enable that  
22 statistical linkage key to be developed?

23 MS DOWSLEY: The quality you get out will always be dependent  
24 on the quality that goes in. So if you have issues with a  
25 particular dataset around how well those core personal  
26 identifiers are recorded, then obviously that will impact  
27 on how useful your output is. So that's probably the main  
28 restriction, to be honest.

29 MR MOSHINSKY: So potentially one could adopt this approach  
30 here if one wanted to look across more than one dataset?

31 MS DOWSLEY: Theoretically possible, and it makes sense the

1 more related that the datasets are.

2 DR DIEMER: I think it also relates to the agreements that are  
3 in place for providing the dataset and whether those data  
4 fields are included. That's always been part of the  
5 negotiation.

6 COMMISSIONER NEAVE: So there's the MOUs that you have with the  
7 various providers of the data?

8 MS DOWSLEY: Correct, and it does mean that you have to have  
9 all the appropriate mechanisms and policies in place  
10 around protecting people's very personal information. So  
11 it is very possible to do this work. It does already  
12 occur. It just means that you have to go through some  
13 formal processes to make sure that it's conducted in a  
14 safe and responsible and ethical way.

15 COMMISSIONER NEAVE: Can I just ask a question about you  
16 distinguish between a look back and an operational  
17 requirement. In terms of operational requirements we have  
18 heard a lot from the magistrates about the information  
19 that is not available to them when they have a particular  
20 family violence matter before them, which will include  
21 information about other things relevant to that person  
22 which might be very relevant to issues like safety or what  
23 sorts of orders should be made. So there are constraints  
24 built into those systems, as I understand it. They are  
25 old systems, the systems don't link and so on. Would it  
26 require a complete re-design of the system? If you wanted  
27 to, for instance, link the criminal and civil matters, the  
28 police call-outs, the Family Court orders, all of those  
29 things - I know that's another jurisdiction - if you  
30 wanted to do that, would you have to build a completely  
31 new system to do that?

1 MS DOWSLEY: It would be hard for me to give you a definitive  
2 answer on that one just because I have not gone through  
3 and audited the way those systems operate for that  
4 objective. That's not my area of interest, so I haven't  
5 done the full assessment to be able to tell you.

6 I think there's two issues there, though.  
7 There's the first around does the information that people  
8 require at all points of that system and desire at all  
9 points of that system get recorded in a codified way -  
10 does it go in - and then how do you move it to the right  
11 places.

12 So, depending on exactly what the particular  
13 piece of information that magistrate, for instance, was  
14 interested in looking at, is it a problem of it not  
15 appearing on their desk or because police didn't record it  
16 or another entity didn't record it and provide it. So  
17 I think there is teasing out those two issues because one  
18 may require a far more technical solution than the other.

19 COMMISSIONER NEAVE: Yes, I understand. Thank you.

20 MR MOSHINSKY: Could I ask you, Ms Dowsley, to comment on  
21 what's the quality of the data that is in the different  
22 datasets in the Family Violence Database?

23 MS DOWSLEY: Like all administrative data, it's a bit mixed and  
24 it has its limitations. In terms of the key variables we  
25 have been using to determine whether or not family  
26 violence is part of the incident or part of the scope we  
27 have found that the quality is pretty good, that generally  
28 organisations seem very focused on that and it's been  
29 improving over time from what we can see.

30 When it comes to core identifiers about  
31 individuals - age, sex, the really basic building blocks -



1       those are very well recorded. We have got good quality  
2       there. The areas where it tends to be a little bit more  
3       patchy, I would say, is around the slightly more  
4       peripheral socio-demographic variables, which maybe aren't  
5       as tied to the core business of the agency doing the  
6       recording. Unfortunately they tend to be areas of very  
7       high policy interest. So our Aboriginal identification is  
8       not always as we would like it to be. It's quite often of  
9       reasonably poor quality. Recording of disability is  
10      generally fairly poor and also difficult to define. So  
11      operationally there are challenges there as well.  
12      Similarly, CALD is an area of high interest but where  
13      there's very limited information available, and I would  
14      suspect a lack of agreement about what's really required  
15      there as well. So, depending on how far you move from the  
16      really core variables, the quality tends to get a little  
17      bit more diminished.

18   MR MOSHINSKY: Is the quality sufficient for research purposes?

19   MS DOWSLEY: It depends on the question. In terms of giving  
20      you basic profiles of clients moving through a system,  
21      it's generally fairly good for the basic breakdowns. If  
22      you had very specific interests around, for instance,  
23      disability through a system, it's really problematic just  
24      because the coverage is so low and generally it's only  
25      recorded when, for instance, someone has to book an  
26      interpreter, which I think everyone would argue is not  
27      really what you are probably interested in there if you  
28      wanted to really fully understand people's experience. So  
29      I think it really depends on what you want to look at.

30   MR MOSHINSKY: Perhaps on that topic of quality, could I invite  
31      either of you to comment on that issue and what are some

1 of the issues around getting good quality data even when  
2 it is administrative by-product data?

3 DR DIEMER: I just wanted to add to that in particular that  
4 there is a lot of data that's missing, and it's not just  
5 because that it's not filled in for the client but the  
6 client may not actually be recorded as a family violence  
7 client because of the way that the person entering the  
8 data is either asking the questions or what's available on  
9 their data screen. So they might not have the option of  
10 family violence appearing.

11 So even when people are seeking assistance we may  
12 be missing a whole lot of people who have family violence  
13 issues or are seeking a service for family violence  
14 related matters. An example would be the housing data,  
15 homelessness data, where clients are asked for their main  
16 reason for seeking support or seeking housing support and  
17 that particular day it might be related to "I can't afford  
18 my rent", so that goes in as their main reason, and then  
19 there might be other reasons that lead to that. Depending  
20 on how busy the worker is, they may or may not ask for the  
21 other reasons. They may not ask those questions well.  
22 The person may not want to disclose that there is family  
23 violence behind the reason that they can't afford their  
24 rent, for example. Through asking the rest of the  
25 questions the worker may determine that there is family  
26 violence issues but they may never go back and change that  
27 original data field for the main reason for seeking  
28 support.

29 Then the other thing is that there is a whole lot  
30 of datasets, and this goes back to Commissioner Neave's  
31 question that there is information contained in case notes

1       that there are not data fields that you can easily then  
2       extract information from. In some datasets you don't even  
3       know the relationship between the victim and the offender;  
4       it is in the case notes. So if you wanted to actually  
5       extract that - you wouldn't know that necessarily a  
6       homicide was related to a family incident, only if you  
7       went into the case notes and got that relationship. So  
8       that's one part of it.

9               The other part of it would be the time and  
10       training of the workers, and what they deem as a mandatory  
11       or an important data field, whether they have the time to  
12       fill it in, and they are often filling in data across two  
13       or three different data systems, depending what they are  
14       funded for, and that data doesn't populate from one to the  
15       other, so they have to re-enter it over and over again,  
16       and that takes up a considerable amount of time. So how  
17       much effort they put into the rest of the data will just  
18       depend.

19   MR MOSHINSKY: Ms Dowsley, did you want to add anything to that  
20       about some of the challenges of in the real world getting  
21       the good quality data collected?

22   MS DOWSLEY: I think the fundamental one is I suppose the  
23       business priority on the day. So we are taking  
24       information from law enforcement, from service providers,  
25       from other support agencies. A lot of these institutions  
26       have very set formal roles. That's what they are  
27       responding to. So depending on their workload on the day,  
28       depending on what's the most important issue to be  
29       resolved for that person, paperwork can sometimes take a  
30       backseat, and that's just par for the course. We are  
31       never going to have perfect data coming out of a business

1 system for that reason.

2 As I mentioned, we have some challenges around  
3 its priority amongst other types of information that  
4 people have to record. People record what's important to  
5 them. We have seen an improvement in the family violence  
6 recording over recent years, which I think reflects  
7 agencies' increasing cognisance of the importance of this  
8 information and that it will be used and it is being  
9 sought.

10 We do have challenges around a number of systems  
11 that agencies use are hard work and there are  
12 disincentives for people to spend a lot of time trying to  
13 work with them to enter data. So you tend to hence get  
14 strong reporting on the really core things that people  
15 need to put in to make the business run and the more  
16 peripheral data items maybe don't get filled out quite so  
17 often.

18 We don't necessarily have the level of  
19 standardisation around some of our key data variables that  
20 we would like across all organisations. They have been  
21 largely developed independent of each other. They spring  
22 up in relation to a business need. They are not  
23 necessarily connected to any broader standards around how  
24 you collect some of the basic and common items. So  
25 there's a number of things that just at fundamentals we  
26 could probably address in different ways.

27 COMMISSIONER NEAVE: Can I just ask a follow-on question from  
28 that. You referred to the difficulties that people are  
29 confronted with when they are filling out multiple forms  
30 and that's not their primary task. Their primary task is  
31 to provide the service or whatever. Dr Diemer, you made a

1 reference to the fact that very often you have to fill out  
2 a form more than once; in other words, some of the basic  
3 data doesn't populate automatically across systems. Do  
4 either of you know has any work been done on simplifying  
5 those processes so that if you are a worker in an agency  
6 and you have to fill out three different forms on your  
7 screen some of that information is automatically  
8 transferred and populated into the next form to make the  
9 task easier?

10 MS DOWSLEY: To my knowledge, these things tend to get  
11 addressed during major system upgrades. So, for instance,  
12 the PIP project that Victoria Police are going through, a  
13 lot of it is about how you streamline what you do during  
14 the various court projects they have had. Part of it is  
15 about are we making sure that we are streamlining what we  
16 are doing and carrying forward what we can. That tends to  
17 be the time when those sorts of reviews occur.

18 So, if you have a long legacy system, things tend  
19 to get added more than they get taken away and they don't  
20 necessarily get connected because it would be a  
21 retrofitting exercise and it can be a significant  
22 investment. So the window, in my experience, tends to be  
23 when you are already undergoing a change and you can sneak  
24 through some of those improvements at the same time.

25 DR DIEMER: I know Victoria Police did go through this process  
26 recently with their family violence incident data, the  
27 LEAP database and the forms that they have to fill out,  
28 and that probably took a two-year process to get that  
29 automated, the research and stuff that went back through  
30 that. It wasn't all the data fields. It was a staged  
31 process. So it was quite a big undertaking for them to do

1           that.

2                       As far as the Health and Human Services datasets,  
3           I'm not aware of work that's been done at the moment.  
4           There might be some work being done at the moment, but  
5           I haven't seen anything that would translate into the  
6           field. I think part of the reasons for the different  
7           datasets is they are funded through different sources. If  
8           they could be linked together that would be helpful,  
9           I think.

10   COMMISSIONER NEAVE: We have certainly heard complaints about  
11           that from some of the community organisations that are  
12           receiving funding where they say that in order to acquit  
13           the amounts that they have received they have to fill out  
14           multiple forms to show they have done what they said  
15           they'd do for the purposes of different funding sources.

16   DR DIEMER: Exactly, and that actually contributes to some  
17           inaccuracy in the data because they might be funded for a  
18           certain number of clients for a certain type of service  
19           but they might be needing - they might have demand for a  
20           larger number of clients to have that same service but  
21           they can only support 30 clients. So they have to find  
22           that source of funding somewhere else and it gets recorded  
23           perhaps as a different type of client. So we don't know  
24           necessarily the true demand and the true service that's  
25           actually being provided.

26   COMMISSIONER NEAVE: Thank you.

27   MR MOSHINSKY: Are there some parts of service provision by  
28           government that relate to family violence that aren't  
29           included in the Family Violence Database?

30   MS DOWSLEY: Yes. There's a number of them. Probably some of  
31           the interesting sources to look at would be Ambulance

1 Victoria data, perhaps. They certainly do some recording  
2 around that. It doesn't include child protection, which  
3 is obviously a significant cognate area. There's a good  
4 proportion of criminal courts where we don't have  
5 coverage. We get some information there relating to  
6 primarily the civil courts but not so much the criminal  
7 court side. Corrections Victoria currently aren't part of  
8 the mix, and we are not looking at youth justice  
9 particularly. It's focused primarily on the adult system  
10 at this stage. So there's a number of areas where we have  
11 existing data or data that could be made into a fit and  
12 useable state but it's not currently part of the database.

13 DR DIEMER: I would probably add to that community legal  
14 services and some of the health services.

15 MR MOSHINSKY: In terms of health services, I know it's funded  
16 through another arm of government, but the GPs would be  
17 one example of data that's not - - -

18 DR DIEMER: GPs, drug and alcohol, mental illness, psychiatric  
19 hospitals.

20 COMMISSIONER NEAVE: So some of those areas you mentioned  
21 relate particularly to children who are the victims of  
22 family violence directly or indirectly. Really what you  
23 are saying is there's nothing much there on children?

24 MS DOWSLEY: There is some information. I don't think that's  
25 entirely representative. It's just that some of the  
26 particularly dedicated services I think probably aren't  
27 part of the mix. But certainly where it's going through  
28 the mainstream we do.

29 COMMISSIONER NEAVE: So you pick it up through the police data,  
30 the L17s?

31 MS DOWSLEY: Police data, court data, order data.

1 DR DIEMER: Often they are linked to an adult victim - so there  
2 might be children in the family - rather than the child  
3 being the primary victim listed.

4 DEPUTY COMMISSIONER FAULKNER: You mentioned that if you were  
5 to get a greater integration there's a set of key  
6 variables that are needed. Is there work going on across  
7 Victoria government - I understood from part of your  
8 background you might have been engaged in this process  
9 previously. Is there current work to make sure that  
10 related datasets have collection of those key data  
11 variables that you are talking about?

12 MS DOWSLEY: Certainly most government datasets just do,  
13 because what we are really looking at there are name, date  
14 of birth, sex, sometimes some address data is useful as  
15 well. So they are generally fairly core data items that  
16 you need in terms of establishing someone's identity. So  
17 I think it's more about understanding the quality of that  
18 identity recording and how useable it is for then creating  
19 linkage. That's where a lot of the work is sitting for us  
20 at the moment, is testing some of those linkages that  
21 could be created. But a lot of the raw data that you are  
22 looking for exists. It's just a matter of how good it is.

23 DEPUTY COMMISSIONER FAULKNER: Is there a way of strengthening  
24 that through, say, having driver's licence numbers  
25 collected routinely or something?

26 MS DOWSLEY: It's possibly quite a much larger discussion about  
27 how you verify identity. Again, I think it comes back to  
28 the level of accuracy you require for different purposes.  
29 So for us to conduct a statistical analysis to be able to  
30 advise on patterns, trends, profiles, et cetera - - -

31 DEPUTY COMMISSIONER FAULKNER: You've got enough.



1 MS DOWSLEY: It kind of works. However, if you wanted to do  
2 things to a much higher level of accuracy for very  
3 specific tracking of individuals, et cetera, then you  
4 might be looking to do you require a different approach to  
5 identity and then how does that work in a system where for  
6 very legitimate reasons people may be changing names and  
7 identity and reporting that in different ways to different  
8 services.

9 So there are a few little complexities there if  
10 you are talking about it for the purpose of trying to  
11 create a very accurate, 100 per cent linkage. For our  
12 purposes, however, it is generally fit for purpose in  
13 terms of the areas we have looked at so far.

14 DEPUTY COMMISSIONER FAULKNER: Thank you.

15 MR MOSHINSKY: Can I invite each of you to comment on, to the  
16 extent we haven't covered it already, what other - are  
17 there any other limitations that you see with the Family  
18 Violence Database? We have touched on some, but are there  
19 any others that you would refer to?

20 DR DIEMER: I suppose one of the positive things when we were  
21 setting up the database is that we invited all the data  
22 providers to participate in a data provider user group,  
23 and through that process of involving the data providers  
24 they started to understand what data fields they needed to  
25 include in their datasets. So there was general goodwill  
26 towards improving the datasets, but it might be  
27 understanding what else is needed by the people who are  
28 using the data, and also then a consistency. So how do  
29 you actually record relationship and how does that appear  
30 on the form? In the early days we had "relationship", and  
31 the person filling it in didn't know if that meant my

1 relationship to that person or that person's relationship  
2 to me. So you had a lot of confusion in simple data entry  
3 fields like that. So I think having data providers  
4 involved and some of the data users involved would help  
5 improve the usability of the data.

6 The other thing is to be able to tailor the data  
7 systems. Some of the data systems like the SHIP database  
8 or the CLSIS database for the community legal aid can be  
9 tailored by the users or the agencies, but they are so  
10 difficult to tailor that they tend not to do it. It would  
11 have to be quite a large investment from the organisation  
12 or from the management there. Those are the two main  
13 things that came off the top of my head.

14 COMMISSIONER NEAVE: Just following on with that question, if  
15 you are thinking about family violence policy for the  
16 future, not taking a snapshot of the past but thinking  
17 about how you would design a better system, what are the  
18 advantages and disadvantages of the current databases?

19 DR DIEMER: The primary gap is we have very little data on  
20 perpetrators. There just isn't a body collecting much  
21 information. There is police data, but it is also limited  
22 on what you can get on perpetrators through the police  
23 dataset. The Corrections data is quite difficult to get  
24 access to. Fiona might have better access to that than we  
25 have had experience. Then the way that the police data  
26 and the Corrections data don't necessarily synchronise,  
27 one tends to override the other. You can probably speak  
28 to that better.

29 MS DOWSLEY: We have made the Corrections stuff work. I think  
30 for me there is work we can do around strengthening some  
31 of the standardisation and strengthening some of the

1 governance around how across government we are collecting,  
2 storing, using our family violence information through the  
3 database. I think if we do go down the track of expanding  
4 the database that also creates extra opportunities to do  
5 that.

6 I feel like there's a good foundation in the  
7 project. We have only just taken it on, but from what we  
8 have seen there's a good structure that could be expanded  
9 further which means that it can answer some more of those  
10 questions that are required in the future and provide more  
11 input into policy, and especially about the impacts of  
12 policy, because I think that's been part of the challenge.  
13 We see new things come into the system, but we have not  
14 been watching it at such a close grained level that we are  
15 actually effectively mapping what those impacts are. So  
16 I feel like if we can work on some of the quality and  
17 standardisation we have a much better evidence base  
18 through which we can then analyse what are the impacts and  
19 what are we seeing.

20 COMMISSIONER NEAVE: As a matter of interest when you are  
21 thinking about those processes and what might be done,  
22 what sort of liaison do you have with researchers? There  
23 would be criminologists out there who would be saying,  
24 "You should be doing X, Y and Z or this might help."  
25 Having that based on some sort of data would be helpful.  
26 So is there any process by which the government involves  
27 researchers who have expertise in this area and are  
28 thinking about policy development in the development of  
29 databases?

30 MS DOWSLEY: I can't speak for all areas across government.

31 I can talk to you about how my agency operates in that

1        regard. As I mentioned, we released our research agenda  
2        earlier this year which is very much an invitation  
3        document for us to then go and discuss areas of key  
4        priority with colleagues across the board, across  
5        different agencies and also in academia. One of the major  
6        planks of interest we had there was around family violence  
7        and sexual assault.

8                So I think it's an evolving conversation as  
9        people work out what information we actually do have  
10       that's available and that we can make available and it  
11       starts to both spark ideas within academia about how that  
12       can be used and also provide a feedback loop to us of,  
13       "Here's what we are actually interested in looking at."

14               So we are really just starting those processes  
15       through our initial consultations around the research  
16       agenda and through the day-to-day conversations we are  
17       having with people as they do come to us for information.  
18       We are still very much doing the requirements gathering,  
19       and I think over time it becomes, as I say, a symbiotic  
20       relationship of as we provide more information in  
21       different ways we get more feedback of how people are  
22       using it and where those gaps are and we can work to fill  
23       them over time.

24    MR MOSHINSKY: The datasets that are in the Family Violence  
25       Database, broadly speaking, are - I think it was referred  
26       to as - an administrative by-product of data that's  
27       collected along the way in terms of service provision. Is  
28       there scope to sit back and say, "These are the questions  
29       we would like answered. This would be the data that we  
30       really need to answer those questions for policy  
31       development purposes," and then sort of go out and collect

1           that data? Is there potential sort of in real terms for  
2           that approach to be adopted?

3 MS DOWSLEY: Certainly. It comes down to feasibility, really.

4           There are instances where we have gaps in the system just  
5           because it wasn't thought of when the system was designed  
6           or it just hasn't been applied for whatever practical  
7           reason up until that point and it's a matter of just  
8           implementing a solution.

9                       There are other instances where it's a matter of  
10          finding out, "Is it feasible to collect the data in the  
11          course of that business? Is that the best site for  
12          collecting that information? Is it better sourced another  
13          way?" So I think there's a process of sorting out where's  
14          the best place to get that and how do you manage it in a  
15          way that isn't creating increasing burden for victims, for  
16          perpetrators, for any kind of information respondent and  
17          also for services. It's a balancing act between how you  
18          marry all those things up.

19 DR DIEMER: I certainly think there have been a lot of  
20          conversations over the years about what would be ideal in  
21          a dataset, what would be a minimum dataset. Part of it  
22          comes back to the capacity of the dataset itself and what  
23          would be required to overhaul that or make those changes.

24                 I have to say that one of the really positive  
25          things coming out of this Royal Commission is data is  
26          appearing that we have been asking for for years and all  
27          of a sudden it appears. Somehow it's been able to be  
28          pulled out of the system. So that's been very helpful.

29                 The other thing that I think is missing in the  
30          datasets is the risk assessment data. So there's a lot of  
31          agencies using risk assessment, but that information is

1 not collected pretty much anywhere. So there would need  
2 to be a way of collecting risk assessment data over time,  
3 because you don't collect risk assessment at one point in  
4 time, you need to collect it every time that client comes  
5 in to just update that. So that would be quite a big  
6 change to the way data is collected, and that would be  
7 looking at future. So that helps to plan how can we pick  
8 up the risks earlier and what are they then related to if  
9 we could relate it to other things in the dataset.

10 MS DOWSLEY: And presumably validation of those processes as  
11 well.

12 DR DIEMER: Yes.

13 DEPUTY COMMISSIONER FAULKNER: Dr Diemer, you just said that  
14 some data that you have been asking for for a long time  
15 has just magically appeared. Can you give me an example?  
16 Is there the potential that some more data could magically  
17 appear? One that I'm very interested in is GPs, and  
18 I know it's not a state system. But tell me the magic  
19 that's happened.

20 DR DIEMER: Particularly things around the court data that we  
21 have been trying - we have been working with courts for a  
22 long time with the database and there's been a lot of  
23 engagement, a lot of goodwill to try to provide  
24 information, and with police as well. A lot of what we  
25 have wanted to access they would have had to manually  
26 extract. So to be able to do that they have needed a lot  
27 more resources or sort of imprimatur to provide that data.

28 DEPUTY COMMISSIONER FAULKNER: If I then apply that to GPs, do  
29 you know if that's the same problem or is it just a matter  
30 of not collecting?

31 DR DIEMER: From the GP data systems that I have seen there

1           isn't necessarily an easy field that they could just fill  
2           in for family violence as an indicator. So it would be  
3           through the case notes. Then that would be a difficult  
4           data collection process.

5 DEPUTY COMMISSIONER FAULKNER: Thank you.

6 DR DIEMER: An example of the courts would be intervention  
7           orders and the conditions on those intervention orders.  
8           We might know there is a condition, but we don't know the  
9           details of that condition. So they would have had to  
10          extract that manually.

11 MR MOSHINSKY: I might move now to a new topic, which is data  
12          around programs or projects that are implemented and the  
13          evaluation of those programs and projects and perhaps ask  
14          you, Dr Diemer, could you make some observations about how  
15          generally this has gone about and perhaps what you would  
16          like to see?

17 DR DIEMER: Sorry, can you just repeat - - -

18 MR MOSHINSKY: So the way that, generally speaking, data is  
19          collected about programs that are implemented and how they  
20          are evaluated and what's the general practice there?

21 DR DIEMER: The general practice from what I understand, and  
22          this is only the agencies and organisations I have been  
23          involved with, is a program might be funded and in order  
24          to request refunding - funded for a short period of time;  
25          it might be two years, three years, usually a maximum of  
26          three years. Then they are requested to provide an  
27          evaluation so they can apply for additional funding when  
28          that expires.

29                 That process is flawed both in terms of the  
30          timeframe and the fact that you are asking service  
31          providers to do an evaluation who are not trained

1 evaluators and who often don't have the data systems in  
2 place to be able to do an effective evaluation. If they  
3 have to purchase evaluation contractors to come in, they  
4 are often purchasing them mid-way through the program or  
5 towards the end and there's little scope to actually  
6 improve the data collection from the beginning. So the  
7 evaluation can be really flawed in terms of what they  
8 feasibly can evaluate. If there were better systems put  
9 in place where you had an evaluation component built into  
10 the program from the beginning and you had informed  
11 guidance on how that could proceed, then I think you would  
12 have much better evaluations coming out in this space.

13 MR MOSHINSKY: Do you have a view about the timeframe of  
14 projects that are carried out and what you would like to  
15 see?

16 DR DIEMER: I think in this sort of model that I have had  
17 experience with they tend to ask for the evaluation and  
18 the application for the refunding at the same time. So  
19 there tends not to be enough time to get through a proper  
20 - when you start up a program you have a period of time  
21 where you have to embed the program and see how it is  
22 working. You might need to make changes to it. So the  
23 first year might be in bedding it down, getting it  
24 working. The second year might be fleshing it out,  
25 working with it. Then the third year might be the final  
26 bit of the evaluation which incorporates all that change.

27 If you are having to then apply for your funding  
28 at the same time you often don't have the evaluation  
29 results ready for the funding that you are applying for.  
30 The funding priorities might have shifted. You might find  
31 that that program is no longer going to be funded, so you



1 are thinking about something else or the program itself  
2 may have drifted into what they think the new funding  
3 might be related to. All this makes it very difficult to  
4 evaluate appropriately.

5 So some model that I have thought of and I would  
6 have to suss this out with a lot of people, but if you  
7 could fund a program for six years with an in-between  
8 three-year review so it gives you time to get a program  
9 running, have the evaluation with the expectation that the  
10 funding is going to continue, but if there is a real  
11 problem with the evaluation they might review the funding  
12 in that fourth year rather than have to go through the  
13 whole application process and think about what else would  
14 be funded instead of this program.

15 MR MOSHINSKY: Do you have a view - maybe there's no general  
16 answer possible - on who should do the evaluation, whether  
17 that should be internal or independent from those carrying  
18 out the program?

19 DR DIEMER: Ideally for an evaluation I would like to see it to  
20 be independent, but that's not going to be the case or  
21 possible in all cases. That's quite an expensive  
22 exercise. So I would like to see an independent body set  
23 up that could either undertake evaluations or provide  
24 guidance and tools if the evaluation had to be done  
25 in-house. So there are experts to draw on. I would like  
26 to see the funding - because they tend to fund for the  
27 program but they don't fund for the evaluation but expect  
28 an evaluation to happen. So that funding also needs to  
29 include a component for evaluation so a proper evaluation  
30 can be done.

31 MR MOSHINSKY: Ms Dowsley, do you have anything you would wish

1 to comment on about these questions?

2 MS DOWSLEY: I think it is often a challenge for particularly  
3 smaller organisations to handle evaluation. As someone  
4 who is often asked for information to try to support these  
5 things after the fact it's something I would definitely  
6 support, that it needs to be part of the initial planning.  
7 It's very hard for us to find data about things well after  
8 they have happened. But if we know at the time we can  
9 provide assistance to people there.

10 That's probably the other point, that certainly  
11 our organisation is happy to provide advice and does  
12 provide advice to people about how they might approach  
13 certain things and provide that evaluation support. So  
14 I think there's our organisation, there's ANROWS, there's  
15 a number of people who can be drawn upon in terms of how  
16 to approach some of those projects.

17 MR MOSHINSKY: Can I move to the topic of the possibility of a  
18 statutory agency, which is one of the issues that has come  
19 up in evidence this week and will be the subject of  
20 evidence later in the week as well. A number of  
21 submissions to the Royal Commission have suggested that  
22 there might be a statutory agency set up in relation to  
23 family violence. Some have suggested that part of the  
24 tasks of that agency might include matters relating to  
25 data, either collection or oversight of collection, and  
26 also evaluation. Could I invite each of you to comment on  
27 what are some of the implications of that or whether you  
28 have a view about whether that's a good idea.

29 MS DOWSLEY: Whether it's a good idea, I suppose it depends on  
30 what the actual role would be. In terms of the ability to  
31 produce data and strengthen our governance, I don't think

1       it would be necessary. I think particularly from a  
2       government point of view we have had the collaboration and  
3       the goodwill across departments. Certainly our experience  
4       with the database to date is that it's been a very  
5       positive and collegiate approach to that. I'm not sure  
6       there's a need to duplicate that process. So I think my  
7       question would be about making sure there is a clear  
8       distinction between what everybody is doing as opposed to  
9       creating another body to do the same thing. So I suppose  
10      my question would be more around the detail of exactly  
11      what it would be setting out to do.

12   DR DIEMER: I will take two views. One is historical. I know  
13      we want to look forward and not back but, looking at the  
14      set-up of the Family Violence Database, it was only  
15      possible because it was sitting in an independent unit at  
16      the beginning. So those government bodies did not want  
17      their data to go into another government body. They  
18      wanted it sitting independently.

19                Since that time they have seen how it can work.  
20      It can be handled respectfully and with confidentiality.  
21      So opinions have shifted. But there is always that sort  
22      of risk that now you are balancing between getting access  
23      to data within a government organisation that they are  
24      quite comfortable in providing and being able to request  
25      data because you are within government. So sometimes that  
26      can be a benefit. At the moment that's probably a  
27      benefit.

28                Depending on how things shift over time, you  
29      could be back to a state where internal government bodies  
30      do not want to share data with each other. I'm not sure  
31      what the answer is for that long term. There's benefits

1 of being both independent and being within government.

2 In terms of evaluation, though, I do see that as  
3 important to sit outside of government. The two reasons  
4 are that often programs are funded based on the political  
5 climate or the demand for programs is based on a political  
6 climate, but it may not be related to effective evaluation  
7 of a program or what's actually effectively needed in the  
8 space for family violence, to address family violence. If  
9 there is an independent body who can speak openly and  
10 advise on the programs that have been evaluated or what  
11 they would recommend for future funding, I think that  
12 would be more beneficial.

13 DEPUTY COMMISSIONER FAULKNER: Ms Dowsley, I'm familiar with a  
14 model that says there's a data custodian role that sets  
15 data standards and negotiates inputs, has the memorandums  
16 of understanding, and there is then another body that  
17 designs the research questions and asks them. So the data  
18 body becomes the supplier of quality data. Is that a  
19 distinction that you are familiar with and you have a view  
20 on?

21 MS DOWSLEY: In essence it's how our agency works at the  
22 moment. We are an information service. So people from  
23 outside government, inside government can query us for  
24 information and we can provide it to them. We are that  
25 custodian. We provide that service.

26 It does mean that you have that sunk investment  
27 in terms of your data is held in one place. You have  
28 already established that environment. But others can get  
29 the benefit of the output and the analysis without having  
30 to duplicate that function around.

31 DEPUTY COMMISSIONER FAULKNER: But you also have a role in

1 providing reports in relation to performance of the system  
2 or not?

3 MS DOWSLEY: We answer questions that people ask. So, if they  
4 set a performance framework that includes certain measures  
5 and we can provide those measures, we can provide them.  
6 The information is fairly agnostic. It's how you choose  
7 to use it that gives it those particular purposes.

8 DEPUTY COMMISSIONER FAULKNER: The one that I'm familiar with  
9 is the National Health Performance Authority, and there is  
10 seen to be a conflict between being the organisation that  
11 has the memoranda of understanding and has to have very  
12 good relationships with the data suppliers, and then  
13 reporting on their very performance. I wonder whether you  
14 perceive that conflict.

15 MS DOWSLEY: I suppose that's also the distinction I'm making.  
16 For instance, we are set up independent of Victoria  
17 Police, but we report on the data that we get from them.  
18 But we are not releasing their annual report which has  
19 their performance measures in it. We provide information  
20 that is used for that purpose, but that's not our role to  
21 comment on whether or not they are hitting their KPIs and  
22 what that means. That's someone else's role.

23 So the data itself - it's really about how you  
24 separate the roles. If you had a performance evaluation  
25 function, it can be easier if you are separating that from  
26 the people actually holding the data because it is a safe  
27 place, everybody knows you are going to look after it, you  
28 are going to treat it respectfully as you point out, it's  
29 going to be held securely and ethically and then the data  
30 can be supplied and used for the number of purposes it  
31 needs to be used for, be that informing policy, informing

1 evaluation, informing performance analysis and reporting  
2 or supporting original research. I think distinctions  
3 between these can sometimes be beneficial, but you can  
4 make a number of things work if people have the will as  
5 well.

6 DEPUTY COMMISSIONER FAULKNER: Dr Diemer, the notion that  
7 people have been putting to us is that this agency should  
8 be not of government and yet they are talking about a  
9 statutory authority. So I'm getting quite confused about  
10 what people mean by "not of government". You are not  
11 talking about taking it into a private think-tank or to a  
12 university; you are talking about truly a government  
13 agency that is independent from the government  
14 departments. Is that what you are talking about when you  
15 say "not of government"?

16 DR DIEMER: When I'm talking about a body for evaluations I'm  
17 not talking about a government department. I'm talking  
18 about an independent body.

19 DEPUTY COMMISSIONER FAULKNER: But you are still thinking that  
20 government is going to fund it; so it is going to be set  
21 up under a government statute or something?

22 DR DIEMER: I'm not quite sure how the funding would work. But  
23 it needs to be separated from being influenced by policy  
24 and change of government.

25 DEPUTY COMMISSIONER FAULKNER: So independent from the  
26 departments that are implementing, but possibly still of  
27 government?

28 DR DIEMER: Yes, I'm not sure.

29 DEPUTY COMMISSIONER FAULKNER: That's all right.

30 COMMISSIONER NEAVE: I do have a follow-on question from that.  
31 I think there is a Crime Statistics Agency in South

1 Australia and a Bureau of Crime Statistics in New South  
2 Wales. Are they independent statutory bodies and have  
3 they done any work in the area of family violence?

4 MS DOWSLEY: The South Australian entity is slightly smaller.

5 Probably New South Wales is the best example. So the New  
6 South Wales Bureau of Crime Statistics and Research has  
7 existed for decades. It is a very well-established  
8 institution. It is within the department of - they have  
9 changed title. It was in the Department of Justice and  
10 Attorney-General. I'm not 100 per cent sure on the  
11 machinery of government in New South Wales.

12 But they definitely do a lot of research across  
13 all crime and justice issues. They were the model for the  
14 establishment of my agency. They have done quite a lot of  
15 work on family violence, effectiveness of family violence  
16 programs, trends that are seen, and conducted their own  
17 original research as well as using information from the  
18 justice system.

19 COMMISSIONER NEAVE: So they have done in effect an evaluation  
20 of a particular program to see whether it works, or  
21 particular programs?

22 MS DOWSLEY: To look at the impacts, exactly, yes.

23 COMMISSIONER NEAVE: Thank you.

24 DR DIEMER: Could I just come back to the question about the  
25 independent body. I just wanted to clarify my thoughts on  
26 that. I think it could sit within a university or it  
27 could sit independently. The funding that I'm talking  
28 about for the evaluation should be built into funding the  
29 program as it is delivered so that there is a component  
30 for evaluation, and then the program seeking the  
31 evaluation could either go to an independent evaluator or

1           it could go to a body that has been set up as an evaluator  
2           and spend the money through that.

3   DEPUTY COMMISSIONER FAULKNER:   Thank you.

4   MR MOSHINSKY:   Commissioners, those are my questions.   I don't  
5           know whether the Commissioners have any further questions.

6   COMMISSIONER NEAVE:   No.   Thank you very much indeed,  
7           witnesses.

8   MR MOSHINSKY:   If it is convenient, if we could now have a  
9           15-minute break.

10   <(THE WITNESSES WITHDREW)

11           (Short adjournment.)

12   MS ELLYARD:   The next panel is Dr Bugeja from the Coroner's  
13           Court of Victoria and Ms Mort from the Office of Women in  
14           South Australia.   They are both appearing from separate  
15           remote locations, and I ask that they be brought up on the  
16           screen and sworn in.

17   <FIONA MORT, (via videolink) affirmed and examined:

18   <LYNDAL KATHRYN BUGEJA, (via videolink) affirmed and examined:

19   MS ELLYARD:   Dr Bugeja, may I begin with you.   Could you please  
20           tell the Commission your present position and  
21           responsibilities and a summary of your professional  
22           background?

23   DR BUGEJA:   My current position is the Manager of the Coroner's  
24           Prevention Unit at the Coroner's Court of Victoria.   The  
25           Coroner's Prevention unit is a multi-disciplinary team  
26           comprising 14 staff with various backgrounds in medicines,  
27           social sciences and law.   We have four streams of activity  
28           in the Coroner's Prevention Unit, one being mental health,  
29           health and medical, general (indistinct) prevention and  
30           family violence.

31           The family violence stream of our activity



1 comprises Victoria's Victorian systemic review of family  
2 violence deaths. The family violence death review is led  
3 by the State Coroner, and it's supported by the Coroner's  
4 Prevention Unit. It was established in 2009 following  
5 some funding from the government. We have now been in  
6 operation since that time, and recently had some funding  
7 to reinvigorate the resource that we had dedicated to the  
8 death review. During this time we have conducted a number  
9 of in-depth reviews for the coroner which have culminated  
10 in a number of inquests and non-inquests and a series of  
11 approximately 40 to 50 comments and recommendations to  
12 improve on systems that address individual risk factors  
13 relating to family violence in Victoria.

14 My professional background is I have a Bachelor  
15 of Arts with Honours in Criminology from the University of  
16 Melbourne and I have a PhD in injury prevention from  
17 Monash University.

18 MS ELLYARD: Thank you. May I turn to you, Ms Mort, please.

19 If you could summarise your present role and  
20 responsibilities and your professional background.

21 MS MORT: Currently I'm the Director of the Office for Women in  
22 South Australia, which is located within the Department  
23 for Communities and Social Inclusion. We have lead  
24 responsibility for the South Australian government's  
25 response to violence against women and also represent  
26 South Australia in the national sphere in relation to the  
27 National Plan to Reduce Violence Against Women and Their  
28 Children. We also do a range of other initiatives,  
29 including women's employment, women's leadership and  
30 provide a women's information service through the office.

31 My professional background is I have (indistinct)

1 from the University of South Australia and a Bachelor of  
2 Arts with a major in psychology from Flinders University  
3 of South Australia. I have practised as a social worker  
4 and a senior policy officer in government over a number of  
5 years.

6 MS ELLYARD: Thank you. Ms Mort, may I stay with you. You  
7 have described the Office for Women as presently sitting  
8 within the Department for Communities and Social  
9 Inclusion. Has it always been in that location?

10 MS MORT: No. We previously were located within the  
11 Attorney-General's Department and prior to that, when  
12 I was not part of it, in departments such as the  
13 Department for Transport and the Department for Families  
14 and Communities.

15 MS ELLYARD: What has determined the differing locations that  
16 have been the source for the Office for Women?

17 MS MORT: At times it's been the minister's other portfolios  
18 and at other times it's about where there is more logic to  
19 it being located within a department that has a similar  
20 agenda.

21 MS ELLYARD: From your observation is there a best place for  
22 the Office for Women to be located?

23 MS MORT: I think the history of the Offices for Women  
24 nationally is that they were advocated to be located  
25 within the lead department, so either Department of  
26 Premier and Cabinet or Department of Prime Minister and  
27 Cabinet. However, I think my assessment would certainly  
28 be that it's about the support and the connections that  
29 you have within your host department and how you  
30 facilitate your whole of government role that's more  
31 critical than where you are located.

1 MS ELLYARD: You indicated that the office has responsibility  
2 for the violence against women strategy. Does that  
3 include any supervisory or monitoring role of service  
4 delivery in the area of family violence?

5 MS MORT: We currently provide contract management for two  
6 initiatives of the South Australian government: one, the  
7 Women's Domestic Violence Court Assistance Service and the  
8 other the Women's Safety Contact Program.

9 MS ELLYARD: Dr Bugeja, may I return to you. You referred to  
10 the Prevention Unit at the Coroner's Court. Could you  
11 give a summary of how it is that the Coroner's Court came  
12 to have a prevention focus and what the role of your unit  
13 is generally, not just with regard to family violence?

14 DR BUGEJA: Sure. Prevention has always been a focus of the  
15 Victorian system and a particular strength since the 1985  
16 Act. We had a very forward-thinking state coroner at that  
17 time which was Graeme Johnstone. He was quite passionate  
18 about and recognised the prevention role that coroners had  
19 to play which (indistinct) something that's been  
20 recognised quite historically. So he advocated quite  
21 strongly during that period of time to really move beyond  
22 coroners having abilities and discretion to make  
23 recommendations to (indistinct) more formally recognised  
24 in the legislation which we achieved in the 2008 Act with  
25 having prevention recognised as a purpose in the preamble  
26 and one of the purposes of the Act, and also to have  
27 recommendations required to be responded to.

28 So, in response to having those features in the  
29 legislation, it was recognised that the coroners needed  
30 support or an operational group to support them to achieve  
31 that prevention mandate. In response to that, the

1 Coroner's Prevention Unit was established.

2 Our role is really quite simple. It is to assist  
3 coroners to formulate evidence based and feasible  
4 recommendations. So really the idea is that members of  
5 the Coroner's Prevention Unit would have a range of  
6 specialist skills, that they would operate as that conduit  
7 between the coroners, the scientific research evidence,  
8 the people in government and non-government organisations  
9 that have responsibility for health and safety within the  
10 Victorian community, engage with those people not only to  
11 identify the risk factors that coroners might be  
12 investigating but also avenues for potential prevention  
13 that they themselves recognise.

14 So in that way we are trying to bring to the  
15 coroners opportunities to address gaps in public health  
16 and safety. Not only are we drawing from scientific  
17 evidence but also from the local policy programs that are  
18 already in place and really trying to apply that  
19 information to the investigation that the coroner is  
20 undertaking. So that's why we require a range of - - -

21 MS ELLYARD: Just to understand what that means in practical  
22 terms, does the Prevention Unit play a role in the  
23 investigation of every death or is there a process by  
24 which you identify death which might be representative of  
25 broader systemic issues?

26 DR BUGEJA: Coroners have discretion to seek our assistance.  
27 They are responsible for investigating upwards of 6,000  
28 deaths a year in Victoria. So they apply sort of the  
29 first filter of the cases that they want assistance with.  
30 That's slightly different with family violence. But if we  
31 are speaking generally about the Prevention Unit it's at

1 the coroner's discretion which cases they would like  
2 assistance with, and they will put that through - we have  
3 an established process whereby they will seek assistance  
4 and that will be assessed and assigned to an investigator  
5 who then assists them and gives them written advice at the  
6 end of their inquiries to assist with their investigation  
7 and how that investigation might be completed and the  
8 recommendations that they might make.

9 MS ELLYARD: In the area of family violence can I ask whether  
10 any issues arise - because of course the coroners are  
11 investigating deaths, so they are investigating in the  
12 case of family violence victims. When you start to think  
13 about how the Prevention Unit might work on systemic  
14 issues involving family violence, does any issue arise  
15 because of the victim focus that coroners have as opposed  
16 to, for example, issues involving perpetrators which might  
17 fall outside the traditional scope of what the coroners  
18 do?

19 DR BUGEJA: Absolutely. We are a victim based investigation  
20 and inquiry. However, we have sought to overcome that by  
21 seeking information. So when there's a criminal trial we  
22 obviously have access to the sentencing remarks, and we  
23 find that incredibly valuable. But we are not just  
24 interested in the risk factors that are pertinent to a  
25 victim or to the person who is the decedent, because it  
26 might (indistinct) the person who is the perpetrator.  
27 There are lots of different scenarios that might come to  
28 bear.

29 So what we try to do is find out information  
30 about both parties that are involved in family violence  
31 homicide. We have more (indistinct) than others. In some

1 cases if there is no criminal investigation because it's a  
2 homicide suicide then that's a different scenario, but  
3 that suicide is also subject to a coronial investigation.  
4 So we can get the information from that process as well.  
5 So we do seek information about both parties, the risk  
6 factors that are present for them as well as those system  
7 issues.

8 Over time we have generated some standard  
9 approaches to identifying the information that we are  
10 interested in and from our perspective we are just as  
11 interested in the factors that are present for a  
12 perpetrator or an offender as we are for a victim or a  
13 decedent because we are applying public health principles  
14 and from our perspective we see that primary prevention  
15 and the identification of people who are using violence is  
16 a very important feature of prevention and probably where  
17 we can get some tangible prevention outcomes in the  
18 future.

19 MS ELLYARD: May I turn to you, Ms Mort. As I understand it  
20 there are two relatively new positions that are auspiced  
21 or funded by the Office for Women that work in a similar  
22 way to the kind of prevention initiative I have just been  
23 talking about with Dr Bugeja, including a position based  
24 at the Coroner's Court. Could I ask you to summarise the  
25 context in which those two positions came to exist?

26 MS MORT: So the first one is the senior research officer for  
27 domestic violence. That is an Office for Women position  
28 but is actually outposted to Coroner's Court and works in  
29 partnership with the Coroner's Court in terms of  
30 investigating coronial matters where there's a domestic  
31 violence context. That position came about as a result of

1       advocacy from our sector and was an election commitment at  
2       the 2010 state election.

3               The second position which I think you are  
4       referring to is a more recent position that's been  
5       operating since January this year. It is a domestic  
6       violence response review position, which was one of the  
7       initiatives announced by the Premier in response to the  
8       coroner's findings into the murder of Zahra Abrahamzadeh.  
9       Last year the findings were released.

10              That position is an Office for Women's position  
11       again, but it is co-located with our multi-agency  
12       protection service. Its role is to actually look at  
13       situations where there may be issues from the perspective  
14       of particularly our non-government organisations where  
15       they think that policy or procedures haven't been followed  
16       correctly and there needs to be some sort of an assessment  
17       and intervention to try to get a better outcome to prevent  
18       the escalation of violence or ultimately to prevent the  
19       death of a woman in a domestic violence situation.

20   MS ELLYARD: You mentioned a particular coronial inquest and  
21       finding. Without wanting to go into all of the facts of  
22       the death of that person, were part of the circumstances  
23       as found by the coroner related to a failure of systems  
24       and processes in relation to family violence?

25   MS MORT: Absolutely. There were 10 specific recommendations  
26       made by the coroner in that inquest and they were  
27       forwarded to our Premier. Those 10 specific  
28       recommendations pertain to particularly police practices  
29       in South Australia, which police have certainly done an  
30       incredible amount of work in actually trying to address,  
31       but in addition to those there were a number of

1 initiatives put in place.

2 MS ELLYARD: Can I return then to the first position, which is  
3 the senior research officer for women's safety outposted  
4 to the Coroner's Office. What does that person do?

5 MS MORT: That position is actually part of the coronial  
6 investigation team. So when there is a matter that  
7 there's a domestic violence aspect identified or concern  
8 that there is domestic violence within the situation she  
9 will be involved in all the proceedings from when the case  
10 is referred to the coroners to, if it ultimately forms  
11 part of an inquest from the coroner, she will participate  
12 in that and support the actual process.

13 So her role in particular is about identifying  
14 where the victim or the perpetrator or other family  
15 members could have come in contact with the system and  
16 actually seeking out information using the coronial powers  
17 and also providing advice to various parts of the  
18 investigation team such as the counsel assisting and the  
19 coroner and deputy state coroners themselves about  
20 procedures from there.

21 MS ELLYARD: Does that person have a family violence  
22 background? Is it designed to be position for someone who  
23 has specialist knowledge about family violence?

24 MS MORT: Yes, the job specification for that position has a  
25 requirement of knowledge and understanding about domestic  
26 violence and knowledge and understanding of the systems in  
27 South Australia that pertain to domestic violence.

28 MS ELLYARD: Thank you. May I turn back to you, Dr Bugeja, and  
29 ask you about the family violence death review process  
30 which you said earlier in your evidence commenced in 2009;  
31 is that correct?



1 DR BUGEJA: That's correct.

2 MS ELLYARD: I think you indicated that it had changed a little  
3 bit over time and aspects of it have recently been  
4 enlivened. At the time that the family violence death  
5 review process was initiated how was it funded and what  
6 was its purpose designed to be?

7 DR BUGEJA: It was funded through government, I think through  
8 the Department of Justice, with some sort of seed funding  
9 initially. We sought to refine the model over time.  
10 Initially we were looking at any family violence death  
11 that occurred based on the relationship between the  
12 deceased and the offender. As time evolved we reduced our  
13 focus to deaths occurring between intimate and familial  
14 and family like people, but also there had to be a family  
15 violence context as well.

16 As time has gone on we have operationalised the  
17 definition to include a history of family violence which  
18 includes the range of behaviours that constitute family  
19 violence, any actual or pending separation between the  
20 parties, and child custody disputes. So you have to meet  
21 both of those criteria to be in the review. So that  
22 probably gives between 10 and 15 deaths that meet our  
23 criteria a year. In terms of - - -

24 MS ELLYARD: I'm sorry to interrupt you, but does that mean if  
25 someone is killed by a family member where there's no past  
26 history as far as anyone was aware of any of those factors  
27 you have identified they won't be a case that comes in to  
28 the family violence death review process?

29 DR BUGEJA: That's right. We will do what we call a triage  
30 process. We go through all the evidence very carefully.  
31 If there's no reported evidence, we might seek further

1 information to confirm that there's no evidence of any of  
2 those aspects that I have outlined. So it will simply be  
3 referred back to the coroner and they will just resume  
4 their investigation without any specialist detailed report  
5 from us.

6 MS ELLYARD: What is the rationale for excluding those cases?

7 DR BUGEJA: The rationale is that, while we are interested in  
8 looking at individual risk factors, the primary purpose of  
9 the family violence death review in Victoria is to  
10 identify system issues. So we are looking at service  
11 contacts and we are also looking at other parties that  
12 might have known about the violence and what action they  
13 took or what prevented them from taking any action. So we  
14 are interested in family and friends as well as services  
15 there to support persons exposed to family violence.

16 If we cannot identify those things then there's  
17 really no avenues for us to make any recommendations about  
18 how to improve the situation. So we have focused our  
19 resources on those cases where we can identify that there  
20 was knowledge or contact with services and how we might go  
21 about trying to identify gaps to improve those services.

22 MS ELLYARD: You mentioned focusing your resources. Where do  
23 those resources come from? Has there been a consistent  
24 stream of funding for this work?

25 DR BUGEJA: Unfortunately there hasn't been. We did get some  
26 initial funding through government, as I mentioned, and  
27 for whatever reason that ceased after the first year. But  
28 the court and the State Coroner at the time, now Justice  
29 Coate, was very committed to the issue of family violence.  
30 So she was happy to keep using court resources to keep  
31 those positions going.

1                   Then we were fortunate enough to receive two  
2 further blocks of funding, one from the former  
3 Attorney-General last year and then four years of funding  
4 that commenced in July this year. So what that's allowed  
5 us to do, just to go back and answer your previous  
6 question, is to really re-establish the level of resource  
7 that we had when we first set the family violence death  
8 review up. So we had more than one person working on the  
9 review. It requires a multi-disciplinary approach to  
10 these cases.

11                  What we have also done, we had some feedback from  
12 the family violence sector that they felt that they would  
13 like to be more engaged in the process rather than just  
14 having - we are supported by a reference group, and those  
15 members of the reference group expressed a willingness to  
16 be more involved in the work. So we have just recently  
17 set up a family violence death review panel. Now that we  
18 have had some more funding provided we have been able to  
19 set up a secretariat and Dr Leigh Gassner chairs that  
20 panel. We have had one so far .

21                  What that's allowed us to do is to present some  
22 of our case reviews to a small group of representatives  
23 from our reference group really with the idea of  
24 strengthening the recommendations that we are putting to  
25 the coroners. So what we have done is we have reviewed in  
26 detail the deaths, we have provided those reports through  
27 this panel of people in confidence and asked them to  
28 provide comment and feedback on the recommendations that  
29 we formulated in order to strengthen them and also improve  
30 the feasibility of those recommendations because there's a  
31 lot going on obviously with family violence at the moment

1 and we want to make sure we are contributing in an  
2 evidence based and positive way.

3 MS ELLYARD: May I take up that issue of evidence and turn to  
4 you, Ms Mort. The senior research officer for women's  
5 safety at the Coroner's Court, is there a review mechanism  
6 in place by which you are going to try and assess the  
7 impact the presence that position has had on the quality  
8 or outcomes of coronial work?

9 MS MORT: Just to correct, the actual title is senior research  
10 officer domestic violence. In terms of review mechanisms,  
11 the position itself as of 1 July this year has been  
12 involved in over five reviews and investigations and over  
13 130 homicides, suicide and multiple fatality incidents.  
14 It has also been involved in six finalised coronial  
15 inquests.

16 I think the evidence of the success of that  
17 position - unfortunately it's about women dying and people  
18 dying - is the taking up of a number of those  
19 recommendations, most significantly the recent  
20 recommendations from the inquest into Zahra  
21 Abrahamzadeh's death and all 10 being taken up with  
22 additional resources being provided on top of those. So,  
23 in terms of that review process, that would be evidence  
24 for us that the position is actually working well and that  
25 it's continuing to actually make a difference in terms of  
26 identifying systemic issues that we need to address.

27 The position is also part of our governance  
28 arrangements for our agenda here in South Australia and  
29 sits on a chief executives group, chief executive being  
30 equivalent to secretary in Victoria. That group is  
31 chaired by the Minister for the Status of Women. She

1 regularly reports into that group and provides information  
2 to guide the discussions of that group in terms of what  
3 next needs to be looked at.

4 MS ELLYARD: Dr Bugeja, may I ask you, thinking about the work  
5 of the Prevention Unit and recommendations made by  
6 coroners generally, is there any evidence or means by  
7 which you are able to test whether the prevention work  
8 done by the Prevention Unit is effective in preventing  
9 deaths?

10 DR BUGEJA: Just from a research perspective that's a really  
11 difficult question to answer and extremely difficult to  
12 measure, simply because we can't draw a cause and effect  
13 relationship between a recommendation made by a coroner,  
14 whether that recommendation was implemented because the  
15 coroner made that recommendation, and then it takes a  
16 period of time to measure the residual on deaths or  
17 reductions in deaths. That would occur over time. So to  
18 do it properly would be a very significant undertaking and  
19 would potentially take five to 10 years to measure.

20 But, having said that, we have had two pieces of  
21 work that have shown that recommendations made by coroners  
22 have had a positive impact on health and safety in  
23 Victoria, the first being - this was a historical  
24 recommendation made by Graeme Johnstone around mandatory  
25 wearing of life jackets for operators of small  
26 recreational vessels. During that time the then Marine  
27 Safety Victoria, they basically put in a public document  
28 that the reason they were implementing that new policy or  
29 that legislation was because of the coroner's  
30 recommendations. So we had something in the public domain  
31 that sort of made that connection.

1                   Then over a five-year period we measured the  
2 frequency of drowning amongst all persons that died from  
3 drowning in recreational activities. We found a  
4 significant reduction in deaths in the pre-change and  
5 post-change. So that was a really positive outcome for  
6 the work of the coroner. It really showed that we do have  
7 a contribution to make, but also reinforced how important  
8 making sure that the recommendations are evidence based  
9 and feasible.

10                  So the second piece of work that has been done  
11 was an evaluation of the Prevention Unit conducted by the  
12 University of Melbourne. What they did was they sought to  
13 measure some of the impacts of the newly given powers to  
14 coroners about recommendations. So they conducted a  
15 survey of agencies who received recommendations from the  
16 coroner and did some interviews and did some comparative  
17 work, and that work has been published in P&C public  
18 health which I can provide to you if that would be of  
19 assistance.

20                  That showed there was a high level of  
21 satisfaction amongst government and non-government  
22 organisations who had been directed coroner's  
23 recommendations under the regime where they were required  
24 to respond, and they also said that when the  
25 recommendation was formulated with the assistance of the  
26 Coroner's Prevention Unit that there was greater uptake of  
27 those recommendation. So, while that doesn't draw a cause  
28 and effect relationship either between the recommendations  
29 that are made in uptake or contribution of the Coroner's  
30 Prevention Unit to recommendations, it was certainly  
31 positive evidence that the model was satisfactory and

1 working for the people that it had an impact on.

2 MS ELLYARD: Thank you. May I turn back to you, Ms Mort. The  
3 second and more recently created position that we spoke  
4 about earlier was the response review position which  
5 I think you indicated is the result of the take-up of a  
6 recommendation from a coronial inquest. Can I ask you to  
7 give us a little bit more detail about the role and  
8 purpose of that position?

9 MS MORT: It's still quite new given that we have only  
10 established it since January this year and is working its  
11 way through a communication strategy and preparing a  
12 database. Essentially the position provides a point of  
13 contact particularly for our non-government organisations  
14 but also for government organisations where they feel that  
15 a woman that they are supporting hasn't been responded to  
16 in a way that reflects their understanding of policies and  
17 procedures.

18 Therefore I suppose it's an independent position  
19 that can then actually investigate what's happened and ask  
20 for information from the various agencies to determine  
21 what can be done and whether there has been any sort of  
22 issue in terms of the response and address it as soon as  
23 possible in a timely way and actually ensure that it  
24 doesn't (indistinct) those sorts of issues are identified  
25 and addressed and try to ensure that they don't happen  
26 again. It's about a conduit to address differences of  
27 opinions amongst different agencies as to what one agency  
28 should be doing and to try to address it quickly to  
29 prevent it actually escalating for the woman.

30 MS ELLYARD: The idea is that this position would have the  
31 power to effectively intervene in real-time whilst

1 services are currently being delivered or refused to  
2 resolve issues that have arisen; is that correct?

3 MS MORT: Yes, exactly. It doesn't replace complaint  
4 mechanisms and it doesn't replace the need for staff to  
5 escalate matters within their agencies. But it actually  
6 is a point of contact to try to address things as quickly  
7 as possible. We are currently working through the really  
8 more clear parameters around the position and addressing  
9 issues in relation to the ability to request information  
10 and request action.

11 MS ELLYARD: Dr Bugeja, may I ask you a question about  
12 timeliness. Coronial inquests of course take place after  
13 a death and all coronial inquiries take a period of time  
14 in which to be completed. Can you comment on the ability  
15 of the coronial process, including the work of the  
16 Prevention Unit, to report and make recommendations in a  
17 way that's timely so that it can have some kind of  
18 realistic impact in the situation that it might be  
19 commenting on?

20 DR BUGEJA: I guess there are two points to make. Firstly, if  
21 there is any criminal process under way then we suspend  
22 our investigation to allow that criminal process to be  
23 conducted and be completed and for any appeals to be  
24 heard. So, while that doesn't prohibit us from picking up  
25 the file and having a look at it, often we are not  
26 provided with the brief of evidence until those criminal  
27 proceedings are completed, and that's for appropriate  
28 reasons, though there are some discussions around perhaps  
29 being provided the briefs simultaneously and those are  
30 discussions I guess we will have with the homicide squad  
31 and with WorkSafe and with those other agencies over the



1 coming months to see whether we can have a more timely  
2 investigation for those deaths where there are criminal  
3 proceedings.

4 Where there are not criminal proceedings we have  
5 quite stringent timelines around investigations on the  
6 police. We have processes to follow up if briefs of  
7 evidence aren't provided in a timely way. Our police  
8 coronial support unit that's located at the court assists  
9 us to get the information that we require.

10 Sometimes what might happen is we will get a  
11 brief of evidence and for prevention purposes often what  
12 might happen is the first thing we try to assess if an  
13 investigation is provided to the CPU for assistance is to  
14 make sure we have all of the information that we need to  
15 answer the coroner's question. So what that might require  
16 is for us to request other records, usually a medical  
17 record, or we might seek a statement from another  
18 individual that we want further details about. So that  
19 again can be time consuming because we need to afford  
20 people a period of time to be able to respond.

21 We also might engage with public health and  
22 safety organisations or conduct some research and do those  
23 kinds of (indistinct) when the Coroner's Prevention Unit  
24 is involved. However we have timeframes for providing our  
25 advice to coroners. It's either five months for an  
26 investigation that's (indistinct) health and medical and  
27 then eight months if it is health and medical simply  
28 because of the nature of the records that need to be  
29 recalled and reviewed.

30 So we have some, I guess for lack of a better  
31 word, KPIs in place to really focus on trying to have our

1 investigations done in a timely manner, not only for the  
2 reasons of making sure that we are getting through the  
3 volume of cases that we need to get through but also to  
4 make sure that the families feel that they are getting a  
5 result or an outcome in a reasonably timely manner but  
6 also which doesn't compound their distress, but also to  
7 make sure we have done as thorough a job as we can and  
8 make sure that we address all of the possible prevention  
9 or other issues that need to be addressed.

10 MS ELLYARD: Thank you. Did the Commissioners have any  
11 questions for these witnesses?

12 COMMISSIONER NEAVE: I have a couple. The first relates to the  
13 status of the unit which has sort of fluctuated according  
14 to whether funding has been available. Would it be  
15 helpful for that process to be put on some sort of a  
16 statutory basis; that is, a requirement for some systemic  
17 review?

18 DR BUGEJA: Without having really given that much thought or  
19 speaking to anybody else about it, I think there would be  
20 some benefits for us in doing that, certainly if that  
21 meant that the review could stay within the Coroner's  
22 Court. I firmly believe that's the appropriate place for  
23 the review.

24 I think also on the other side of that there are  
25 provisions within the Coroners Act itself which allow us  
26 to do that work. But I suppose, if there was ever a case  
27 where family violence lost its sunshine moment and it  
28 wasn't such a focus, it would be a shame to lose it  
29 because it wasn't being seen as a priority at a particular  
30 point in time. So having some statutory basis to it could  
31 potentially overcome that. I can see that there are more

1 positives than negatives to that outcome, but that would  
2 probably be a question that maybe Judge Gray could  
3 probably answer a little bit better than me.

4 But certainly, without thinking about it through  
5 carefully, there are some positives to that. It certainly  
6 is the case in New South Wales that they have a statutory  
7 basis to their deaths review, and I think there might be  
8 some statutory aspects to the model that they are now  
9 setting up in Queensland.

10 COMMISSIONER NEAVE: Thank you. The other question I had - and  
11 you may not feel equipped to answer this question -  
12 relates to the CRAF and the elements in the CRAF that are  
13 identified as showing somebody at high or low risk or at a  
14 higher or lower risk of serious injury. Has there been  
15 any attempt to sort of look at the CRAF in terms of the  
16 findings that the coroner reaches about the causes of  
17 particular deaths? Some of those relate to systems; some  
18 of them relate to individual attributes. I'm not quite  
19 sure whether what you are doing can be sort of mapped on  
20 to the CRAF, because if it could it would provide some  
21 rigour for that CRAF assessment.

22 DR BUGEJA: Absolutely. So what we sought to do from the  
23 outset was to use the CRAF as the mechanism for collecting  
24 systematic data from every single family violence death  
25 that occurred in Victoria. So we relied on that quite  
26 heavily in order to develop the Victorian homicide  
27 register so we can map information from the CRAF to the  
28 deaths.

29 But what we also did was as our knowledge of  
30 family violence has evolved - and we also have an  
31 Australian family violence death review network. So the

1 person Fiona is talking about is part of that network, as  
2 is someone from New South Wales and Queensland. So we  
3 meet regularly and exchange information. So over time to  
4 the South Australian representative of being provided with  
5 the family violence framework that they have over there  
6 and that's their risk assessment and it sort of operates  
7 in a slightly different way to the CRAF, but it has a lot  
8 of really valuable information that is added into our  
9 database. So not only can we answer some questions on a  
10 case by case basis about questions in the CRAF but also  
11 some of these other questions that are in the South  
12 Australian tool which they also score which I think is  
13 such a handy (indistinct) gives it another level of rigour  
14 as well that you can actually calculate this score - - -

15 COMMISSIONER NEAVE: The South Australian tool, as I understand  
16 it, is more actuarially based than the CRAF?

17 DR BUGEJA: Yes. It has incredibly valuable additional aspects  
18 to it that we would like to include in our homicide  
19 register. Obviously having a very diverse population in  
20 Victoria, there were really nicely worded questions about  
21 cultural and linguistic diversity that we wanted to  
22 capture in Victoria because we felt that they were  
23 important to our population and we wanted to capture them.  
24 So we have included them in the homicide register as well.

25 Our homicide register goes back to 2000 for all  
26 homicides, but we have collected this additional  
27 information from the 2009 deaths onwards. So we are  
28 getting towards six or seven years of very detailed  
29 information that aligns to the CRAF on family violence and  
30 family violence homicides in Victoria. So, yes, that  
31 information does exist.

1 COMMISSIONER NEAVE: So would it be useful to rely on your data  
2 for the purposes of investigating a refinement of CRAF -  
3 of course CRAF isn't just about women being killed, people  
4 being killed; it's about other risks - but would it be  
5 useful to incorporate, if you were thinking about a  
6 refinement of the CRAF or we were thinking about  
7 recommendations for reconsideration of the CRAF, would  
8 your data be of assistance in doing that?

9 DR BUGEJA: I think it would, and I would certainly be open to  
10 assist in that process. Absolutely.

11 COMMISSIONER NEAVE: Thank you.

12 MS ELLYARD: Since we have Ms Mort here, I wonder whether we  
13 could invite Ms Mort to comment on the fact that in South  
14 Australia they have attempted to score risk factors in  
15 their CRAF equivalent tool and whether she has any  
16 comments on how that came to be and what she thinks of its  
17 utility.

18 COMMISSIONER NEAVE: That would be helpful, yes.

19 MS MORT: I'm more than happy to provide a copy of our current  
20 risk assessment tool for your information. As indicated,  
21 it is an actuarial tool. It is intended to be regularly  
22 updated based on information from research of our coronial  
23 inquests about new and emerging information that may  
24 constitute risk. It doesn't replace professional  
25 judgment. So we always try to incorporate an assessment  
26 from the professional that's working with either the  
27 victim or the perpetrator in terms of their understandings  
28 of the levels of risk.

29 But the actual scoring assists, gives a guideline  
30 to mainstream agencies in particular rather than  
31 specialists ones about the lethality of certain risks.

1 For example, to understand from some of our agencies that  
2 just having give birth to a baby, while they may view that  
3 as being a positive happy time, it's actually a very  
4 significant time of higher risk for the woman for further  
5 serious injury and/or death, unfortunately, as is a range  
6 of other risks that are probably more well documented,  
7 including strangulation et cetera.

8 So it's a guide. The scoring is meant to be a  
9 guide and to assist in identifying whether it's high,  
10 medium or standard risk. We now use that tool across the  
11 board in South Australia to facilitate information sharing  
12 across agencies. Obviously, as Lyndal is indicating, it  
13 developed from a family safety framework process which is  
14 targeted at very high risk. That initiative also operates  
15 in the Northern Territory, particularly starting with  
16 Alice Springs, and they use a similar risk assessment tool  
17 there that we had developed.

18 MS ELLYARD: Who takes ownership of the document and is  
19 responsible for reviewing and updating the scoring?

20 MS MORT: We have the role to oversight the implementation and  
21 the ongoing monitoring of the family safety framework and  
22 the various sorts of aspects to it and more integrated  
23 systems. So it's our role - we have an implementation  
24 committee specifically for that initiative. That's made  
25 up of senior officers from the relevant agencies who will  
26 identify the need to actually review the tool and consider  
27 if there's additional risks that we need to include,  
28 always bearing in mind that we try to keep the tool to a  
29 maximum of two pages.

30 So one of the things that we have done in  
31 relation to specific population groups is create an

1 additional piece of information that has more detailed  
2 questions that may assist for remote locations, for  
3 example, or a woman with a disability. Rather than  
4 needing to add another 10 questions onto the tool itself,  
5 there's an additional guide we are working on to assist in  
6 those particular circumstances.

7 MS ELLYARD: Thank you, Ms Mort.

8 DEPUTY COMMISSIONER FAULKNER: Ms Mort, I wanted to know a  
9 little bit more about the second position that you  
10 described, the one that didn't go to the Coroner's Office,  
11 which presumably stays in your office. you said it's not  
12 a complaints system. So I'm interested in what initiates  
13 an investigation, who can initiate an investigation and  
14 does it have to involve a death or can it be a near miss  
15 or something else. Can you tell me a little bit more  
16 about it? The relationship with an ombudsman, for  
17 example, does the Ombudsman take complaints as well?

18 MS MORT: There's all the traditional complaints mechanisms in  
19 South Australia, including the Ombudsman, the Health and  
20 Community Services Commissioner et cetera. This position  
21 is intended not about deaths of women. It's actually  
22 about earlier in the process. Any agency can actually  
23 contact the officer who undertakes a domestic violence  
24 response review to actually refer a case for investigation  
25 or for review, essentially. So it's much earlier in the  
26 piece. That is the intention, to prevent it escalating to  
27 where the Coroner's Office becomes involved and to see  
28 what we can do immediately to try to sort things through.

29 At the moment we are actually developing a range  
30 of communication materials to clarify the various  
31 processes and to ensure that we are clear about our

1 parameters for this position and it doesn't replace  
2 complaint mechanisms and escalation processes.

3 We have had about 15 referrals so far. Some have  
4 been worked through relatively quickly. Others involve a  
5 bit more time. We are in the process of setting up a  
6 senior officers group to assist in the embedding of this  
7 review mechanism in our system that will be meeting for  
8 the first time shortly. I'm happy to provide more  
9 detailed information about it.

10 DEPUTY COMMISSIONER FAULKNER: I'm not quite sure still where  
11 these referrals are coming from then when you said there  
12 have been about 15 of them.

13 MS MORT: From non-government organisations, women's domestic  
14 violence services or officers in health, officers in  
15 housing. At present we encourage people to talk with  
16 their line managers or seek peer advice before sending  
17 something over to the position. However, we have  
18 certainly had a range of referrals from government and  
19 non-government agencies.

20 DEPUTY COMMISSIONER FAULKNER: Thank you.

21 COMMISSIONER NEAVE: Could you have a situation where a person  
22 in a particular government agency thinks, for example,  
23 that another agency is dragging its feet, that this woman  
24 has a desperate need for accommodation, no-one is helping  
25 her, the particular officer in the department of X can't  
26 do anything about it; is that the sort of situation you  
27 are contemplating? I understand the NGOs, but you could  
28 have a situation where somebody falls between the cracks  
29 between departments or indeed within a department. Is it  
30 intended to cover that situation?

31 MS MORT: Absolutely. Also what's intended is we are



1 collecting data and just sort of in the place of  
2 developing the database to support the position, and an  
3 aggregated report will go to our chief executives group  
4 that's chaired by a minister to actually see where the  
5 issues are continuing to occur.

6 COMMISSIONER NEAVE: Thank you.

7 MS ELLYARD: If there are no other questions I ask that the  
8 witnesses be excused with our thanks and invite the  
9 Commission to come back in one hour.

10 COMMISSIONER NEAVE: Thank you very much indeed, witnesses.

11 <(THE WITNESSES WITHDREW)

12 LUNCHEON ADJOURNMENT

1 UPON RESUMING AT 1.45 PM:

2 MS ELLYARD: Commissioners, the next panel is Professor Brown  
3 and Professor Frederico. I ask that they be sworn in,  
4 please.

5 <THEA CHARLOTTE BROWN, sworn and examined:

6 <MARGARITA MARIA FREDERICO, sworn and examined:

7 MS ELLYARD: May I start with you, please, Professor Frederico.  
8 Could I ask you to summarise your present role and your  
9 professional background?

10 PROFESSOR FREDERICO: My present role, I'm Associate Professor  
11 in the discipline of social work and social policy at La  
12 Trobe University and coordinator of the graduate research  
13 program for social work and social policy.

14 MS ELLYARD: And your professional background, in summary form?

15 PROFESSOR FREDERICO: My professional background, I'm a  
16 qualified social worker. I have a Masters in Social Work  
17 from Smith College and an MBA from Melbourne University.  
18 I began my professional career as a practitioner and moved  
19 into academe, and my areas of practice and research have  
20 been children and families, organisations and leadership  
21 in social work. I'm an accreditor of social work programs  
22 for the Australian Association of Social Workers.

23 MS ELLYARD: Professor Brown, may I ask you the same question:  
24 your present role and your professional background?

25 PROFESSOR BROWN: Yes. My present role is as a Professor  
26 Emeritus in Social Work at Monash University, and there  
27 I run three national research programs and supervise PhD  
28 students, and, like Margarita, I began as a practitioner  
29 in social work. I got my qualifications, original  
30 qualifications, from the University of Sydney in New South  
31 Wales and my PhD from the University of Melbourne.

1 I began as a practitioner, moved to academia, social work  
2 teacher, and then moved into research and more senior  
3 academic positions, of which I have held a number at  
4 Monash and Melbourne University. My area of research has  
5 been for a long time family violence, particularly family  
6 violence in the context of parental separation.

7 MS ELLYARD: Thank you. We want to cover a number of topics  
8 today relating to how family violence systems and  
9 processes might be effectively reviewed and evaluated.  
10 I would like to start with a topic that each of you have  
11 done some work on, which is reviews or research arising  
12 out of the death of children or the circumstances in which  
13 children have died.

14 May I start with you, Professor Frederico. You  
15 have been involved in a couple of reviews which have  
16 arisen out of child death inquiries conducted by the  
17 Commissioner for Children or Commissioner for Child  
18 Safety. Can I ask you to summarise what your work  
19 involved?

20 PROFESSOR FREDERICO: I have been involved in two group  
21 analyses of child death reviews, one on neglect and one on  
22 the co-existence of multiple risk factors, parental risk  
23 factors. The first one, which was about nine years ago,  
24 was in relation to group analysis of the existence of  
25 neglect where there have been child death inquiries where  
26 neglect has been a factor. In that study we reviewed 10  
27 child death reviews and looked at how neglect had been  
28 treated in those studies. We reviewed the child death  
29 review reports and in a couple of cases looked at the  
30 actual files.

31 In that study we found I think that because

1 neglect appears to have low impact in terms of its  
2 appearance it can go under the radar until it's occurred a  
3 number of times. So I think at that time there was  
4 recognition that there needed to be greater recognition of  
5 the impact of neglect and the cumulative harm that can  
6 occur when neglect goes over a period of time, and so  
7 action needs to be taken sooner rather than later.

8 MS ELLYARD: Were there in fact changes to policy or  
9 legislation arising out of the analysis that you had done?

10 PROFESSOR FREDERICO: Yes, there was. The report occurred at  
11 the time when there were changes occurring within child  
12 protection and the development of the best interest  
13 practice framework. So the findings on cumulative harm  
14 were included in that.

15 MS ELLYARD: Had there been a conscious, as far as you are  
16 aware, decision to align the conduct of your review with  
17 the review of the legislation or the practice model?

18 PROFESSOR FREDERICO: Yes, it certainly involved the key author  
19 of the best interest practice model. Robyn Miller was  
20 certainly engaged and spoke to us about it, yes.

21 MS ELLYARD: Was there a deliberate timing association between  
22 the work that you had done and the decision that the best  
23 practice model should be developed, or was it serendipity  
24 that they were able to take advantage of the work that you  
25 had done?

26 PROFESSOR FREDERICO: No, the request for us to review the  
27 programs came from the existing Child Death Review  
28 Committee, and I think that they were already aware that  
29 neglect was becoming an issue. So, yes, I think there was  
30 a deliberate link in that.

31 MS ELLYARD: And the second group analysis that you have been

1           involved in?

2   PROFESSOR FREDERICO:   The second one was the group analysis of  
3           child death reviews where there had been multiple parental  
4           risk factors of family violence, drug and alcohol and  
5           mental health along with child protection.   In that we  
6           reviewed 16 child death review reports, and I have to say  
7           since that time the Commissioner for Children has also  
8           reviewed more and put out a report in relation to that.

9                   I think that we discovered that children  
10          obviously were at higher risk when there were the multiple  
11          risk factors, and it was not always evident or possible  
12          for the different sectors to work effectively together,  
13          and there were a number of reasons for that.

14   MS ELLYARD:   What, in your mind, is the benefit of the group  
15          analysis approach?

16   PROFESSOR FREDERICO:   I think it moves the focus from looking  
17          at what happens in an individual case, individual workers  
18          who did something right or wrong or how it was supported,  
19          to looking at themes and trends and what are issues in the  
20          system and services more broadly.

21   MS ELLYARD:   May I turn to you, Professor Brown.   You have done  
22          some work in and indeed submitted a submission to the  
23          Commission in relation to the Melbourne Filicide Project.  
24          Could I ask you to speak to the Commission a bit about the  
25          origins of that project and the work that it's done?

26   PROFESSOR BROWN:   Yes.   We, meaning myself and my colleagues at  
27          Monash University, undertook a research project on  
28          filicide in Victoria and we used data from the Coroner's  
29          Court files running from the period of 2000 to 2009.   So  
30          it was a 10-year retrospective study.   Like  
31          Professor Frederico, we believed that we could only get

1 trends or factors involved if we did a study that was  
2 comprehensive and went back over past years so we could  
3 get enough numbers to see patterns. So we completed that  
4 around 2012.

5 We have since embarked on a national study funded  
6 by then Australian Institute of Criminology but now the  
7 Crime Commission, in conjunction with the Crime Commission  
8 and the Attorney-General's Department in New South Wales,  
9 and we are looking to see whether the same trends hold  
10 true Australia wide as we detected in Victoria.

11 MS ELLYARD: What were those trends that you detected?

12 PROFESSOR BROWN: The first thing that has to be said is  
13 Australia's incidence of filicide is high worldwide. We  
14 are an affluent country but we still show higher figures  
15 than, say, Canada, than, say, the United Kingdom. So it's  
16 very distressing that we are not doing as well as those  
17 other countries. We are, however, doing better than New  
18 Zealand.

19 The factors that we found that were involved were  
20 similar to what Professor Frederico is talking about. We  
21 identified, similar to the Canadian studies, five major  
22 risk factors and we found that they varied according to  
23 the perpetrator of the event. Our argument is that these  
24 events vary according to the perpetrator. You can  
25 generalise about them, put all the perpetrators together,  
26 but you don't really get a clear pattern unless you  
27 separate them into perpetrator groups.

28 The perpetrator groups we detected in Victoria  
29 were mothers, fathers and stepfathers, and stepfathers  
30 were responsible disproportionately for the numbers of  
31 deaths. It will be those deaths that particularly flow

1       into the child protection system.

2               The five factors that we found in our study, the  
3       most common factor was mental illness. The second most  
4       common factor was parental separation. The third was  
5       domestic violence. The two equal fourths were child abuse  
6       and substance abuse. We are now working on the  
7       interrelationship between those factors because it seems  
8       to us that it's not just a constellation of factors; they  
9       actually interrelate with each other. Particularly our  
10      next step that we want to take is looking at the  
11      interrelationship between mental health and domestic  
12      violence. I think the Commissioner for Children's  
13      submission mentioned something about that relationship as  
14      well.

15             If I could just say in conclusion that we think  
16      it is very important to take all filicide deaths and  
17      not - while you need to look at each category within the  
18      overall group, you need to have the total group to  
19      establish different patterns.

20             We found also that filicide was - that the  
21      availability of services was related to prevention, and we  
22      found that the quality of service provision was also  
23      related to prevention, and poor quality led to incidents  
24      but actual availability spread across a state like  
25      Victoria, where there's quite a high availability  
26      throughout the whole state, was in itself a preventive  
27      factor. Finally, Victoria should congratulate itself in  
28      that in the Australian picture it has a low incidence of  
29      filicide deaths, but still we are not doing very well  
30      internationally.

31   MS ELLYARD: You have also been involved, though perhaps a

1 little less recently, in a project involved with the  
2 Family Court, the Magellan project, which focused on  
3 family violence - cases before the Family Court where  
4 serious sex abuse was alleged. Can you summarise for the  
5 Commission what that project was and what the role you  
6 played was?

7 PROFESSOR BROWN: Professor Frederico was also involved.

8 MS ELLYARD: I will ask you both to comment, then.

9 PROFESSOR BROWN: We were contacted by social workers who  
10 worked for the Family Court saying they weren't very happy  
11 with how the Family Court was dealing with child abuse  
12 allegations. So we approached the Family Court, the Chief  
13 Justice, and asked if he would be interested in us doing a  
14 study on child abuse allegations, and we did that. It was  
15 quite a long study. It looked at 18 months worth of cases  
16 where disputes, parental disputes, where child abuse  
17 allegations had been made. So it was some hundreds of  
18 cases.

19 We found that, even though these cases were a  
20 small initial group coming to the court, they started to  
21 bank up because the court wasn't managing them very well.  
22 So as you started to move towards the end of the court  
23 process, the trial, they had gone from seven, 10 per cent  
24 to 50 per cent because the court wasn't really, if I can  
25 say, managing it particularly well.

26 MS ELLYARD: So those cases weren't resolving at the same rate  
27 that other types of cases were resolving?

28 PROFESSOR BROWN: They weren't resolving to the same extent as  
29 other types of cases. So at the end of the study we made  
30 recommendations for a special program. We suggested that  
31 the court consider adopting a special program just for



1 cases of serious physical and sexual abuse. In fact, that  
2 is what the court decided to do. They called together  
3 Attorney-General's Department, Child Protection, police,  
4 themselves, Legal Aid, and we set up a trial program. So  
5 we moved from doing the initial research to assisting with  
6 setting up the trial program to evaluating the trial  
7 program, and the trial program was very successful.

8 The average length of time was cut down very  
9 dramatically, the number of hearings were cut down very  
10 dramatically, and the satisfaction among parents and our  
11 own judgments on the outcomes showed much better outcomes  
12 for the children.

13 MS ELLYARD: Did that approach within the court then remain  
14 after the end of your study?

15 PROFESSOR BROWN: That then continued and was gradually  
16 introduced around Australia. I would like to say state by  
17 state. It was sometimes more gradual. One  
18 jurisdiction in a state - one registry would adopt it but  
19 another one wouldn't. So gradually it spread around  
20 Australia, and still exists in the form that we set it up,  
21 although I suspect looking at the Family Court reports the  
22 numbers that that program is taking are probably not as  
23 great as the numbers it took originally.

24 MS ELLYARD: Professor Frederico, would you wish to add  
25 anything to that summary of how the project worked and in  
26 particular perhaps the role that you as one of the  
27 reviewers played in evaluating the success of the project?

28 PROFESSOR FREDERICO: I guess more a comment that one thing  
29 that really stood out when we were undertaking the study  
30 and the evaluation, that the impact of the length of time  
31 for children when cases were going on and on was quite

1       noticeable and it was something which needed to be  
2       addressed. I think that, as the evaluation sort of  
3       demonstrated, we were able to see that when there was a  
4       way to manage the cases they could go through a lot more  
5       quickly and a lot more effectively, and that that was  
6       something which was occurring.

7 MS ELLYARD: Was there anything in particular about the fact  
8       that the team that was going to be evaluating the project  
9       were involved in the creation of the project or present  
10       throughout the life of the project? Would you regard that  
11       as one of the factors in its success?

12 PROFESSOR BROWN: I would. It is often said that evaluators  
13       should not be involved in the development of the program  
14       because there is a bias on the part of the evaluators.  
15       However, at the same time it meant that we really knew how  
16       to do the evaluation because we had helped develop the  
17       program. So it was much easier for us to set up goals for  
18       the evaluation, to set up indicators for the measurement  
19       of the goals and to be - I would have to say we were very  
20       present in the evaluation. We were often in court. We  
21       were able to participate in discussions. Without taking  
22       any decision making role we were able to see a lot more  
23       than if we had come in as outside and unknown evaluators.

24 MS ELLYARD: Professor Frederico?

25 PROFESSOR FREDERICO: Yes, I agree. There is always a debate  
26       on external or internal evaluation. I think if it is  
27       internal the evaluators do know the program, and provided  
28       that it's peer reviewed it's transparent, so it can be  
29       seen how it is done and sort of whether it was objective.  
30       I think it can add to the evaluation.

31 MS ELLYARD: May I turn then to the question of reviews and

1 evaluations - - -

2 COMMISSIONER NEAVE: Before you do, I have a question. You all  
3 know that the Family Court now has a notice of risk  
4 process in cases involving family violence. Have either  
5 of you been involved in the management of that process?  
6 One of the problems the Family Court refers to is the very  
7 large number of cases in which there is a notice of risk  
8 filed and the difficulties of handling the numbers. So,  
9 as I understand it, the Magellan project focused very much  
10 on that question of triage and how you get the most  
11 serious cases through and determined quickly.

12 Have either of you given any thought - I know  
13 this is not really the topic of today, but since you are  
14 here I wanted to ask you - to how you might do that for  
15 family violence rather than sexual assault, given that we  
16 know that family violence increases around the time of  
17 separation?

18 PROFESSOR BROWN: I have given it some thought very recently,  
19 particularly because of the article in the paper reporting  
20 the AIFS study saying that one-third of parents report  
21 that nobody asks them about family violence. I think  
22 speaking from our research on filicide as well as from  
23 more broadly family violence research there are still many  
24 professionals working in the area who don't know very much  
25 about what they are assessing, and I think that it's often  
26 believed that if they get a risk assessment protocol they  
27 can carry it out. But often they can get the protocol but  
28 they don't have the professional ability or the knowledge  
29 or the depth of knowledge to carry it out, and I would say  
30 also there's insufficient knowledge development at times  
31 to help them carry it out.

1                   But in terms of your more immediate question  
2           I think that the huge numbers are very great pressure at  
3           the moment. I have no easy answer to it, except the hope  
4           or the optimism that if more attention is given to that  
5           particular issue, how do you determine, solutions will  
6           appear.

7   COMMISSIONER NEAVE: Thank you.

8   MS ELLYARD: Can I turn then to the question of reviews and  
9           evaluations in the family violence area. One of the  
10          themes today is the importance of having a system that  
11          will ensure that programs that are funded are evidence  
12          based. May I ask you, Professor Frederico, from your  
13          experience to comment on the extent to which it is  
14          realistic to expect family violence programs to be  
15          evidence based?

16   PROFESSOR FREDERICO: I think that's always the aim, that they  
17          be evidence based. But this is an area where we still do  
18          not have all the evidence of what works. We know some  
19          things work. So all programs I think should be evidence  
20          informed, which means that as they are developed they are  
21          developed on the foundation of the existing knowledge we  
22          have and the evaluations and research knowledge that we  
23          have which is transferred into the program.

24                 But I don't think we are at the stage of having a  
25          particular approach or a particular even risk assessment  
26          which will answer everything at this stage. I think we  
27          should be aiming towards that, but I think we are still  
28          more - it's more important that we are evidence informed,  
29          we know what's happening there, also research is done so  
30          we gain more evidence to base the programs on. But at  
31          this stage I don't think we are there.

1 MS ELLYARD: Does that include evidence - research being done  
2 on existing programs to test the hypothesis that might  
3 have been behind their creation to see whether or not they  
4 are actually doing what it was hoped and intended that  
5 they do?

6 PROFESSOR FREDERICO: Yes, so looking at their program logic,  
7 what they were built on, the theories, the approach that's  
8 taken and what impact that has and how that works.

9 MS ELLYARD: Professor Brown, may I turn to you. As  
10 I understand it, you are engaged in a piece of research at  
11 the moment in relation to a particular kind of family  
12 violence intervention. Can I ask you to tell the  
13 Commission a little bit about that and what your  
14 experience in engaging in that research has been?

15 PROFESSOR BROWN: Yes. I have been running a national research  
16 project on men's behaviour change programs in Australia  
17 with the data being drawn primarily from Victoria and New  
18 South Wales, and it was set upon two research projects we  
19 did a little bit earlier. It has been funded by a variety  
20 of sources, from DSS to philanthropic sources, and it is  
21 due to finish mid-next year.

22 What we are trying to look at is what is the  
23 longitudinal impact of men's behaviour change programs on  
24 men and their partners. This project - I have encountered  
25 a great deal of difficulty in doing that project. When we  
26 did the project in the Family Court we had of course a lot  
27 of men's rights organisations protesting on the street and  
28 to us personally. But in this project I have  
29 had - I think I would have to say I have had more  
30 harassment than in any other project.

31 There's a very strong ideology in some domestic

1 violence services and it becomes an anti-research ideology  
2 because research is feared in case it threatens the  
3 ideological basis of the program rather than the evidence  
4 basis of the program. So in this particular study, No to  
5 Violence requested of all agencies that they not cooperate  
6 with this project and also requested that staff of those  
7 agencies not cooperate. However, agencies have cooperated  
8 and we have been able to move on and do the research.

9 But it is a problem when ideology rather than  
10 evidence forms a basis of discussion and has the impact of  
11 stifling discussion, because I think there is a lot to  
12 discuss about these programs and there is innovation in  
13 these programs, but it's not talked of very much openly  
14 because it's not particularly approved of for ideological  
15 reasons.

16 MS ELLYARD: Picking up the discussion we had earlier about the  
17 usefulness of evaluators of the program being involved in  
18 the creation of programs, how, thinking about the presence  
19 of ideological positions, is it possible to evaluate  
20 programs if you don't, for example, agree with  
21 the ideology or if the ideology itself is the very thing  
22 that needs to be tested?

23 PROFESSOR BROWN: Difficult question. I think what we have  
24 done is identify the ideology and then we contrast it with  
25 the actual provision of the programs. So you have  
26 ideological statements coming out and then running against  
27 that is the actual implementation of the program.  
28 There's - the monitoring of such programs in Victoria is  
29 I suppose I would say fairly loose. If I compare it with  
30 the monitoring of family law social service programs, it's  
31 loose in comparison to them. It allows for this -

1 I suppose if I were the funder I would say it's allowing  
2 for the ideology to penetrate the program. At the same  
3 time it means that there's a lot I don't know as the  
4 funder about what's happening on the program that I as the  
5 funder would like to know if I were the funder.

6 MS ELLYARD: Professor Frederico, do you have any comment on  
7 how one strikes an appropriate balance between the kind of  
8 objectivity that might be needed if you are conducting  
9 evaluation and the kind of being on the inside that might  
10 be required so as to have the trust of those participating  
11 and the understanding to do the research?

12 PROFESSOR FREDERICO: I think it's really important that the  
13 ideology or the approach be very much sort of brought  
14 forward and discussed. I think there can be a danger that  
15 it's just accepted that that's the right way to do it and  
16 that itself is not explored. I think that's where sort of  
17 evaluations can fall down. I think if that's explored,  
18 acknowledged, that that particular approach is influencing  
19 what we do and why we do it and these are the outcomes,  
20 then that is valuable and you see how that works. So,  
21 yes, I just think it still can be done internally but  
22 I think there has to be a commitment to explore all  
23 aspects of the program and not just outcomes or impacts.

24 COMMISSIONER NEAVE: Can I just have a follow-up question. You  
25 referred to the concern about ideology and the way that  
26 this may influence programs and may even result in  
27 opposition to carrying out research. Are the challenges  
28 about the usefulness of attempting to change the behaviour  
29 of men or about the approach that should be taken in doing  
30 that and the relevance of gender in that process, or  
31 something else altogether, or both?

1 PROFESSOR BROWN: I would love to be able to answer your  
2 question, and I have pondered it for a long time because  
3 I have been doing this study for several years. I think  
4 there are combinations. I think there is a very  
5 substantial fear of any research somehow showing something  
6 that is not going to be acceptable. It's not been named.  
7 It's not been clear to anybody. It's just a general fear  
8 which does often happen in program evaluations because a  
9 program evaluation is to an extent uncontrollable by the  
10 operators of the program and they do have a fear that the  
11 evaluator is going to come up with something which really  
12 cuts across what they want or believe in.

13 I think there's an underlying fear that what the  
14 research is going to find is that the programs don't work.  
15 I think there's - I don't know if you have noticed in the  
16 evidence that's been brought forward about men's behaviour  
17 change programs, but by people who provide these programs,  
18 people who regulate these programs, there's been  
19 commentary that these programs don't work.

20 At the same time - there has also been comments  
21 that we don't know very much about the outcomes of these  
22 programs. There is some Australian research but there's a  
23 lot more US research, and that US research shows that  
24 these programs do work. The question is how much and for  
25 whom. The pressure on really crude evaluation has held us  
26 at this sort of point where we haven't been able to move  
27 on, as I hope our program is moving on, to look at things  
28 a bit more subtly.

29 The US research shows that between - the  
30 meta-study research, sorry, shows that for about 40 to  
31 90 per cent of men these programs work, 40 per cent being



1 the most rigorous evaluation you can possibly do, where  
2 you count everybody in, everybody who goes to program day  
3 No. 1, to the more - the less rigorous and the smaller  
4 number research, which shows much higher figures. When  
5 you are doing evaluations of small programs, with small  
6 numbers, I mean, as Professor Frederico will know, you get  
7 a halo effect and you can get much better outcomes. A  
8 reason often for that is the evaluation can be done a lot  
9 better, actually. It's not less rigorous; it is often  
10 more rigorous. So there are these fears.

11 There is also the issue of gender equality.  
12 There is a sense that the researcher may not subscribe to  
13 gender equality - based on no evidence whatsoever, just a  
14 fear that you won't.

15 MS ELLYARD: Have you ever been challenged on the question of  
16 whether or not you subscribe to the notion of gender  
17 equality as part of your work in this area?

18 PROFESSOR BROWN: Yes. In this program, mm-hm. Very difficult  
19 to explain the experience of being questioned on one's  
20 adherence to gender equality by gentlemen who you feel  
21 don't have the same amount of experience in gender  
22 equality or in research as you do yourself, and you have  
23 to be very tolerant of the experience and their views.  
24 But it is very challenging and - mm-hm, full stop.

25 MS ELLYARD: The question might then arise: what's the answer?  
26 Professor Frederico, you have identified I think in the  
27 information you have given to the Commission a particular  
28 model of conducting evaluations that has particular  
29 relevance in health settings and that you would commend as  
30 a model that the Commission might wish to take up. Could  
31 you speak a bit about that, please?

1 PROFESSOR FREDERICO: Yes. I think one of the things is that  
2 it is important to know what works, but it is also  
3 important what is it in a program that's working, so you  
4 can have an outcome that seems though the participants  
5 have done well, but what is it that has made those changes  
6 go through. So one, and it is just one, approach to  
7 evaluation which is used in a number of programs is an  
8 action research evaluation which engages both the  
9 individual practitioners as well as the researcher in  
10 really a cycle of exploration and making changes as they  
11 go through. So it's observing what is happening, what's a  
12 phenomenon now, looking at maybe what we want to learn,  
13 what changes to be made or wish to be made, then acting on  
14 that to implement some changes, reflecting on the  
15 consequences of that, observing it again and then  
16 continuing on with some changes. So it's sort of a spiral  
17 approach, keeping developing knowledge, and I think that  
18 is one way where the practitioners' sort of wisdom, and  
19 the clients' and other stakeholders', can be engaged in  
20 the development of knowledge.

21 MS ELLYARD: Professor Brown, do you have a view on the  
22 applicability of that model?

23 PROFESSOR BROWN: I think it's a very good model, yes. The  
24 particular issues we were trying to follow through with  
25 the men's behaviour change program required much larger  
26 numbers, which have been in themselves very difficult to  
27 obtain. To keep people's cooperation over many years is  
28 very difficult. But I think there are many models of  
29 evaluation, and that is one which is particularly directed  
30 at the components of the program. There is also the  
31 characteristics of the clients on the program. There's

1 issues around client satisfaction, client change.

2 MS ELLYARD: One of the features of that model appears to be  
3 the opportunity for the model to be influenced throughout  
4 the life of the project by the feedback and to be modified  
5 as it continues; is that correct?

6 PROFESSOR BROWN: Yes, that is correct.

7 MS ELLYARD: What's the benefit of that kind of approach?

8 PROFESSOR BROWN: I would say that that is somewhat similar to  
9 what we did on Magellan because we were so involved in the  
10 project as well as the evaluation. We were feeding back  
11 as things went along, so we were able to improve the  
12 program as it went along.

13 DEPUTY COMMISSIONER NICHOLSON: So what's being described, the  
14 action/research sort of cycle, is a version of an  
15 old-fashioned concept of adaptive management, really. The  
16 problems that program operators run into is that - we have  
17 heard the way in which they are funded and contracted for  
18 service delivery doesn't enable them to work in that way.  
19 So they are told, "You have to achieve so many outcomes of  
20 a certain type over a certain period of time." If they  
21 get into the process and think, "Well, it's obvious we  
22 need to tweak this and do something different," they don't  
23 have that flexibility, and the practitioners are being  
24 driven by the contract, and there's a culture developed  
25 within the service of not being reflective - "We've to get  
26 our numbers." Could you comment upon that?

27 PROFESSOR FREDERICO: Yes, I think that is what happens and it  
28 does have an impact on the understanding and development  
29 of knowledge of what works because it means that programs  
30 can start and then some programs which are having an  
31 impact, having a good effect, are not continued and then

1 we start somewhere else and sort of try a slightly  
2 different approach. I think we do need to find a way  
3 where, firstly, evaluation is built into programs and that  
4 they can continue to be tested - certainly not continue if  
5 they are not working, but to be able to show how they are  
6 working and be able to change and develop.

7 PROFESSOR BROWN: If I could just add to that and agree and  
8 extend it a bit further and say that it's very much a  
9 characteristic of state funding to get into this  
10 short-term contract, not be able to innovate within that  
11 period of time based on the research that you set up at  
12 the beginning and not knowing if you are going to get the  
13 contract three years down the line when your program is  
14 due to finish.

15 I do think that in the family law area they have  
16 developed this better because they have set up new  
17 programs, a requirement of the program is that there be a  
18 research partnership with, say, a university or some other  
19 accepted research body and there is a guarantee that there  
20 will be continuity. The program won't be stopped at the  
21 end of three years. It will be changed, partly based on  
22 the research that's done between the agency and their  
23 research partner and also external research coming in from  
24 the Attorney-General, who's running another research  
25 process. So you have agency based research and then you  
26 have external research, and together they are then  
27 modifying the program.

28 In family law you are getting a rolling  
29 three-year series, and I have done - and one of my  
30 partners is up there - we have done a series of  
31 evaluations of family law programs and they run them for

1 three years and they evaluate them. We have done them at  
2 the higher level and I have done them at the agency level.  
3 They complement it by federal conferences whereby the  
4 Attorney-General's Department decides, "These are the  
5 issues we are facing this year and we will have research  
6 done on this and we will have papers from that research  
7 done and we will have other people speaking to it." So  
8 they run this discussion through it as well as the  
9 research, and they keep rolling it out.

10 The AIFS one that was published in the paper  
11 yesterday or the day before is really just another  
12 example. It's one kind of evaluation of the 2012 family  
13 law legislation which says that it's not working as well  
14 as it should have been.

15 MS ELLYARD: Professor Frederico, may I ask you about your  
16 experience of a Victorian program, the Take Two Program,  
17 which, as I understand it, operated in some of the ways  
18 you have identified as being useful. Could you speak a  
19 bit about what that program was and how it was developed?

20 PROFESSOR FREDERICO: Yes. This program commenced in 2004. It  
21 was funded by the Department of Human Services. It's the  
22 Berry Street Take Two Program, therapeutic intervention  
23 for children who have experienced abuse and neglect.  
24 Since that time it has developed to children who have  
25 experienced trauma. One value of the program was that it  
26 commenced and has continued as a consortium. So Berry  
27 Street is the lead partner, but right from the beginning  
28 there was five per cent of the funding for research, and  
29 La Trobe University was the research partner, and  
30 five per cent of the funding for training, and Melbourne  
31 University Mindful was the training partner, and also

1 Victorian Aboriginal Child Care Agency is a member of that  
2 consortium. The value of that has been right from the  
3 beginning the ideas about how can we research this,  
4 evaluate this as being - has been undertaken, and equally  
5 how can knowledge be transferred through training, which  
6 is undertaken for Mindful. It is not only training within  
7 Berry Street Take Two; it is also training externally, to  
8 other programs.

9 I think it's meant that research and evaluation  
10 has sort of sat within the program right at the beginning  
11 and is seen as valuable and can keep looking at the work,  
12 looking at changes and why they were made. More recently  
13 the work of Bruce Perry in neurobiology has also been  
14 engaged in the program as well.

15 MS ELLYARD: Picking up the point made earlier about the  
16 short-term nature of funding that's often offered, what  
17 was the basis on which, if you know, that program was  
18 funded and was there some ongoing commitment to stick with  
19 the project for a period of time to see if it worked?

20 PROFESSOR FREDERICO: My understanding is that the initial  
21 funding was for three years with a review, and since that  
22 time I think it's become recurrent but I'm not  
23 100 per cent sure about that.

24 MS ELLYARD: May I ask you a general question, Professor Brown,  
25 about the role of funding for evaluation and where you  
26 would see a response. Thinking particularly about the  
27 evaluation of a family violence system or individual  
28 family violence programs, who should be paying for that  
29 and how should those matters be organised?

30 PROFESSOR BROWN: I really think the state government should be  
31 paying for the programs - for the areas that it is

1 responsible for, in which there are many programs.

2 I think they should have a pot of funding that is  
3 available at which they - wherein they make decisions  
4 about what they want researched and about who's going to  
5 win the tenders to do the research. I think that they  
6 should be advised by the various agencies and the groups  
7 in the community also about what topics they think should  
8 be researched. I don't think it should be just them.  
9 I think they should be open to receiving ideas.

10 At the moment there is no fund within the state  
11 like that. There is at the federal level. There's the  
12 ANROWS funding. It has a research agenda, and it runs  
13 that agenda through over years. I don't know whether you  
14 know - probably most people do - that it has an agenda  
15 that it's rolling over every two years. It's now starting  
16 to get ready for the next funding round, which is in the  
17 middle of next year. So I think that - although I'm not  
18 arguing for that particular model. I'm arguing for an  
19 amount of funding held at the state level to be looking at  
20 the family violence issues that are administered, managed,  
21 dealt with by the state government, which I admit really  
22 are the majority of family violence issues.

23 MS ELLYARD: The model that Professor Frederico described for  
24 Take Two involved an apportionment of five per cent,  
25 I think, of funding to be allocated to research so that  
26 the project was funded with the expectation that research  
27 would be done. Is that another model, that funding carry  
28 with it a designated component for the purposes of  
29 research or evaluation?

30 PROFESSOR BROWN: Yes. That was why I was arguing for the  
31 state government to copy the family law system, where a

1 certain proportion of the agency's budget must go to  
2 research. In the case of family law, they go further than  
3 that. They say that it should be done with an accredited  
4 research partner, and they have got expectations about the  
5 research, which they document, and it's part of the  
6 program's policy.

7 MS ELLYARD: May I turn to a different topic then, which is the  
8 extent to which the experiences of service users, so in  
9 this case victims of family violence, can or should play a  
10 role in the evaluation of programs. May I start with you,  
11 Professor Frederico. What, in your view, is the right way  
12 to approach the question of input from victims?

13 PROFESSOR FREDERICO: Certainly I think that the lived  
14 experience of the family violence victims and survivors  
15 should be very much part of any evaluation, and the  
16 knowledge that we have that we need to - from their  
17 knowledge. I think there are different ways of engaging  
18 that lived experience. I think it occurs from the  
19 practice itself, from the workers and the clients working  
20 together.

21 I think that there obviously needs to be forums,  
22 and there are particularly in family violence where those  
23 who have experienced family violence are also engaged in  
24 programs themselves. I think it's really important that  
25 people feel their voice can be heard in the way that  
26 probably is most comfortable or effective for them.  
27 I don't think we can assume that there is one way to do  
28 it. I think we know how important it is that it occurs,  
29 and we also need to be talking to victims and survivors  
30 about how they find the best way to describe their  
31 experience. But we know people can feel sort of



1       also - develop their self-esteem more by being able to  
2       explain and to help others through that experience as  
3       well.

4   MS ELLYARD:   Professor Brown, what comments would you make  
5       about the extent to which the experiences of victims  
6       presently inform service delivery or service reviews and  
7       how it could be done?

8   PROFESSOR BROWN:  I think it is difficult to obtain client  
9       victims' point of view.  Their point of view is very much  
10      affected by the service they are receiving.  It is often  
11      extremely difficult for them to speak beyond their  
12      experience of the service provider.  I think both the  
13      perpetrators and the victims tend to speak in terms of the  
14      service provider that they are attending.

15               I have seen one more recent study which had a  
16      component in Australia which showed that they did not  
17      attach themselves to any one program but which - and they  
18      looked across a number of programs, and they found  
19      victims' most common comment was that the service they got  
20      was not the service they asked for, that the service they  
21      got was the service the agency had previously determined  
22      to provide; and I think underlying some of that is an  
23      ideological view this is what you would want as a client  
24      when the client did not really want that.  They wanted  
25      something different.

26               Another UK study on men's behaviour change  
27      programs tried to broaden out the notion of evaluation and  
28      ask the clients, both the men and the women, what did they  
29      want out of this program.  What they wanted out of the  
30      program was not what the program could deliver.  It was  
31      nothing to do with the program.  The men and the women

1           separately wanted a happier life. It was actually  
2           extremely sad reading it.

3                   But I think Professor Frederico's right. You get  
4           victims' point of view from the services, but there's a  
5           level beyond that, and it's really hard to move to the  
6           next level about what they really want as opposed to what  
7           they are going to be given.

8   MS ELLYARD: And then designing the system to try and re-align  
9           to what victims want rather than what the preconception  
10          was?

11   PROFESSOR BROWN: Yes. We would all like a happy life but we  
12          don't get it necessarily.

13   DEPUTY COMMISSIONER NICHOLSON: Could I just clarify. Are you  
14          saying that really what we should be asking victims is  
15          their aspirations rather than their needs?

16   PROFESSOR BROWN: This study tried to ask them both and said  
17          that programs neglect the aspirations and that the program  
18          wouldn't understand the clients' needs unless they looked  
19          at the clients' aspirations and then they could reframe  
20          the needs more appropriately. I haven't tried to do that  
21          myself as a program designer. So I can't comment on the  
22          success or otherwise of this.

23   DEPUTY COMMISSIONER NICHOLSON: If the program isn't addressing  
24          the person's aspirations, what effect does that have on  
25          the efficacy of the program?

26   PROFESSOR BROWN: That research study pointed to the fact there  
27          was a lot of disappointment among the clients of the  
28          program. They pointed to the fact that one of the  
29          problems was this big gap between what the program could  
30          deliver and what the people's aspirations were.

31   COMMISSIONER NEAVE: I think it would be helpful for us to have

1 a reference to that. We can get that from you later.

2 PROFESSOR BROWN: Yes.

3 MS ELLYARD: I will take that up with the Professor outside.

4 Can I turn then to the last topic, which is not  
5 technically within the scope of today but something about  
6 which I know you would both be able to comment, and that's  
7 the extent to which family violence is embedded in the  
8 curricula of university courses that train people who  
9 ultimately find themselves working in the family violence  
10 system. Could I ask each of you to comment from the  
11 experiences of your own institutions about the kinds of  
12 family violence courses or courses that touch on family  
13 violence that are available?

14 PROFESSOR BROWN: Yes. When the Royal Commission started a  
15 research assistant of mine was interested to look at  
16 curriculum in Monash and other universities on family  
17 violence. He, while not a social worker, determined that  
18 social work was, he believed, the only curriculum  
19 providing anything on family violence. I think, however,  
20 it is touched on in other curriculum but it is featured  
21 far more strongly in social work.

22 You could argue that social workers are the  
23 professionals who are dealing with it very often, and  
24 maybe more often, but I would also argue there are other  
25 professionals who are dealing with it just as often but  
26 maybe not recognising it as often - for example, GPs,  
27 psychiatrists, family lawyers.

28 MS ELLYARD: Professor Frederico, what's the position as far as  
29 you are aware?

30 PROFESSOR FREDERICO: I think again that social work probably  
31 is the major discipline where family violence is

1 considered. I assume it would also be considered in  
2 medicine, but I think some of the health - allied health  
3 programs it's not focused on so much. Even in social work  
4 we don't do enough.

5 There is a requirement within social work  
6 programs that there be a focus on wellbeing of children,  
7 and obviously that brings in families and family violence,  
8 but programs address that differently. At La Trobe we do  
9 include family violence in family and child welfare, which  
10 all students undertake, and also in other subjects.

11 We also have an elective on family violence,  
12 which is taught by Take Two, and that's quite deliberate  
13 from our point of view, that we want to bring in the  
14 experience from the community as well as the theory. So  
15 I think there needs to be a combined approach to teaching  
16 it and it needs to be taught more.

17 MS ELLYARD: The Commission has received some evidence from  
18 someone who works at another university that there's only  
19 one university in Victoria where a special subject on  
20 family violence is a mandatory rather than an elective  
21 component of a social work degree. I wonder if either of  
22 you are in a position to comment on whether it is  
23 mandatory or elective within your institutions to focus  
24 specifically on family violence rather than it being  
25 included as a component of a broader subject?

26 PROFESSOR FREDERICO: I think that is - I accept what's said,  
27 but I think it's probably difficult to comment because  
28 there are subjects with different titles that integrate  
29 understanding of family violence and really need to do an  
30 analysis of that and how much is involved in those  
31 programs. But I would certainly agree we don't do enough.

1 I would expect or perhaps hope that there's more than one  
2 program that does that, but perhaps only one that labels  
3 it as family violence.

4 PROFESSOR BROWN: I could be wrong, but I don't think we have  
5 any electives in our professional course, actually. Where  
6 family violence is taught is in many subjects, because it  
7 is a theme that flows through because it's something that  
8 social workers are confronting all the time. But we do  
9 not have a mandatory subject called "family violence".

10 MS ELLYARD: Do you see the need for such a subject, or is that  
11 taking too simplistic a view of the issue?

12 PROFESSOR BROWN: I would rather see it integrated across all  
13 subjects. There is an argument for trying to take it out  
14 and focus on it. I guess that I would be inclined to say  
15 that, as long as it's present throughout, that would be as  
16 good as a mandatory subject that's separated, because my  
17 concern about the separation is that it doesn't flow  
18 through everything and that people just learn it in that  
19 box and don't realise it flows through everything.

20 MS ELLYARD: Did the Commissioners have any other questions for  
21 this panel?

22 COMMISSIONER NEAVE: I have one question. Professor Brown, you  
23 talked about the importance of research - in fact both of  
24 you have spoken about that. We do have ANROWS as a  
25 research body. Is there also a case for research at state  
26 level, and how would you differentiate the functions that  
27 are being discharged by ANROWS with its two-year plans and  
28 whatever the state body might be that undertakes that  
29 research?

30 PROFESSOR BROWN: If I could start by saying, yes, I do think  
31 there's a need for an ANROWS equivalent at the state

1 level. I think ANROWS has fairly tight boundaries, and  
2 I think it is trying very hard to do national or  
3 nationwide research. It means it's difficult to do things  
4 that might be peculiar or more particular to Victoria.  
5 Victoria's socio-demographic make-up and degree of  
6 urbanisation is different, say, from Queensland, and  
7 I think that each have different issues.

8 For example, in our research we discovered, and  
9 we are not exactly sure how to understand or place this,  
10 that there was a high proportion of filicide deaths among  
11 South-East Asian migrants and there was also a higher  
12 proportion of filicide deaths within the City of Wyndham.  
13 We have to pursue this further, but it's not possible to  
14 pursue this further within ANROWS, but it would be  
15 possible to pursue it within a state fund.

16 It would have implications clearly for other  
17 states where there were - and I suspect we are probably  
18 not really looking at South-East Asian migrants but more  
19 recent migrants, and other states would have similar  
20 geographic areas too. But it's something which is  
21 peculiar to Victoria that we know of now that we would  
22 like to further investigate for the sake of Victorians.  
23 So that would be the sort of thing I think a state fund  
24 could tackle, and I'm sure other people would have more  
25 ideas than I have.

26 DEPUTY COMMISSIONER NICHOLSON: It's been put to us that that  
27 sort of research at the state level also needs to be a  
28 little bit more applied closer to the practitioners as  
29 distinct from some of the high-level research and  
30 aggregated research that goes on at ANROWS.

31 PROFESSOR BROWN: I think you are probably right because I put

1 in with a colleague a submission for ANROWS funding a year  
2 ago and I was really surprised that we got up as high as  
3 we did. We got to No. 1 on the waitlist, but they didn't  
4 get to the waitlist. We were looking at an area of  
5 north-western Victoria. They said to us the reason why we  
6 were only at the top of the waitlist was that we were  
7 looking at that area. We said, "But, you know, there are  
8 implications. We are looking at this as a typical type of  
9 area", et cetera, et cetera, and they said, "Yes, but it's  
10 not really what we wanted. We wanted something with more  
11 national implications." So, yes, you are right.

12 MS ELLYARD: Could I follow up. One of the limitations under  
13 which ANROWS operates is that it is set up to deal with  
14 the impact of family violence on women and their children,  
15 which of course is a much narrower definition of family  
16 violence than the one under which this Commission  
17 operates. To what extent would you see a state body  
18 operating in a broader context rather than women and their  
19 children - so, for example, children in their own right,  
20 the elderly?

21 PROFESSOR BROWN: I would prefer the definition or the  
22 parameters that this Royal Commission has adopted than the  
23 ones that ANROWS has adopted, because I think that they  
24 are too narrow. In my discussions with them, for example,  
25 they say that they - their emphasis is on women and they  
26 have very little emphasis on children. They will take  
27 submissions about that, but they are much more interested  
28 in the impact on women and don't see as I do that if it  
29 impacts on women it impacts on children.

30 MS ELLYARD: There are no other questions. I ask that the  
31 witnesses be excused with our thanks.

1 COMMISSIONER NEAVE: Thank you very much Professor Frederico  
2 and Professor Brown.  
3 <(THE WITNESSES WITHDREW)  
4 MS DAVIDSON: I will call our next witness, who is Chris  
5 Goddard.  
6 <CHRISTOPHER REX GODDARD, sworn and examined:  
7 MS DAVIDSON: Professor Goddard, can I ask that you outline  
8 briefly what your current role is, particularly with  
9 Monash University, and your professional background?  
10 PROFESSOR GODDARD: Yes. By background, I'm a social worker.  
11 I have worked in child protection in the UK and here in  
12 Australia. I worked at the Royal Children's Hospital here  
13 in Melbourne for a number of years. Now at Monash I'm a  
14 researcher and I supervise PhD students who are working in  
15 the areas of child abuse and intimate partner violence.  
16 MS DAVIDSON: We have heard already about the issue of data.  
17 I would like you to focus particularly on the issue of  
18 data about child abuse. What do you see as being the  
19 state of the data that we currently have on child abuse?  
20 PROFESSOR GODDARD: I thought Neil Comrie made a very pertinent  
21 point this morning by describing what he did as, and I'm  
22 paraphrasing, showing the state that we care. I think the  
23 state of child protection data in Australia shows that we  
24 don't care. We have published a report which states very  
25 clearly that the data that's available is abysmal and  
26 needs to be reformed at a national level as well as a  
27 state level.  
28 MS DAVIDSON: What sort of data are we talking about?  
29 PROFESSOR GODDARD: We don't even have basic - what I would  
30 call basic data. One of my bones of contention, if you  
31 like, is we have cases that are investigated and cases



1       that are not. So the terminology varies. Even the  
2       definition of a child varies between the states.

3               But, for example, if you refer a child as  
4       suspected child sexual abuse, for example, there is no  
5       category of suspected child sexual abuse. We know that it  
6       might take a considerable period of time to confirm that  
7       reason for referral. So I understand in Victoria they are  
8       actually put into the emotional abuse category, and the  
9       figures around Australia demonstrate the foolishness. We  
10      have got between three and five per cent of sexual abuse  
11      in the Northern Territory, 23 per cent in WA - the  
12      extraordinary variations that show that what we collect is  
13      insufficient.

14   MS DAVIDSON: You are talking about information about what we  
15      do collect is some information about reporting rates and  
16      substantiation rates. We heard from Professor Bromfield  
17      about the lack of any prevalence - underlying prevalence  
18      data. What's your view about that?

19   PROFESSOR GODDARD: We have no prevalence data for the same  
20      reasons. We don't - I think the Cummins inquiry reported  
21      that - and I'm not absolutely sure of the figure, but  
22      something like 2,000 children had been referred 10 or more  
23      times. So we know how many reports there are but we don't  
24      know how many children there are. We don't have any  
25      review of that data. We don't have any research into that  
26      data about why it is that so many children are reported so  
27      many times. So we really - that's why we called the  
28      report "They count for nothing", because we actually  
29      demonstrate that we don't take the problem seriously  
30      enough.

31   MS DAVIDSON: From your perspective, what kind of data and what

1 sort of research would you like to see in relation to  
2 child abuse?

3 PROFESSOR GODDARD: I think the data should cover the basics  
4 that you would use in, for example, any other medical  
5 problem, for example, or any other problem - the what,  
6 why, when, where, why sort of data, that basic data. But  
7 I would also like to know who is reporting, who is  
8 reporting what, how many times those people are reporting.  
9 For example - I think it's of particular relevance to this  
10 Royal Commission - I would want to know how many police  
11 reports there are of intimate partner violence to Child  
12 Protection, how often they are made, how many times some  
13 of those children have been reported for that reason. So  
14 I think even the basic material isn't there.

15 MS DAVIDSON: Is that something that you would regard needs to  
16 be - a gap that needs to be filled at the Victorian level  
17 or at the national level or a combination of both?

18 PROFESSOR GODDARD: Both. I think there should be national  
19 leadership. I really passionately believe that. I think  
20 that, you know, to have New South Wales not having 16- and  
21 17-year-olds in their data - so we can't even, as I say,  
22 agree on the definition of a child. If we transferred  
23 that to intimate partner violence, I'm not joking, there  
24 were arguments about who is a woman and those sorts of  
25 things are just - the data is totally and utterly  
26 deficient. It needs national leadership as well as state  
27 leadership.

28 MS DAVIDSON: You are involved in the Child Abuse Prevention  
29 Research Unit at Monash?

30 PROFESSOR GODDARD: Yes.

31 MS DAVIDSON: What are the implications for research into

1 preventing child abuse in terms of the lack of that kind  
2 of data being available?

3 PROFESSOR GODDARD: It's very hard to do research in child  
4 protection. Most of my research now is with the police.  
5 I find the police easier to do research with. Believe it  
6 or not, I find them more open in their willingness to  
7 consider research. I really believe that many children  
8 are being re-abused unnecessarily. We don't evaluate what  
9 works and what doesn't. For example, as a simple rule, in  
10 my early days in child protection you had to accept,  
11 unless there was a very good reason, a child abuse  
12 referral for any child who was not yet at school age.  
13 That's a very simple - when you think about it because if  
14 they are not attending school you don't know who - if  
15 anyone else is seeing that child.

16 We don't have any categorisation of age  
17 differentiation in the figures that we have. I find it  
18 extraordinary, for example, that you wouldn't accept a  
19 referral for a child under the age of one where there's  
20 reported to be intimate partner violence. There are so  
21 many areas that we could actually examine the data and  
22 then we should be doing research into what works and what  
23 doesn't, what cases come back and what don't.

24 COMMISSIONER NEAVE: Can I just clarify what you mean by that.  
25 I didn't quite understand the point. Is it the fact that  
26 there is no longer a broad practice under which all  
27 referrals for children under the age of five are accepted  
28 and investigated? Is that what you are saying - there  
29 used to be such a rule and it's gone?

30 PROFESSOR GODDARD: In the UK where I worked that was the rule.

31 COMMISSIONER NEAVE: I see; and there is no such rule here?

1 PROFESSOR GODDARD: Not that I know of. In fact, the anecdotal  
2 evidence is that there is strict rationing and that only  
3 25 per cent of reports - of referrals will be accepted.  
4 If you look at the data that is available, and there is  
5 very limited data, but over the last four years DHHS has  
6 accepted either 24 per cent or 25 per cent of referrals  
7 even though the referrals have gone up from 60,000, or  
8 50,000-something, to 80,000. I don't believe that's a  
9 coincidence. I believe it's a rationing system.  
10 I actually think that that's wrong, and I think that  
11 children deserve far better, and particularly  
12 younger - particularly infants and those, as I said,  
13 preschool age.

14 MS DAVIDSON: When you are talking about acceptance, are you  
15 talking about the sort of triaging process that  
16 effectively can happen within child protection where  
17 there's a report, there's potentially a decision whether  
18 or not to investigate, or not to investigate, and then it  
19 might be investigated and then it might be substantiated  
20 or not substantiated? Have I understood that process?

21 PROFESSOR GODDARD: Yes.

22 MS DAVIDSON: So when you are talking about accepting, you are  
23 talking about the decision to investigate rather than a  
24 decision to substantiate?

25 PROFESSOR GODDARD: Yes. I would like to know on what grounds  
26 a child protection investigation does not occur where  
27 there's intimate partner violence. I think we actually  
28 should know that. But it's not even clear how many such  
29 reports are accepted or investigated.

30 MS DAVIDSON: I think we heard in the previous evidence of  
31 Fiona Dowsley that the child protection data is not part

1 of the Family Violence Database.

2 PROFESSOR GODDARD: Yes.

3 MS DAVIDSON: What is your view about what needs to happen in  
4 terms of collection of that and sharing of that  
5 information?

6 PROFESSOR GODDARD: In this age where other forms of data are  
7 so readily available - on my phone or - I find it  
8 extraordinary that there isn't more sharing of data  
9 between Health and Child Protection. For example, I think  
10 there should be much more sharing between Police and Child  
11 Protection. There should be much more readily available  
12 evidence about other violence within families.

13 One of the areas that we have looked at is  
14 co-existent violence, totality of violence. In one study  
15 we did 15 years or so ago with DHHS 80 per cent of the  
16 families who had children under care and protection  
17 applications, 80 per cent of those were involved in crimes  
18 in the community. So, yes, we need data sharing. It is  
19 extraordinary that child protection data is missing from,  
20 as you say, that coagulation of data.

21 DEPUTY COMMISSIONER FAULKNER: Do you believe that the data  
22 doesn't exist or it's not made available? The issue of  
23 whether or not there's intimate partner violence present  
24 in the case that is notified to the department that they  
25 screen out and don't investigate, do you believe they have  
26 collected it and with some sort of data mining it could be  
27 made available, or is it a reticence to supply the data or  
28 is it that it's just not collected?

29 PROFESSOR GODDARD: I think it would be very hard to - well, it  
30 should be impossible to decide whether to investigate a  
31 case or not without having that data, without having some

1 of that data at least. If I can give you an example. The  
2 research we did 20-odd years ago at the Royal Children's,  
3 in 40 per cent of child sexual abuse cases we found  
4 intimate partner violence. I'm sure that those sorts of  
5 figures - some of that data is available. But it should  
6 be collected more thoroughly and it should be made  
7 available publicly, is what I believe.

8 DEPUTY COMMISSIONER FAULKNER: But are you familiar with  
9 the intake forms of any sort and do you know that they  
10 check boxes?

11 PROFESSOR GODDARD: Yes, they check boxes, but, as I say, the  
12 only things they publicly report on are the four  
13 categories that are in the Australian Institute of Health  
14 and Welfare, the only ones that I have seen, and that's  
15 physical, sexual, neglect and emotional. Victoria is  
16 famous because it always has around 50 per cent of  
17 emotional abuse, which is twice, for example, what it is  
18 in South Australia. So I suspect that cases are  
19 re-categorised.

20 MS DAVIDSON: Can I perhaps move to the question of review of  
21 deaths arising from child abuse or suspected child abuse.  
22 Monash University is currently doing a review, is that  
23 right, into child abuse deaths?

24 PROFESSOR GODDARD: Yes.

25 MS DAVIDSON: That's based on a review of police homicide  
26 files; is that right?

27 PROFESSOR GODDARD: Yes.

28 MS DAVIDSON: How many cases are you reviewing?

29 PROFESSOR GODDARD: We are doing a review of all the Homicide  
30 Squad deaths that are closed cases over a 15-year period,  
31 which has made the methodology interesting because

1 sometimes they are closed and then the perpetrator appeals  
2 and it becomes open again. So we have had cases that have  
3 gone in and out on more than one occasion. I think it is  
4 a real privilege to do that research. It's quite an  
5 extraordinary opportunity. We are doing the final  
6 analysis now, and we will be releasing three reports next  
7 year, one on the children, one on the perpetrators and one  
8 on system responses to the children and families.

9 MS DAVIDSON: In those cases has there always been a coronial  
10 inquiry or a child death inquiry by what was the Child  
11 Safety Commissioner and now the Commissioner for Children  
12 and Young People? Has there always been that kind of  
13 inquiry previously or?

14 PROFESSOR GODDARD: No. In fact, there have been very few, to  
15 our knowledge, child death reviews by the Commissioner.  
16 That's another issue where I think our responses are  
17 partial and tokenistic, because we should be doing child  
18 death reviews or serious case reviews or whatever you call  
19 them on cases to find out why some of these children  
20 weren't known to Child Protection. Where we have a long  
21 history of violence in a family and violence against a  
22 child, there should be some form of review. Not all of  
23 them, I believe, have had full coronials either.

24 MS DAVIDSON: The Commissioner for Children and Young People  
25 has a mandate to do reviews where there's been a  
26 notification to Child Protection or some involvement of  
27 Child Protection in the past 12 months. So what is your  
28 view about the scope? What have you observed in relation  
29 to the child abuse cases that you have dealt with that  
30 fall outside of those sorts of inquiries?

31 PROFESSOR GODDARD: Those children too - I think those

1           circumstances deserve a review too. I would extend it  
2           to - the figures vary according to the research you read,  
3           but for every child who dies there are another 20 or 30  
4           who have serious injuries that affect their physical  
5           and/or mental health, and I think we should be at least  
6           sampling some of those cases too to do similar sorts of  
7           review.

8   COMMISSIONER NEAVE: Can I just ask a question about that. Is  
9           there some statutory requirement for a child death review?  
10          Do you know where that comes from, what triggers the child  
11          death review? I'm not talking about the coronial process  
12          but the actual - as I understand it, there is an internal  
13          child death review process. What triggers that?

14   PROFESSOR GODDARD: You mean by the Commissioner, the review by  
15          the - - -

16   COMMISSIONER NEAVE: Yes. It was originally by the - it's now  
17          by the Commissioner, is it?

18   PROFESSOR GODDARD: Yes. If the child was known within  
19          12 months of him or her dying - known to Child Protection  
20          within that 12-month period, then they have a review.

21   COMMISSIONER NEAVE: So that would include a case where there  
22          had been a notification but the investigation had been  
23          closed; is that right?

24   PROFESSOR GODDARD: I'm not sure, actually. That's a very good  
25          question, because precisely what it - and this would have  
26          to be a question that perhaps is asked of the  
27          Commissioner.

28   COMMISSIONER NEAVE: Yes.

29   PROFESSOR GODDARD: But whether a case is said to be known or  
30          not is not always clear.

31   COMMISSIONER NEAVE: But it clearly doesn't cover a case where



1 a child is not known, has not previously been known to  
2 DHHS?

3 PROFESSOR GODDARD: Yes, precisely.

4 COMMISSIONER NEAVE: I see. So there's a question about what  
5 "known" means, once it's known. So they're all the  
6 children - the children who die where there may have been  
7 family violence but no notification in relation to the  
8 child, their deaths, if examined at all, are examined by  
9 the Coroner?

10 PROFESSOR GODDARD: And there's no way of referring - sorry, of  
11 reviewing children, in my view, who should have been  
12 known, who should have been reported - - -

13 COMMISSIONER NEAVE: Because there's been some, for example,  
14 family violence?

15 PROFESSOR GODDARD: Yes.

16 COMMISSIONER NEAVE: As I understood it, the police, at least  
17 if they attend an incident, have to fill out - and there  
18 are children present, they have to fill out a form and  
19 send it off to Child Protection, and one of the arguments  
20 that's been made to us is that there is an over-reporting,  
21 that too many L17s are sent. That's an argument that's  
22 been made to us. So theoretically any time the police  
23 have attended an incident that should go - the L17 should  
24 go to Child Protection. Do you have any feeling about  
25 whether that's not happening when it should be, or do you  
26 simply - we simply don't know?

27 PROFESSOR GODDARD: My concern about - sorry, this is a bit of  
28 a roundabout way of answering, but my concern about the  
29 repeated referrals to over-reporting in Child Protection,  
30 and this is something that you read about a lot and a lot  
31 of commentators make that point, is if we did something

1 better with the reports in the first place perhaps they  
2 wouldn't be re-reported. The figures that I have seen, as  
3 I say, I think we should actually be asking the question  
4 if you have a child who has been reported and there's  
5 serious intimate partner violence, if the father has a  
6 criminal record for assault and so on, why on earth is  
7 that case not investigated by Child Protection?

8 COMMISSIONER NEAVE: So you would identify the problem as  
9 occurring not so much at the point where the  
10 police - there might be problems there too, but where the  
11 police send off the form but at the investigative stage  
12 when there is a decision as to whether or not to continue  
13 with the investigation?

14 PROFESSOR GODDARD: That's right. In my view - I have to say  
15 that I think the police response to all forms of family  
16 violence has improved enormously in the last - in the  
17 years that I have been doing research I think they have  
18 made a major effort to educate and respond appropriately.

19 COMMISSIONER NEAVE: Has there been any effort or research done  
20 to try and track the relationship between the cases that  
21 are sent off to DHHS and that are not investigated that  
22 end up in either serious injury or death? You referred to  
23 a study you did a long time ago about cases that came into  
24 the Children's Hospital. I think I recall that research.  
25 I think it might have even been done for the old Law  
26 Reform Commission, or provided to it.

27 PROFESSOR GODDARD: Part of that was, that's right. I would  
28 love to do it. I think there should be research. How can  
29 we not do research and evaluation in such a critical and  
30 important area? We know on the figures - the limited  
31 figures we have we know the system isn't working very

1 well. When you compare, for example, out-of-home care in  
2 the UK and out-of-home care in Australia, in the UK they  
3 have 11 million approximately children under the age of  
4 18, Australia has about 5 million, and in out-of-home care  
5 in the UK they have about 60,000 children in out-of-home  
6 care and we have more than 40,000. So if we were doing as  
7 well as them we'd have - or if they were doing as badly as  
8 us they would have 100,000 children in out-of-home care.  
9 So I think all the way through we should be evaluating  
10 every single stage of the process.

11 COMMISSIONER NEAVE: Thank you.

12 MS DAVIDSON: Can I just take you back to the child death  
13 inquiries, and it's been identified that what was the  
14 Child Safety Commissioner, now the Commissioner for  
15 Children and Young People - at least for the Commissioner  
16 for Children and Young People the criteria for doing a  
17 child death inquiry is that they have had some involvement  
18 with Child Protection, and you said that you were  
19 concerned about the children who don't - the children who  
20 have died from child abuse who haven't made it into that  
21 system. Are you able to just generally describe, without  
22 necessarily disclosing some of the detail of the cases,  
23 what you are concerned about, the kind of areas where you  
24 think that some sort of systemic review might be  
25 identifying some concerns that - as to why you would want  
26 to expand that review process?

27 PROFESSOR GODDARD: Without sort of going into too many  
28 details, there were certainly cases where mandated  
29 reporters, in my view, should have reported, had good  
30 grounds to report - whether that becomes known or not of  
31 course we are not quite clear - and those children have

1 later died. Indeed, mandatory reporting is another  
2 I think tokenistic and partial response to the problem,  
3 because we have - to my knowledge, we have only been able  
4 to find two cases where professionals have been  
5 prosecuted. I might be wrong, but we have only found two,  
6 one in Victoria and one in Queensland. That's absolutely  
7 extraordinary.

8 When that was introduced it was supposed to be a  
9 staged introduction in Victoria. That so-called staged  
10 introduction has never been completed. So social workers  
11 in Victoria are still not mandated to report. Again, it's  
12 that sort of ambivalent response which leads to ambiguity.

13 I couldn't tell you - even though it is my job,  
14 I couldn't tell you exactly what the mandatory reporting  
15 laws are around Australia because they all have different  
16 definitions and different requirements and different  
17 terminology. So that urgently needs review.

18 Again, if I can use the UK as an example, they  
19 don't have mandatory reporting, but when you take a job  
20 you are told, for example, if you are a maternal and child  
21 health nurse, or health visitor, as they are known there,  
22 part of your job is that you will report and if you don't  
23 report they've lost - there are many - well, not many but  
24 there are several that I know of who have lost their jobs  
25 for not reporting.

26 MS DAVIDSON: Are you particularly advocating for mandatory  
27 reporting to be or failure to report being a criminal  
28 offence, or is your broader concern that whether it's a  
29 criminal offence, whatever it is, it needs to be enforced,  
30 reviewed, making sure that people are complying with  
31 whatever obligations have been imposed?

1 PROFESSOR GODDARD: In another royal commission I have argued  
2 that it should be a criminal offence, that certain  
3 religious organisations people should have been charged  
4 with compounding a felony or being accessories after the  
5 fact and so on. I passionately believe that.

6 Before I came in you were discussing education  
7 with Professors Brown and Frederico. I think that we do  
8 need some form of mandatory reporting. But I also think  
9 we need far better education for the professionals who are  
10 involved in the front line. So we do need to pay much  
11 more attention to their skills and what they are equipped  
12 with when they are in the field.

13 MS DAVIDSON: Just coming back to the child death inquiries,  
14 can I take it that you are concerned about perhaps  
15 expanding the scope of inquiries to cover children who  
16 have died of child abuse but haven't made it into the  
17 child protection system, to try to understand why it is  
18 that they haven't made it into the child protection system  
19 somehow? Is that part of your concern about the scope?

20 PROFESSOR GODDARD: Yes, and I have another concern and that  
21 is - outside I was reading a serious case review from the  
22 UK, and this one case is 120 - it's a summary and it is  
23 120 pages and there are 19 pages of learning for  
24 professionals. I have not seen - the child death review  
25 reports we have here are - that we see - this is a  
26 publicly available document I'm talking about. The  
27 publicly available documents we see here are sometimes a  
28 paragraph or two long.

29 DEPUTY COMMISSIONER FAULKNER: Professor Goddard, in relation  
30 to those child death reviews you are saying a greater  
31 universe of them, so that a child that dies and hasn't

1       been known to the department, should be reviewed. Are you  
2       saying that that should be done by the Coroner or a  
3       separate entity, because clearly the Coroner has the right  
4       at the moment to look at those deaths if they wish to? So  
5       I'm just wondering where you think the review should be,  
6       because, as I understand the history of the child death  
7       review in the department, it was about their practice with  
8       respect to the ones that they knew and the Coroner did the  
9       broader group. So do you think you need both, or is there  
10      another mechanism that's required that caters for both?

11   PROFESSOR GODDARD: I think probably not in all cases but in  
12      some cases you probably need both. But I think all child  
13      deaths due to abuse and neglect should be reviewed by some  
14      mechanism, whether it's in the Commissioner's office or  
15      independently reviewed. I think that the review is not  
16      just about the practice in Child Protection but it's also  
17      about Health responses, Police responses. It should be  
18      about professional responses, and it should be clearly  
19      making the links in order to educate so that we know how  
20      hopefully we can avoid some mistakes.

21   DEPUTY COMMISSIONER FAULKNER: Just what we heard that the  
22      Coroner's unit is doing at the moment, trying to look at  
23      prevention lessons. I'm just wondering about how many  
24      bodies you need doing that and whether it might be better  
25      that there's a clear place in which children's deaths or  
26      abuse are looked at no matter where they've been notified  
27      to the system, because of that broader issue you are  
28      talking about that there might have been some police  
29      contact, there might have been some Human Services  
30      contact, there might have been some hospital contact, and  
31      yet it's sort of located with Human Services to look at

1 child death reviews.

2 PROFESSOR GODDARD: As I said earlier, I think we shouldn't  
3 just examine deaths.

4 DEPUTY COMMISSIONER FAULKNER: I agree with that too.

5 PROFESSOR GODDARD: We should examine serious cases, and in  
6 that case there needs to be, in my view, some independent  
7 body. In the UK they use independent professionals to  
8 chair panels, and on those panels you have representatives  
9 of the different sort of key professionals. So you have  
10 experienced child protection workers, you have  
11 paediatricians and so on.

12 MS DAVIDSON: Just moving on to another issue, the Commission  
13 has heard a lot of concerns about the way that Child  
14 Protection in relation to family violence matters - it's  
15 often asserted that there is an expectation where there is  
16 intimate partner violence that the mother is responsible  
17 for protecting the child and they close the case  
18 potentially without really addressing the perpetrator.  
19 You have done some work in relation to the child  
20 protection workforce and some of the issues associated  
21 with dealing with difficult and potentially  
22 violent - I don't want to just say men but potentially  
23 adults who are difficult and potentially violent. What  
24 are your concerns about an - what would you like to see -  
25 if there is a greater expectation for child protection  
26 workers to do this sort of work, what are your concerns  
27 about doing that work?

28 PROFESSOR GODDARD: Out of my own personal experience - my  
29 research into violence against child protection workers,  
30 for example, came out of my own personal experience, and  
31 even in an institution like the Royal Children's Hospital

1       you sometimes weren't safe, threatened and actual  
2       violence. I think that we have been too slow to recognise  
3       how difficult the job is. I don't think we qualify the  
4       workers enough. We don't educate them enough. We don't  
5       support them enough.

6               The earliest research showed that 23 out of 50  
7       had received a death threat in the previous six months,  
8       front-line child protection workers. In the survey we  
9       have just finished in the UK, of 600 or so workers,  
10      horrific stories. One child protection worker lost her  
11      baby when she was pregnant by being thrown down stairs by  
12      a violent man and so on. So it's a job that we don't pay  
13      enough attention to.

14             It was interesting - the tragic death of the  
15      policewoman yesterday or the day before. When we talk  
16      about front-line workers, child protection workers are  
17      never included in that. So they talk about ambulance  
18      workers, ambulance drivers and police, and you even see  
19      notices on railway stations saying "we won't tolerate  
20      violence against railway staff". But the violence that  
21      sometimes occurs in child protection isn't sufficiently  
22      acknowledged.

23             So I'm not critical - I mean, I have made that  
24      decision myself on many occasions to actually - it's  
25      easier to visit the rather dirty, scruffy, neglectful  
26      family than it is to visit the family where you are  
27      frightened of the man and maybe he's dealing drugs and he  
28      has a record. So we actually have to be more supportive  
29      towards those workers, and that again is another reason  
30      for doing good research in this area, to work out why  
31      decisions are made. When you look at some of the cases



1           you understand why - even if two or three of you go in,  
2           why you wouldn't want to go in late on a Friday afternoon  
3           when you can do something more enjoyable.

4 MS DAVIDSON: Do you have any suggestions for how workers can  
5           be better supported if they are expected to engage  
6           potentially violent - - -

7 PROFESSOR GODDARD: The other side of mandatory reporting is  
8           whistleblowing and further education for child protection  
9           workers. So, no, I don't think I have ever had a research  
10          student - oh, with one exception, I beg your pardon,  
11          working in Child Protection. There's no protection, as  
12          far as I know, really, for whistleblowers. Again, in some  
13          countries when you take a job you are actually entitled  
14          to - you are told what your rights are. If you can't deal  
15          with particular problems in the workforce - for example,  
16          your team leader or whatever can't deal with a problem -  
17          then where you have the right to go to sort a problem.

18                I think there needs to be very strong  
19          whistleblowing - there need to be strong whistleblowing  
20          rights for front-line workers. I think there needs to be  
21          a clear differentiation between leadership and management,  
22          and the anecdotal evidence I receive is that the  
23          management has got worse. So it's more important to fill  
24          the form in than it is to make a correct professional  
25          decision. That's anecdotal, I stress.

26 MS DAVIDSON: At a practical level, though, what would you as a  
27          former child protection worker have liked to be able to  
28          actually properly and safely engage with someone like  
29          that? Are we talking about joint home - more than one  
30          person going on - being involved? Are we talking about  
31          potential police involvement? What sort of practical

1 things would you have liked to have seen in place to  
2 support you?

3 PROFESSOR GODDARD: All those things. If I can give you  
4 actually a very practical example. I understand there are  
5 only three offices in Melbourne, metropolitan Melbourne,  
6 that accept referrals for Child Protection. I think that  
7 should be decentralised. I think that the people who  
8 decide whether to accept a notification or referral,  
9 whatever you want to call it, a report, should also be  
10 people that go out.

11 At the moment - I mean, the running joke in Child  
12 Protection for a number of years is that it is all going  
13 to be exported to China or the Philippines. We don't  
14 actually have people working out whether to respond to  
15 reports. There're not people that actually go out.  
16 I don't think that people should just sit in offices  
17 making those decisions. I think they should be more  
18 locally based so that they know who good reporters are,  
19 who good GPs are, you know all those sorts of things -  
20 which child-care centres have got well-trained staff,  
21 which ones don't, all those things. I think right the way  
22 through, if you establish that different approach, it  
23 would have an enormous benefit to front-line workers.

24 MS DAVIDSON: Those are my questions. Do the Commissioners  
25 have any additional questions?

26 COMMISSIONER NEAVE: I just wanted to understand that last  
27 point. You said that only three officers accept  
28 notifications in the metropolitan area. Do you mean that  
29 there are only three people in DHHS who can - - -

30 PROFESSOR GODDARD: No, sorry, three offices, three  
31 geographical spaces.

1 COMMISSIONER NEAVE: Offices, sorry. So there are three DHHS  
2 regional offices in the metropolitan area that will - so,  
3 what, if you try to notify they will send you to another  
4 one?

5 PROFESSOR GODDARD: No, no, I just think that they - I don't  
6 think you can make informed decisions about risk to a  
7 child unless you have more - - -

8 COMMISSIONER NEAVE: I understand that point. But I was just  
9 trying to establish the factual - what you were saying  
10 factually. I just didn't understand that. I understand  
11 the argument for making it more local. But you are saying  
12 that if I, for instance, am concerned about a child and  
13 wanted to notify DHHS I would be put through to one of the  
14 three offices that can accept a notification. If I rang  
15 the one that's closest to me locally I might be told  
16 that's not the right one and be sent to another one; is  
17 that how it works?

18 PROFESSOR GODDARD: They all get put through to those three, as  
19 I understand it. Again, I use the parallel with other  
20 problems. Imagine if we only had three police stations to  
21 report to. That's the parallel that I use all the time.  
22 We wouldn't accept that if we are in Clayton the only  
23 office we can report to is in Frankston. Again, I think  
24 it needs to be urgently reviewed to increase local  
25 understanding and also the relationships that child  
26 protection workers form with key - - -

27 COMMISSIONER NEAVE: Yes, I understand that point. It was just  
28 I just didn't understand what you were saying factually.  
29 Thank you.

30 DEPUTY COMMISSIONER FAULKNER: Can I just clarify. As  
31 I understand the way in which police reports are accepted,

1       they all go to 000 and you can't ring your local police  
2       station. So I'm just wondering what the difference is.  
3       You are really arguing against the fact that - I don't  
4       think the issue is so much about where they go but it's  
5       what the person does once the report is received because -  
6       I tried to ring my local police station recently and  
7       I couldn't ring them. It's not listed. So you can't get  
8       to your local police station but you can through 000 get  
9       to a resource that will then come out and investigate.  
10      Are you looking for a model more like that?

11   PROFESSOR GODDARD: Yes, and they will investigate, and that's  
12      my concern. But I do think that - it would be a very  
13      interesting question to ask Child Protection what  
14      percentage of their staff ever see a child. That's  
15      something that I would really be very interested to know.  
16      Anecdotal evidence is probably around 40 per cent, and yet  
17      the ones that never see a child are the ones that are  
18      making a decision that should be more locally based about  
19      whether an investigation is required .

20   DEPUTY COMMISSIONER FAULKNER: Would your prediction be that if  
21      there was more attention paid at the triage there would be  
22      more people coming through or less? What's your  
23      hypothesis?

24   PROFESSOR GODDARD: I think it's possible to do a better job so  
25      some of the people don't come through over and over again,  
26      if that's part of the answer. But one of my other  
27      concerns is we don't run big awareness campaigns,  
28      prevention campaigns, because we are already saying that  
29      the system is overloaded and we don't want more. I think  
30      if we did a better job at that front end and designed the  
31      system better, then maybe we would then invest more in

1           that important area of prevention.

2   DEPUTY COMMISSIONER FAULKNER:   We have heard evidence from

3           Services Connect people yesterday that purport to saying

4           that they do give a service.   So are you saying that this

5           triage has to be child abuse focused, or is it family

6           service focused?   Do you have a view on the two-door sort

7           of policy that's been adopted over the - - -

8   PROFESSOR GODDARD:   I think it should be child protection

9           focused, clearly.

10   MS DAVIDSON:   If there are no further questions, perhaps

11           Professor Goddard could be excused and we have a 10-minute

12           break.

13   COMMISSIONER NEAVE:   Thank you, Professor Goddard.

14   <(THE WITNESS WITHDREW)

15           (Short adjournment.)

16   MR MOSHINSKY:   If the two witnesses for this panel could please

17           be sworn in.

18   <BRENDA MARY BOLAND, sworn and examined:

19   <BERNARD MICHAEL GEARY, sworn and examined:

20   MR MOSHINSKY:   Could I start with you, Mr Geary.   You hold the

21           office of Commissioner for Children and Young People?

22   COMMISSIONER GEARY:   That's right.

23   MR MOSHINSKY:   Could you just very briefly outline your

24           professional background and then I will come to the role

25           of the Commission in a moment?

26   COMMISSIONER GEARY:   I have been working in the sector for

27           about 44 years, originally in a capacity as a youth worker

28           in the Olympic Village area of West Heidelberg.   I spent

29           many years there and managing a community health centre

30           consequently, and then I managed the Brosnan Centre and

31           was the CEO of Jesuit Social Services before I came into

1           this role about 11 years ago, originally as the  
2           Commissioner for - the Child Safety Commissioner and more  
3           recently, since 2013, as the Principal Commissioner for  
4           Children and Young People.

5   MR MOSHINSKY: Thank you. Ms Boland, you hold the position of  
6           CEO of the Commission for Children and Young People?

7   MS BOLAND: That's correct.

8   MR MOSHINSKY: Could you just briefly outline your professional  
9           background?

10   MS BOLAND: Yes. I have a degree in social work and  
11           psychology. I have mainly worked in child protection  
12           out-of-home care through the majority of my years. I have  
13           been a regional director in DHHS in its previous  
14           iteration, and I have been with the Commission now for  
15           13 months.

16   MR MOSHINSKY: I was wondering whether one of you could just  
17           give us a brief overview of the Commission for Children  
18           and Young People, which is set up by the Commission for  
19           Children and Young People Act 2012. Just at an overview  
20           level, what are the roles of the Commission and how is it  
21           structured in practical terms?

22   MS BOLAND: The role of the Commission is to look into  
23           vulnerable children and young people, to undertake child  
24           death reviews of children known to Child Protection  
25           12 months prior to their death, and focus on continuous  
26           improvement for services. So when we look at inquiries we  
27           can also do our own inquiries that we initiate ourselves,  
28           and we look at services provided or failed to be provided  
29           to children and young people who are vulnerable.

30   MR MOSHINSKY: How large is the office?

31   MS BOLAND: Thirty-four people - sorry, 34 EFT. It's about 39

1 people.

2 MR MOSHINSKY: Mr Geary, you are the Principal Commissioner?

3 COMMISSIONER GEARY: That's right.

4 MR MOSHINSKY: At the moment is it correct that there is one

5 additional Commissioner?

6 COMMISSIONER GEARY: Yes. Mr Andrew Jackomos is the

7 Commissioner for Aboriginal Children and Young People, the

8 only person of that ilk in the country.

9 MR MOSHINSKY: What is the status in terms of independence of

10 the Commission from government departments?

11 COMMISSIONER GEARY: The Commission is independent from

12 government departments. My appointment is a Governor in

13 Council appointment, and we report directly to Parliament.

14 We have an administrative connection to the Department of

15 Health and Human Services.

16 MR MOSHINSKY: So the Act, in section 8(2), provides the

17 Commission must act independently and impartially in

18 performing its functions?

19 COMMISSIONER GEARY: That's right.

20 MR MOSHINSKY: In terms of funding, how is that arranged for

21 the funding for the work of the Commission?

22 MS BOLAND: The funding comes through DHHS - from Treasury

23 through to DHHS. We are actually a cost centre of DHHS,

24 and that's how we are funded. It comes through that way.

25 MR MOSHINSKY: Mr Geary, you referred to your earlier - the

26 earlier iteration of the position as the Child Safety

27 Commissioner. Can you briefly just outline the

28 differences between the earlier structure and the current

29 structure?

30 COMMISSIONER GEARY: Earlier I was accountable as the Child

31 Safety Commissioner to the Minister For Community Services

1 at that time. Whilst there were some standard roles  
2 around monitoring out-of-home care and doing those child  
3 death reviews, for instance, if I wanted to do an  
4 investigation or a review of a circumstance I would ask  
5 the Minister to ask me to do it, and that was a fairly  
6 sort of unsteady - not that there was ever any problems  
7 with it, but it's not a very legalistic way of doing  
8 things.

9 MR MOSHINSKY: What was the sort of thrust of the change or the  
10 motivation for the change which led to the 2012 Act and  
11 the establishment of your position as a Commissioner?

12 COMMISSIONER GEARY: It was purely to ensure that young  
13 people's needs and the monitoring of young people,  
14 particularly vulnerable young people, was done in an  
15 independent way and that we were able to report in an  
16 independent way. So I have a capacity now to perform  
17 own-motion reviews of situations, one of which we have  
18 just finished, which is looking at incidents of sexual  
19 harm that comes to children who live in the residential  
20 care system.

21 MR MOSHINSKY: That report was released earlier this year?

22 COMMISSIONER GEARY: Yes, in August. That's it.

23 MR MOSHINSKY: Can I ask you some questions first about child  
24 death inquiries and then perhaps come back to the own  
25 motion inquiries in a little while. Could one of you  
26 please explain the structure for child death inquiries?  
27 What are they and how are they conducted?

28 MS BOLAND: There's a number of ways we conduct them.

29 Sometimes we do file reviews, because a lot of the  
30 children that come to us have had very short lives. About  
31 17 per cent have never left hospital, have had serious



1           medical conditions. Where there's more complex matters we  
2           do a full analysis where we meet with services, families  
3           and go through the entire case and report on services  
4           provided or failed to be provided.

5 MR MOSHINSKY: In what situations are child death inquiries  
6           conducted? What are the criteria?

7 MS BOLAND: It's a judgment call, but basically where there's  
8           been a lot of involvement or there's been serious errors  
9           in risk assessment that we think have resulted in harm to  
10          the child we would look at that.

11 MR MOSHINSKY: But just in terms of the mandatory criteria of  
12          when the Commission must conduct a child death inquiry?

13 MS BOLAND: We are not under any timeframe.

14 MR MOSHINSKY: No, sorry, in what cases must you conduct a  
15          child death inquiry?

16 MS BOLAND: We must conduct an inquiry on any child known to  
17          Child Protection 12 months prior to their death.

18 MR MOSHINSKY: If any child dies and there's been some contact  
19          with Child Protection in the last 12 months then you  
20          conduct a child death inquiry?

21 MS BOLAND: Yes.

22 COMMISSIONER NEAVE: Can I just clarify that. Suppose there  
23          has been a notification which has been closed, the  
24          conclusion has been reached that there's nothing to  
25          investigate, and the child nevertheless dies later. Would  
26          you investigate that?

27 MS BOLAND: Yes.

28 COMMISSIONER NEAVE: But if there had been a notification, say,  
29          15 months earlier you wouldn't?

30 MS BOLAND: No.

31 COMMISSIONER GEARY: 12 months.

1 COMMISSIONER NEAVE: It's a strict 12 months. But any way in  
2 which the child has come to the attention of Child  
3 Protection?  
4 MS BOLAND: Yes.  
5 COMMISSIONER NEAVE: What about Child FIRST? Is it only Child  
6 Protection?  
7 MS BOLAND: Only Child Protection.  
8 COMMISSIONER NEAVE: So if the department was working with a  
9 family through the Child FIRST process because it was  
10 decided that that was the appropriate way to deal with  
11 it - I have the right name, haven't I, Child FIRST?  
12 COMMISSIONER GEARY: Yes.  
13 COMMISSIONER NEAVE: That was the appropriate way to deal with  
14 it rather than to make an application to the Children's  
15 Court, for example, then you wouldn't investigate that  
16 one?  
17 MS BOLAND: If they had been referred to Child Protection and  
18 Child Protection then referred them to Child FIRST, we  
19 would.  
20 COMMISSIONER NEAVE: I see.  
21 MS BOLAND: It's just about a contact with Child Protection in  
22 the 12 months prior.  
23 COMMISSIONER NEAVE: I see. Thank you.  
24 COMMISSIONER GEARY: Conversely on that 12 months timeline it  
25 may be 50 seconds too. Sometimes we do a review of a  
26 child and a report had been made a minute before the child  
27 died.  
28 MS BOLAND: So we often get them - they get referred to Child  
29 Protection at the point of injury or near death, when they  
30 come to hospital, and we look at those as well, even if  
31 there's been no other Child Protection involvement.

1 COMMISSIONER NEAVE: Thank you.

2 MR MOSHINSKY: About how many child death inquiries do you  
3 conduct a year?

4 MS BOLAND: About 25. It seems to land there pretty much all  
5 the time.

6 MR MOSHINSKY: I think I interrupted you. You were explaining  
7 the process that you adopt when you carry out a child  
8 death inquiry, and some are on the papers and some - - -

9 MS BOLAND: Sometimes we do a file review, yes, and other times  
10 we interview services and families and Child Protection  
11 obviously as part of the service.

12 MR MOSHINSKY: What services might you interview?

13 MS BOLAND: Health services, education, we can look at justice  
14 services - we can't look at police or courts because they  
15 are not defined as a service - and all registered  
16 community services like child-care centres, kindergartens.

17 MR MOSHINSKY: So it could be non-government organisations as  
18 well as government?

19 MS BOLAND: Definitely, yes.

20 MR MOSHINSKY: Do you have compulsory powers to interview  
21 people?

22 MS BOLAND: No.

23 MR MOSHINSKY: Do you generally get cooperation from those who  
24 you want to speak to?

25 MS BOLAND: Yes.

26 COMMISSIONER GEARY: Absolutely.

27 MS BOLAND: We do. We are very respectful of the situation.  
28 We sometimes wait a little while after the incident.  
29 Other times we do it closer to the time of death,  
30 depending on the circumstances of the death and the impact  
31 on the people and the services.

1 COMMISSIONER GEARY: That's quite remarkable really because,  
2 despite the fact that sometimes these services are  
3 overwhelmed, there is a very strong culture to be of  
4 assistance.

5 MR MOSHINSKY: What's the purpose of the child death inquiry  
6 process?

7 MS BOLAND: It's around continuous improvement and it's around  
8 an evaluation of services provided or failed to be  
9 provided. The things that we see regularly are family  
10 violence factors, mental health factors, cumulative harm  
11 where there's not been one really serious incident but a  
12 range of smaller incidents that have built to the  
13 situation, and that may have nothing to do with the  
14 child's death, it just may be what we see when we make  
15 that assessment. Services collaborating around risk  
16 assessment, that's a really strong one. Different  
17 agencies may have bits of information and it's not pulled  
18 together.

19 MR MOSHINSKY: Do child death inquiries include recommendations  
20 about how services could be improved?

21 MS BOLAND: Yes, and we make those to the Minister and to the  
22 Secretary of DHHS. Sometimes that includes other services  
23 as well. But, yes, they do make recommendations.

24 MR MOSHINSKY: Do you have a sense or has there been any  
25 evaluation of the extent to which recommendations have  
26 been actually taken up and implemented?

27 MS BOLAND: That's something we are looking at this year, to  
28 have a much more rigorous look at that. We are seeing  
29 much stronger responses over the last 12 months probably  
30 than what we had seen prior around cumulative harm  
31 practice deficits, issues around family violence, where

1 the male perpetrator hasn't been interviewed or assessed.

2 We are getting much stronger responses around that.

3 MR MOSHINSKY: The child death inquiries, the reports that you  
4 prepare, are they made publicly available?

5 MS BOLAND: No.

6 MR MOSHINSKY: I think you mentioned they go to the Minister  
7 and the Secretary of DHHS?

8 MS BOLAND: Yes, and where we make an adverse comment about an  
9 agency or anyone, we send those comments to the agency.  
10 We also send those to the parents or discuss it with the  
11 parents. We don't often send it because it's not a very  
12 engaging way of doing it, but we would contact them and  
13 have a discussion with them about, "This is what we have  
14 said," and give them a chance to comment on what we are  
15 saying.

16 COMMISSIONER GEARY: There is a report that's tabled annually  
17 that speaks to themes and statistics, but not about  
18 individual cases.

19 MR MOSHINSKY: Can you explain what the difference is between  
20 the coronial process, which would also occur in some of  
21 these cases, and the child death inquiry process? What's  
22 the difference between the two processes.

23 MS BOLAND: The coroner is really looking at the circumstances  
24 of the death, and we are looking at services provided or  
25 failed to be provided. The coroner is requesting a lot of  
26 our child death reports now. That's something that's  
27 really increased over the last 12 months. We provide  
28 those reports obviously. They also send us their reports  
29 when they are completed on children that we have inquired  
30 into as well.

31 But they are different processes. We are really

1 looking at what happened in that period of intervention or  
2 the services around a child and family over the child's  
3 life rather than the actual circumstances of the death.  
4 We very much leave that to the coroner.

5 COMMISSIONER GEARY: Basically how services impact on the child  
6 and the family.

7 MS BOLAND: Were there closures or was it improperly assessed,  
8 those kinds of things.

9 COMMISSIONER GEARY: It wouldn't be a positive or helpful thing  
10 to have people falling over each other in these  
11 investigations.

12 MR MOSHINSKY: Can you comment on the confidentiality of the  
13 inquiry reports that you prepare? Is that something that  
14 you are in favour of or against or what comments would you  
15 make?

16 MS BOLAND: Yes, I'm in favour of it because people cooperate  
17 with us, and we respect that. We respect the family's  
18 situation and we make comments on the family. But that's  
19 not to say we can't put together matters and themes that  
20 we do in our annual report and through other ways about  
21 what we think are significant issues, but not on the  
22 individual cases.

23 COMMISSIONER GEARY: There would be a significant decreasing in  
24 the confidence of the process if we weren't able to say  
25 to, say, DHS staff that these were interviews and  
26 investigations that were being held confidentially.

27 MS BOLAND: So our main function is around continuous  
28 improvement rather than determining responsibility. So  
29 that's sort of a major difference as well.

30 MR MOSHINSKY: Can I ask you about some of the matters that  
31 came up relevant to child death inquiries in the evidence

1 of Professor Goddard that preceded this panel, and I think  
2 you were able to view most of the evidence of Professor  
3 Goddard.

4 MS BOLAND: Yes, we saw probably three-quarters of it.

5 MR MOSHINSKY: One of the positions that he put forward was  
6 that he would like to see child death inquiries, the  
7 situations in where they occur expanded to also look at  
8 cases where the person was not reported to Child  
9 Protection, not just those where they were reported, where  
10 a child dies as a result of child abuse. Do you have any  
11 comments on that?

12 COMMISSIONER GEARY: We could do things that way, certainly not  
13 in terms of our current resources. But, for instance, how  
14 would we be informed? Child Protection informs us of the  
15 deaths that occur now because they are connected to that  
16 system. You wouldn't want to be informed of these things  
17 by the Sun-Herald. You would need to have some sort of  
18 proper way of being informed. And I do think that what we  
19 are doing now might lose its focus to a degree.

20 MR MOSHINSKY: What about cases where there is child abuse, it  
21 doesn't result in the child dying but it may be a very,  
22 very serious case that comes close to that? Do you do any  
23 inquiries in that scenario?

24 MS BOLAND: We have the capacity to, yes. We have had the  
25 capacity to do systemic inquiries and inquiries into  
26 individual vulnerable children and young people for the  
27 last two years. We are doing one at the moment around a  
28 young boy who has had a difficult life. We don't  
29 regularly do them around near misses because we often  
30 don't know, but we do have that capacity in our  
31 legislation. We also have capacity to review any child

1       who has died from abuse and neglect irrespective of  
2       whether they are known to Child Protection. But "abuse"  
3       and "neglect" isn't defined in the Act and, as Bernie  
4       said, we don't know how we would be informed. But, if we  
5       were to find that that had happened and we wanted to look  
6       into it, we have that capacity.

7   COMMISSIONER NEAVE: Can I just follow up on that. Have you  
8       investigated the possibility of hospital notifications of  
9       child deaths and serious injury, for example, as a  
10      possible source of information about the children who  
11      weren't known to Child Protection?

12   MS BOLAND: Yes, and also the coroner, we could link with that  
13      as well. But, as we are structured at the moment, our  
14      capacity to do all of that as well would be limited. But  
15      it's certainly something we could look at and would sit  
16      comfortably with the rest of what we do.

17   COMMISSIONER GEARY: And we need to be able to separate the  
18      work of the coroner, because the coroner can in certain  
19      cases or in all cases in fact go to the impact of services  
20      too. So you would wonder why you would be doing it twice.

21   COMMISSIONER NEAVE: Yes.

22   MR MOSHINSKY: I was going to move to the own motion inquiries.  
23      Are there any further questions on the child death  
24      inquiry?

25   DEPUTY COMMISSIONER FAULKNER: I have one, which is because of  
26      the focus you have described on continuous improvement you  
27      mentioned you don't have any sight through to the police.  
28      Do you need that in any way?

29   MS BOLAND: We can comment, but we don't have the capacity to  
30      review the service provisions. So we work very  
31      cooperatively with them when a child is murdered.



1 COMMISSIONER GEARY: That's a good example, yes.

2 MS BOLAND: We work together, because they need their processes  
3 to run around investigation and arrests and we also need  
4 to do what we are required to do. We have a collaboration  
5 with the police around that and we have a memorandum of  
6 understanding that we are just completing, a revised one.  
7 So in terms of our capacity - I don't think it's our place  
8 to be looking at police actions, if that's what you are  
9 meaning.

10 DEPUTY COMMISSIONER FAULKNER: I probably need to be updated on  
11 the role of police in terms of protective interveners.  
12 Are they still - - -

13 MS BOLAND: They still have the capacity to do that, yes.

14 DEPUTY COMMISSIONER FAULKNER: So that part of the jigsaw is  
15 the piece that I'm interested in, given that they have  
16 responsibilities for child protection functions yet you  
17 are not able to inquire. So if they were not up to  
18 scratch on their role as a protective intervener you would  
19 not be able to talk about that?

20 MS BOLAND: No.

21 COMMISSIONER GEARY: We respect their problems when they are  
22 interviewing family members, workers et cetera in a murder  
23 case, for instance, that we don't want to be stumbling  
24 around in their space particularly during an  
25 investigation. So very often we wait for them to finish.

26 MS BOLAND: Or they may say, "You can interview the services,  
27 but please don't go near the family."

28 DEPUTY COMMISSIONER FAULKNER: Thank you.

29 MR MOSHINSKY: Commissioner Geary, can I turn to you and ask  
30 you to talk briefly about the own motion inquiry that was  
31 published in August this year. What was the subject

1 matter of that and broadly what did you find?

2 COMMISSIONER GEARY: The subject matter of the own motion  
3 inquiry, which is this inquiry here which is called "As a  
4 good parent would", "as a good parent would" being the  
5 wording in the Act which is a line in the sand in relation  
6 to the responsibilities of the department in its parental  
7 role.

8 This own motion report came as a consequence of  
9 my great concern about the number of young people who were  
10 being harmed, sexually harmed, whilst living in State  
11 care, in residential care. These are the children who are  
12 really at the pointy end of out-of-home care. The report  
13 has been handed up to parliament, as you know, several  
14 months ago.

15 MR MOSHINSKY: Are there other own motion inquiries that you  
16 have conducted or are conducting?

17 COMMISSIONER GEARY: This was our first, but we are conducting  
18 others, yes.

19 MR MOSHINSKY: Can you talk about in broad terms the reception  
20 that that report has had and what observations you would  
21 make about the independent position that you as  
22 Commissioner hold in preparing reports such as this?

23 COMMISSIONER GEARY: It's been really interesting. The  
24 response has been interesting. I have been pleased with  
25 the objectivity, for instance, the community service  
26 organisations have demonstrated. Whilst I'm still waiting  
27 for the department to come back in relation - whilst they  
28 said that they would in principle take on our - we made 19  
29 recommendations - they agreed in principle with the  
30 recommendations, but we are still waiting for something  
31 more significant from them in relation to their response

1 to our recommendations.

2 But I have had really good forums with the  
3 community service organisations. There's a great will and  
4 an agreement that the system is broken and we need to put  
5 a lot of time into fixing it. There's an agreement that  
6 there are too many young people living in residential  
7 care. There's also an agreement and a concern about the  
8 shrinking of the foster care system. One of our  
9 recommendations is that there should be much more work  
10 done to develop a professional foster care system.

11 MR MOSHINSKY: As the Commissioner for Children and Young  
12 People, do you see it as part of your role to give a voice  
13 to the children and young people who are part of the  
14 system?

15 COMMISSIONER GEARY: Absolutely, and that's probably what  
16 drives us, I guess. I'm just a big, fat, old youth  
17 worker, I guess. That's basically what defines us,  
18 I think, is to hear the voice of the children and  
19 represent them. We have developed community visiting  
20 programs in the youth justice system and, as such, without  
21 the support of the department we have them operating in a  
22 small number of residential care facilities too and we are  
23 doing that basically on our own resources. But I'm very  
24 keen to get community visitors operating particularly in  
25 residential care. We have them operating in the youth  
26 justice system, because you hear the voice of the child  
27 and it's heard by an independent and an objective person.  
28 From a Commission point of view, that's the sort of stuff  
29 we want to hear.

30 MR MOSHINSKY: That independence, is that also independence not  
31 just from government departments but also from the service

1 providers, for example?

2 COMMISSIONER GEARY: Absolutely. Yes, it is. It's not tainted  
3 in any way by service providers, government, unions. All  
4 of those people have a part to play, but don't have a part  
5 to play in terms of how we hear the voice of children.

6 MR MOSHINSKY: You gave evidence earlier about the iterations  
7 from the Child Safety Commissioner role to, under the  
8 current Act, the Commissioner for Children and Young  
9 People and the establishment of the Commission by that  
10 Act. Are there any sort of aspects of the current  
11 structure which you would like improved upon or that you  
12 would like to see changed?

13 COMMISSIONER GEARY: There are aspects that I would like  
14 improved upon. Certainly I think one of those is that we  
15 should have an official brief around taking complaints.  
16 Whilst we do that, we do that because I just believe  
17 there's not much point in being a Commissioner if you are  
18 not listening to what's happening out there. People from  
19 the community, carers and children come to us with  
20 complaints. Thankfully we have a productive relationship  
21 with department and CSOs and we are able to feed those  
22 complaints back in and very often get good results. But  
23 once again that's not legislated.

24 I would like to see the community visitors scheme  
25 officially broadened. I would like to see a commissioner  
26 for CALD children, because they are a growing group of  
27 young people who have special needs. So there are certain  
28 aspects of our - what else?

29 MS BOLAND: I think the complaints is definitely the main one.  
30 There is no body for children to complain to who are  
31 vulnerable. There's the Ombudsman around particular

1 things but, as I understand it, they are not able to  
2 interview children under 16.

3 COMMISSIONER GEARY: And it is hard for kids to get through to  
4 the Ombudsman, quite frankly.

5 MS BOLAND: It's a different body.

6 MR MOSHINSKY: One of the things that this Royal Commission is  
7 looking at this week is potential structures in dealing  
8 with family violence, and a number of models have been put  
9 forward in submissions to the Royal Commission. One  
10 potential model is a commission structure. Do you have  
11 any observations about the applicability or otherwise of  
12 having a commissioner role with a commission in the family  
13 violence context?

14 COMMISSIONER GEARY: Look, I know people sometimes think that  
15 we run to having a commission for everything that moves,  
16 but certainly this is a dreadful social issue and deserves  
17 to have a light shone upon it and I think that a  
18 commission is something that should be sensibly looked at.  
19 Because we are a model that's relatively young and we have  
20 been developing, it's probably a model that could be  
21 learnt from, whether it could be learnt from the mistakes  
22 that we have made, from the lack of powers that were there  
23 early to the gradual improvements and progress that's been  
24 made.

25 MR MOSHINSKY: Maybe we have covered them already, but are  
26 there any sort of lessons to be learned from the structure  
27 that exists for the Commission for Children and Young  
28 People that you would sort of learn from?

29 COMMISSIONER GEARY: I think don't half do it. That's my main  
30 lesson. Don't half do it.

31 MR MOSHINSKY: Could you just expand on that?

1 COMMISSIONER GEARY: As long as it wasn't just a flowerpot. It  
2 would need to be something that really had some power and  
3 that there was a promise, if you like, a legislative  
4 promise to listen to the recommendations that came from a  
5 commission. I think it would be incredibly helpful.  
6 I think it would need also to have a capacity to listen to  
7 families and people in families, including children. We  
8 talk about children and people say, "It's terrible what  
9 they have seen and it's terrible what they have heard,"  
10 but children who live in families where there is family  
11 violence not only hear and see but they actually  
12 experience, and I think that that's something that a  
13 commission could well relate to and respond to.

14 DEPUTY COMMISSIONER FAULKNER: Commissioner, one of the things  
15 that the Productivity Commission has in its legislation is  
16 the requirement for government to respond to its  
17 recommendations. Is that a power within your legislation?  
18 Does government have to make some response?

19 COMMISSIONER GEARY: No.

20 MR MOSHINSKY: Commissioners, those are my questions.

21 COMMISSIONER NEAVE: I have a couple of questions . Do you  
22 ever commission research to look at the effectiveness of  
23 particular interventions in relation to children? Have  
24 you done that at all?

25 COMMISSIONER GEARY: We haven't commissioned research. We do  
26 have productive relationships in the research area, but we  
27 haven't actually commissioned it.

28 COMMISSIONER NEAVE: So you have gone to people, what, in the  
29 university and said, "We would be interested in some  
30 research around" such and such a topic?

31 COMMISSIONER GEARY: Absolutely. A good example that comes to

1 mind is the leaving care area in out-of-home care where we  
2 have done some work with Monash, yes.

3 COMMISSIONER NEAVE: Thank you. The other question, we have  
4 observed a bit of a division or a distinction between, on  
5 the one hand, the child protection issue and, on the  
6 other, the family violence issue and I think there needs  
7 to be a lot more education around that. So I wonder  
8 whether within your organisation your people have done any  
9 work around or training around family violence.

10 COMMISSIONER GEARY: Training, no. A lot of learning. I will  
11 get Brenda to be more fulsome in that area, but I can tell  
12 you that when we are doing child death reviews I so often  
13 see a mongrel man in the background.

14 MS BOLAND: And also through the Taskforce 1000, the  
15 Commissioner for Aboriginal Children and Young People,  
16 family violence is a very, very strong theme for those  
17 children in out-of-home care. We do see a lot I think of  
18 the ones we did - exposure to family violence was in about  
19 59 per cent of children we look at.

20 COMMISSIONER NEAVE: This is in your review?

21 MS BOLAND: In the child deaths.

22 COMMISSIONER NEAVE: Child death reviews, about 59 per cent  
23 involve some family violence in the family?

24 MS BOLAND: Yes.

25 COMMISSIONER NEAVE: Indirect or direct or both?

26 MS BOLAND: Both.

27 COMMISSIONER NEAVE: Thank you.

28 COMMISSIONER GEARY: As observed by workers, yes. So it's  
29 pretty significant.

30 MS BOLAND: And we also have a view - in relation,  
31 Commissioner, to your question around child protection and

1 family violence - that the notion of the protective  
2 mother, it really needs to be challenged in the risk  
3 assessments because often they can't protect themselves,  
4 let alone their children. We see quite a lot where that's  
5 been the judgment made. Of course it's just a horrible  
6 place for women to be when they are in that situation  
7 trying to protect children and keep themselves safe and  
8 everyone walks away.

9 DEPUTY COMMISSIONER FAULKNER: In the light of that dilemma, as  
10 I understand the choice, the choice is to leave the child  
11 with the mother or to move the child to an out-of-home  
12 situation?

13 COMMISSIONER GEARY: Yes.

14 MS BOLAND: Or move the father.

15 DEPUTY COMMISSIONER FAULKNER: So do you have power - - -

16 COMMISSIONER GEARY: No.

17 MS BOLAND: No. That's just observations that we have had.

18 COMMISSIONER GEARY: Learnings.

19 MS BOLAND: Where the attitude of the mother is taken in as  
20 protective, which is fair enough, as it should be, but not  
21 a full assessment of the male perpetrator.

22 COMMISSIONER NEAVE: Do you have a view about the role that  
23 DHHS could take in those cases which might be supportive  
24 of the mother?

25 MS BOLAND: Yes, I think it's about making them in a safe  
26 place, about dealing with the offender, with the police,  
27 and ensuring that the children get counselling and that  
28 the mother does as well - so it doesn't all need to be  
29 done by Child Protection; it could be done by other  
30 services - but rather than just an in and out and close  
31 because the mother is protective as in, yes, she thinks



1 the father is a risk to the child isn't sufficient in a  
2 lot of the cases we see, and we see the ones down the  
3 really sharp end. So I need to say that.

4 COMMISSIONER NEAVE: Have you seen cases in which that  
5 treatment of the woman, she's the protective mother, that  
6 approach has actually resulted in or contributed to the  
7 death of a child?

8 MS BOLAND: Contributed to the death, yes, certainly, and to  
9 her stress.

10 COMMISSIONER GEARY: It is not hard to pull the wool over the  
11 eyes of an assaultive man, father, as a consequence of one  
12 visit by Child Protection people. It's almost an  
13 impossible assessment to make, I guess, because people are  
14 lying and very often mum is in a situation where she has  
15 no choice.

16 MS BOLAND: And a lot of the child death inquiries we do, the  
17 majority are children living at home. It's not in the  
18 out-of-home care. About 78 per cent are living at home at  
19 the time of death. So they are quite invisible often.

20 COMMISSIONER NEAVE: Thank you.

21 MR MOSHINSKY: If there are no further questions, if the  
22 witnesses could please be excused with our thanks.

23 COMMISSIONER NEAVE: Thank you very much indeed.

24 MR MOSHINSKY: That completes the evidence for today.

25 <(THE WITNESSES WITHDREW)

26 ADJOURNED UNTIL THURSDAY, 15 OCTOBER 2015 AT 9.30 AM