



Royal Commission into Family Violence (Victoria)

29 May 2015

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Summary of recommendations

Reforming Victoria's family violence system for improved integration and coordination is long-term work. Our system is currently mid-way through a reform agenda and integration process that had a 20-year horizon when first introduced in 2005. Even world's best practice models of coordinated and integrated response continue to evolve to this day, after almost 35 years of implementation. It is clear that achieving the best family violence system that we can for Victoria – one that prioritises the safety of women and children experiencing family violence, and holds men who use violence accountable for their actions – takes time, commitment, resourcing and vision.

Preventing family violence from occurring in the first place is also long-term work, and our work in this area is still relatively young. Primary prevention requires that we tackle the root causes of the problem in a systemic way, right across all levels of social life. The two most influential factors in determining violence against women, and family violence as its most common form, are the unequal distribution of power and resources between women and men, and an adherence to rigidly defined gender roles. Redressing these determinants means implementing universal strategies for improved gender equity. It is whole-of-community and whole-of-government in its endeavour; and it is nothing short of gender transformative practice, demanding vision, leadership, commitment, resourcing, partnerships and multi-faceted strategies for years and even decades. As long as women remain unequal to men, violence against women will continue unabated.

Together, family violence response and family violence prevention, as separate but interlinked systems of effort, promise to deliver a society in which all Victorian women and their children can live free from violence and the threat of violence. Achieving this, however, needs sustained effort, focus, investment and strategic intent, especially on the part of government. The recommendations put forward in this submission have been developed with this in mind. We see them as steps that will have the greatest impact in the short and medium term, to achieve the longer-term goal of a society in which violence against women and family violence are no longer tolerated or conceivable.

Our recommendations for the overall approach to family violence response

Recommendation 1. The continuation of system-wide improvements to Victoria's family violence system must be achieved through the completion and embedding of the reform agenda and integration process that have been in place for almost a decade and for which there is mounting evidence of achievement and success.

Recommendation 2. As an immediate priority, there must be stand-alone, long-term policy, comprising an overarching strategic framework and shorter-term action plans, to guide the completion and embedding of Victoria's family violence reform agenda and integration process. This policy must be for a minimum of 20 years with five-yearly reviews. This policy must have bi-partisan commitment so it can withstand successive governments.

Recommendation 3. As an immediate priority, there must be established appropriate cross-ministerial governance arrangements to provide an authorising environment for the completion and embedding of Victoria's family violence reform agenda and regional integration process.

Recommendation 4. As an immediate priority, there must be adequate long-term funding of the family violence system to complete and embed Victoria's reform and integration efforts; and this resourcing must be able to keep up with the progress that is expected to continue across the state for some time, with progress indicated by increases in service demand and police

referrals, and the ongoing innovations (whether statewide or regionally) that enable reform and integration.

Recommendation 5. Supporting legislation must be introduced as a key element of continuing family violence reform and integration to underpin the establishment and embedding of a world's best practice integrated family violence system for Victoria.

Our recommendations for the overall approach to family violence prevention

Recommendation 6. As an immediate priority, there must be stand-alone, long-term and evidence-informed policy to guide Victorian primary prevention programming, partnerships and the development of its workforce. The policy could comprise an overarching strategic framework with accompanying shorter-term action plans. The policy must be for at least 20 years, with five-yearly reviews. The policy must be whole-of-government and whole-of-community; and it must be developed with bi-partisan support so it can withstand successive governments.

Recommendation 7. As an immediate priority, there must be adequate long-term funding for the implementation of evidence-based primary prevention initiatives under the new policy, including funding for Victoria's women's health services to continue to coordinate and facilitate regional action plans, and funding for the delivery of settings-specific programs such as best practice respectful relationships education in schools. Resourcing commitments to Victorian primary prevention must be separate to and over and above that for Victoria's family violence response system, and must be assured for the lifetime of the policy.

Recommendation 8. Appropriate governance arrangements must be immediately formed to oversee implementation of the new policy, maintain its primary prevention focus and assure monitoring and accountability. All structures formed must involve high-level representation from across government departments and the community.

Recommendation 9. There must be strong government leadership on the achievement of gender equity at the societal level through strategies that will ultimately render violence against women – and family violence – as no longer conceivable across Victoria, in communities and organisations, and interpersonally.

Our recommendations for having the means of a systemic, integrated and coordinated response system

Recommendation 10. There must be continued resourcing and support of Victoria's family violence system to improve its capacity to respond in consistently appropriate ways to the family violence experiences of diverse groups in the population. There must also be initiatives implemented for Victoria's family violence system to support shared understandings of children's risks and needs, and shared frameworks for responding to these.

Recommendation 11. Victoria's reform agenda and integration process must continue to recognise and support the unique role of women-centred specialist family violence services – their experience, expertise and the way they organise their work.

Recommendation 12. Several more women's refuges must be funded for Melbourne's west, especially its growth areas of Wyndham and Melton, to match current population realities and future population trends.

Recommendation 13. There must be a coherent statewide housing policy and scheme introduced that can provide women leaving family violence with more options for safe, affordable

and secure housing than currently exist – from social housing to private rental to home ownership options. Government leadership and investment is essential here.

Recommendation 14. There must be continued investment in police and courts initiatives to support the family violence specialisation that has been a hallmark of these two statutory service providers since the beginning of Victoria’s reform agenda and integration process.

Recommendation 15. Government must take steps to redress the pay inequities that exist in the family violence sector.

Recommendation 16. Capital funds must be made available to ensure family violence services are able to secure affordable and accessible premises from which to deliver services.

Recommendation 17. There must be greater emphasis placed upon systems-level mechanisms for holding perpetrators to account, including (but not limited to) the use of corrections more swiftly and consistently to change the behaviour of men who use violence.

Recommendation 18. There must be a review of all current data systems and the introduction of a single, improved system that can hold the information needed for an integrated and coordinated family violence response.

Our recommendations for measuring and evaluating our efforts

Recommendation 19. As an enabler of continued family violence reform and integration, a well-funded and well-designed research project must be undertaken to establish the most meaningful measures of systems-wide improvements in the context of reform and integration over the next 20 years. The findings of this research should then inform an overarching monitoring framework comprising agreed and shared measures of family violence system improvements. Efficient data systems need to be established; and the family violence system should be supported and resourced to undertake all measuring and monitoring activities.

Recommendation 20. As an immediate priority, there must be adequate resourcing for best practice evaluations of all initiatives under the new policy for Victorian primary prevention (Recommendation 6). This includes funding for Victoria’s women’s health services to lead the development of proxy indicators that can determine the value of women’s health service led regional action plans (Recommendation 7).

Introduction

Context for our submission

Women's Health West (WHW) welcomes the establishment of the Royal Commission into Family Violence (Victoria). We thank the Royal Commission for this opportunity to provide a written submission that addresses the *Terms of Reference* of the inquiry and responds to selected questions posed in the *Issues Paper*, released 31 March 2015.

Family violence is the most pervasive form of violence perpetrated against women in Victoria. It is a human rights violation of unparalleled proportion and its health, social and economic impacts on women, children, families and communities is deep and shattering. It takes many forms and affects all communities irrespective of class, ethnicity or culture. This is why responding to family violence and preventing it from occurring in the first place must be a shared responsibility between state and local governments, communities, organisations, business and non-business sectors, and individuals alike.

WHW is pleased to see that the focus of the Royal Commission's inquiry is on sustainable system-wide improvements that build on the strengths of achievements to date, so that our family violence system can continue to ensure the safety of women and children affected by family violence, hold perpetrators accountable for using violence, and reduce the incidence of family violence in Victoria. WHW is especially pleased to hear that the Victorian Government has promised to accept the recommendations arising from the Royal Commission's inquiry; and we look forward to seeing tangible positive differences to the health, safety and wellbeing of Victorian women and their children as a result.

About Women's Health West

Since 1988, WHW has actively contributed to the health, safety and wellbeing of women and their children in the western metropolitan region of Melbourne, which encompasses the local government areas (LGAs) of Brimbank, Hobsons Bay, Maribyrnong, Melbourne, Melton, Moonee Valley and Wyndham. Our core business includes the development and implementation of strategies to prevent, intervene and respond to the homelessness, ill-health, dislocation and trauma facing women and children who experience family violence. We are leaders in the development of regional strategies to further this work, seeing partnership within and outside the sectors in which we work as crucial for bringing about effective and sustainable outcomes for vulnerable families.

Our health promotion, research and development team offers a range of programs and projects targeted to prevention and early intervention strategies to improve outcomes for women and children's health, safety and wellbeing. A major organisational achievement has been the development of *Preventing Violence Together: Western region action plan to prevent violence against women* (2010). This coordinated, action-based collaboration between local government, community health and women's health services is designed to build sustainable environments through local initiatives for the primary prevention of violence against women and their children.

Since 1994 WHW has delivered a wide range of effective high quality family violence services for women and children ranging from crisis outreach and court support, to housing establishment and crisis accommodation options, to counselling and group work programs. WHW has been an active and strong supporter of family violence reform at a regional and statewide level, integrating and coordinating family violence services in our region, and ensuring the integration of those services with a range of related sectors, including housing, employment, health, and child and family support.

WHW is in a unique position to offer a continuum of responses from primary prevention to early intervention to tertiary response. Our strategic plan sets out our approach to partnership and our client-centred approach to service delivery and outcomes that support women to take control over their decisions and their lives. We have a significant number of partners and stakeholders, including the wider communities that we serve, the individual women and children in our communities, community-based organisations and agencies such as community and women's health services, peak bodies, local governments, state government departments, magistrate and family courts, hospitals, Medicare locals, general practitioners, police and legal services, and other child and family services.

About the western metropolitan region of Melbourne

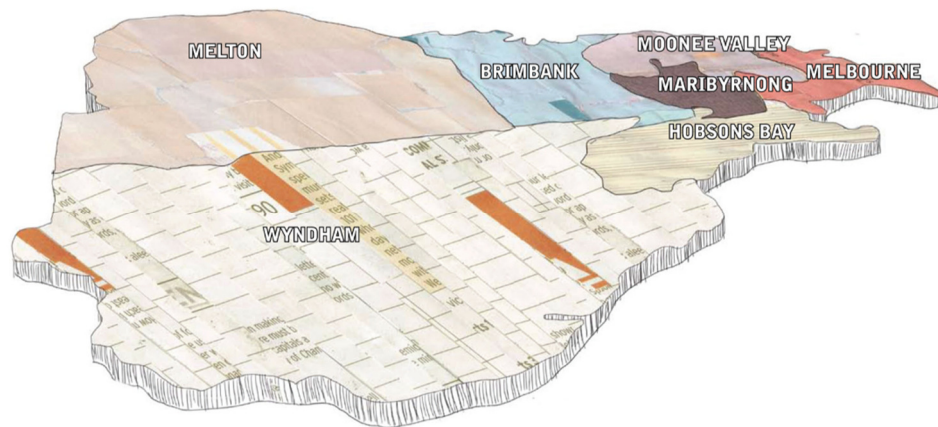


Figure 1: Western metropolitan region of Melbourne and its seven LGAs

The western metropolitan region of Melbourne is a rapidly growing region in Victoria, with the population increasing by 39 per cent between 2001 and 2011. Comparatively, Victoria's population grew by 15 per cent over the same period; and the second fastest growing region was the southern metropolitan region of Melbourne at 19 per cent (HealthWest Partnership, 2015).

Key demographic characteristics of Melbourne's west include:

- significant disadvantage, with 5 of its 7 LGAs ranking in the top 15 most disadvantaged areas of metropolitan Melbourne;
- rapid growth in the outer LGAs of Wyndham and Melton;
- entrenched disadvantage in Brimbank, and gentrification in Moonee Valley and Maribyrnong;
- high levels of cultural diversity, with more than 50 per cent of residents in Brimbank speaking a language other than English at home;
- lower than metropolitan Melbourne average perceptions of community safety;
- higher reliance on welfare compared to metropolitan Melbourne; and
- significant diversity with 29 per cent of Melbourne's Aboriginal and Torres Strait Islander population, a large and diverse migrant and refugee population, and a higher than state-average population of women living with a disability (WHW, 2013).

Wyndham in the outer west is particularly noted for having the largest and fastest growth of all Victorian LGAs, and the third fastest growth in Australia. The official forecasted population for Wyndham is approximately 201,000 as at June 30, 2015. It is estimated that the residential population will increase by 91 per cent from its current figure to exceed 384,000 by 2036.

Wyndham's population growth has meant that the number of family violence incidents grew more quickly in this LGA than almost any other area in metropolitan Melbourne between 2008 and 2013. According to Victoria Police Family Violence Incidents Reports for this period, Wyndham has recorded a 169 per cent increase in reports, the highest for Melbourne's growth areas (including Whittlesea at 93 per cent, Casey at 73 per cent and Hume at 65 per cent). Reports for the 2013–2014 year were double that of the previous year, and the highest in Melbourne's west.

Definitions

In line with current evidence and best practice approaches for responding to family violence and preventing family violence before it occurs, our submission is informed by the following definitions.

Family violence. Under the *Family Violence Protection Act 2008*, family violence is defined as behaviour by a person towards a family member that:

- is physically or sexually abusive (these constitute criminal offences); or
- is emotionally, psychologically or economically abusive; or
- is threatening or coercive; or
- in any way controls or dominates the family member and causes them to feel fear for their safety or wellbeing or that of another person.

Family violence also includes behaviour that causes a child to hear or witness, or otherwise be exposed to, the effects of any of the behaviour above. Actions (or threats of such actions) involving property damage to the family member, or limiting their liberty, or causing harm to an animal so as to control, dominate or coerce the family member, all fall under this definition of family violence.

This definition is broad enough to encompass behaviours in different family situations – such as violence between siblings, or by adult children against their elderly parents, or by carers in a domestic setting against those for whom they are responsible, or between intimate partners, which is the most common form of family violence. It is important to stress that when family violence occurs as intimate partner violence – whether the relationship is current or former – it is characteristically *gendered* in its contexts and dynamics (Flood, 2006; VicHealth, 2013).

In intimate partner violence, women are the overwhelming majority of victims and men are the overwhelming majority of perpetrators. The gendered pattern of intimate partner violence, however, extends well beyond the numbers. In intimate partner violence:

- men are most likely to use violence as an instrument of male societal entitlements to power and control in the home;
- women are more likely to use violence in self-defence or in the context of violence that is *already* being directed at them; and
- women are far more likely than men to fear for their lives, or be seriously injured and receive hospital attention, or be killed as a result of assaults against them (VicHealth, 2013).

While men are sometimes victimised through intimate partner violence, there are very few indications that women subject their male intimate partners to the same level of severe, terrorising, continuing and escalating violence as that used by men towards their female intimate partners (VicHealth 2013).

Therefore, when family violence occurs as intimate partner violence, it is typically about *gender, power and control*. All prevalence data on intimate partner violence, such as that from the Australian Bureau of Statistics *Personal Safety Survey* (ABS, 2013), must take into account this fact and acknowledge the gender *asymmetry* of women's and men's experiences of family violence. Sex-disaggregated prevalence rates do not tell the whole story when these differences are obscured.

Given the gendered contexts and dynamics of most forms of family violence, the following definition is used in this submission in addition to the one above:

- Family violence includes violent behaviour that is repeated, controlling, threatening and coercive and that occurs between people who have had, or are having, an intimate relationship. In most cases, the violent behaviour is part of a range of tactics used by men to exercise power and control over women and children and can be criminal and non-criminal. Family violence therefore includes physical assaults and a range of tactics including intimidation, direct or indirect threats, sexual assault, emotional and psychological torment, economic control, property damage, social isolation and any other behaviour that causes a person to live in fear (Department for Victorian Communities, 2007: 21).

It is further noted that for Victorian Aboriginal communities, family violence communicates a wide range of physical, emotional, sexual, social, spiritual, cultural and economic abuses that can occur within intimate relationships, families, extended families, kinship networks and communities (Victorian Indigenous Family Violence Task Force as cited in Domestic Violence Victoria, 2006).

Gender. The socially constructed norms, roles, responsibilities and expectations that shape our understanding of what it means to be a woman or a man within a given society at a particular time.

Gender equality. The realisation of equal and measurable outcomes for women, men and gender diverse people, giving equal value to their lives. This includes equal representation, status and rights, establishing equal opportunities for all people to contribute to national, political, social and cultural development and to benefit from the results.

Gender equity. The process of being fair to women, men and gender diverse people and taking measures to achieve equal outcomes for all. To ensure fairness, measures must overcome historical and social disadvantage that prevent women and gender diverse people from accessing the same opportunities as men.

Integrated family violence system. A system where agencies that come into contact with those affected by family violence work together to provide a family violence response irrespective of the entry points into the system by those concerned. Victoria's integrated family violence system includes community services such as community health, community legal services, and housing services; specialist family violence services; and statutory service providers including Victoria Police and the Magistrates' Courts. Victoria's integrated family violence system has the dual aims of ensuring the safety of women and their children and holding men who use violence accountable for their actions. A third and more recent aim is ensuring that the community does not tolerate family violence. Principles underpinning Victoria's integrated family violence system include a shared understanding of family violence across all agencies, a proactive approach to information sharing to facilitate a coordinated response, and priority given to the safety of women and their children affected by family violence.

Primary prevention. Initiatives that seek to prevent violence against women *before* it occurs by redressing the underlying determinants or the drivers most influential in causing it. Experts agree that the two most significant drivers are:

- the unequal distribution of power and resources between women and men; and
- the adherence to rigidly defined gender roles (VicHealth, 2007).

These underlying determinants structure social life in multiple and inequitable ways, from broad societal institutions (such as law, media, religion, family and economic or political structures) to community norms and organisational practices, to our personal relationships. Therefore, primary prevention is a systemic response to the determinants. Primary prevention does not rest with shifting individuals on their 'awareness' or 'attitudes' towards the problem; nor does it sidestep the crux of the problem by dealing only with less influential contributing factors that, of themselves, are neither necessary nor sufficient for violence to occur (mental health problems, alcohol or substance use).

Fundamentally, the primary prevention of violence against women aims to disrupt the two structural drivers by implementing actions across the entire social ecology (society, communities, organisations and individuals) to *improve gender equity* and *realise gender equality* as the basis of a violence-free world for women. Primary prevention is nothing short of *gender transformative practice*. This is long-term work requiring vision, leadership, commitment, resourcing, partnerships and multi-faceted strategies. As long as women remain unequal to men, violence against women will continue unabated.

Primary prevention, along with secondary prevention (or early intervention) and tertiary response (defined below), are the three different levels of intervention commonly used in public health approaches to population health and social problems.

Secondary prevention (or early intervention). Action targeting individuals or population sub-groups who are showing early signs of perpetrating violence or being subjected to it. For example, secondary prevention or early intervention can seek to redress controlling behaviours before they become established patterns, or target environments in which there are strong signs that violence might occur (for example, peer groups or sporting clubs in which there is a strong culture of devaluing and disrespecting women) (VicHealth, 2007).

Social ecology. A way of conceptualising the different levels of social life – societal, community, organisational and individual – and how they inter-relate in sustaining factors that produce problems like violence against women. Understanding how these factors are sustained in social life is the first step in knowing what to do about them. For violence against women, the social ecology is typically represented as concentric circles, with the societal circle encompassing the community/organisational circle, and both these circles encompassing the individual circle (VicHealth, 2013).



Specialist family violence services. Funded services of Victoria's integrated family violence system, including women's and children's services (such as WHW), counselling services, women's refuges and men's services. At a systems level, the role of specialist family violence services is critical. Their expertise on family violence, as well as their experience of what works, is essential to system-wide improvements being realised.

Tertiary response (or intervention). Initiatives that aim to reduce the effects of violence once it has occurred and prevent its reoccurrence or escalation. Tertiary response involves providing support and treatment to women and children who are affected by violence or to men who use violence. Tertiary response aims to deal with the violence, prevent its consequences (such as mental health problems) and ensure that it does not occur again or escalate. Interventions include things such as crisis accommodation and social support for victims, and criminal justice and therapeutic interventions for perpetrators (VicHealth, 2007).

Violence against women. As defined by the United Nations in its *Declaration on the Elimination of Violence against Women*, violence against women is ‘any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life’ (UN, 1993). Worldwide, family violence – specifically violence perpetrated by a current or former male intimate partner – is the most pervasive form of violence against women.

Approaches to Victorian family violence response: Developments to date and opportunities for the future

Terms of Reference addressed in this section:

Examine and evaluate efforts in responding to family violence.

Establish best practice for responding to family violence.

Make recommendations on practical short, medium and long-term systemic improvements to Victoria's current response to family violence and the need for this response to be sustainable into the future.

Issues Paper questions addressed in this section:

To what extent have recent reforms and developments improved responses to family violence, and where do they need to be expanded or altered?

Which of the reforms to the family violence system introduced in the last ten years do you consider most effective? Why? How could they be improved?

WHW is pleased to see the Royal Commission acknowledge the ground-breaking efforts of many groups – government and non-government alike – that have worked hard over the last 30 years to improve Victoria's response to family violence. WHW is especially pleased to hear that the Royal Commission will be taking these reforms into account in order to establish best practice and recommend future directions for further system-wide improvements in Victoria.

Our submission draws attention to reforms and developments in family violence over the last decade that we think have made the biggest positive difference to our regional response to family violence. Our submission includes evidence to back our claims. While we acknowledge the support of successive state governments and the work of many government and non-government partners in getting our family violence response system to this point, our submission also identifies where and how the current approach can be built upon so that we can continue to make gains in our response to family violence.

Reforming Victoria's family violence system

WHW considers the 2005 statewide family violence reform agenda and subsequent regional integration process – which had a 20-year timeframe when introduced – to be among the most significant developments in family violence response in Victoria over the last ten years. These developments set the stage for the establishment of an integrated family violence system in Melbourne's west (and Victoria's other regions), which is how WHW and its partners, since 2006, have provided their response to those affected by family violence.

The reform agenda and integration process – which came with \$35.1 million over the first four years – reflected a desire shared by government and non-government partners at the time for a new approach to family violence. This approach put emphasis on bringing together otherwise fractured responses between specialist services, community-based services, the police, and the justice system (Department for Victorian Communities, 2005).

The call for integrated multi-agency responses to family violence built upon the extensive work of the Family Violence Statewide Advisory Committee in the early 2000s – another important development in Victoria. This group was tasked with investigating world's best practice on family violence responses. Integrated models, such as that pioneered in Duluth, Minnesota, in the 1980s, were identified as the benchmark for Victoria's new approach. Indeed, the Duluth model of 'Coordinated Community Response to Domestic Violence' *continues* to be upheld as world's best practice to this day, having recently won a prestigious international prize for best policy – the 2014 Future Policy Award for Ending Violence against Women and Girls – for maintaining

its dual focus on the safety and autonomy of survivors and the accountability of perpetrators (www.theduluthmodel.org).

The significance of the Victorian reform agenda and integration process is that they aligned the two prongs of the Duluth model into a single new approach to family violence. The approach came with cross-government and non-government leadership and coordination through the establishment of statewide structures that authorised the direction being taken, with further investment through subsequent budgets totalling over \$100 million by 2010. The approach was implemented across Victoria's regions from 2006, with each region supported by their own locally-meaningful governance and coordination structures. And the approach remains in place across Victoria's regions to this day – despite a drift in government focus away from the reform agenda since 2010 – as demonstrated by our model of an integrated family violence system for Melbourne's west.

Integration in Melbourne's west and our achievements

Our model of integration comprises a core consortium of specialist agencies funded to deliver family violence services to women and their children: Women's Health West, co health, Elizabeth Morgan House, McAuley Community Services for Women, MacKillop Family Services, and inTouch Multicultural Centre Against Family Violence. This is the governance structure for our family violence response system. There is, in addition, a broader partnership group of agencies that are complementary to the funded family violence services and necessary for a truly integrated family violence system. Leadership from Victoria Police, community-based agencies (including community health), local governments and the men's family violence partnership in our region are among those included in the wider circle, known as the Western Integrated Family Violence Committee (WIFVC). Through coordination and partnerships at both levels, our model seeks to ensure that all women and their children receive an appropriate family violence response should they need it and regardless of the pathways by which they seek assistance.

We have evidence of the effectiveness of our family violence response system through available family violence service data. WHW's experience in responding to family violence suggests that there is a spike in service demand and police referrals as women become more aware of their rights to a life free from violence and the supports that are available to them, and as agencies that are part of an integrated family violence system become more effective in delivering a coordinated response. In other words, increases in service demand and police referrals are indicators of reform and integration *progress*.

This is exactly what our family violence service statistics show, as demonstrated in Figures 2 to 5.

Intake contacts by local government area (2011-2014)

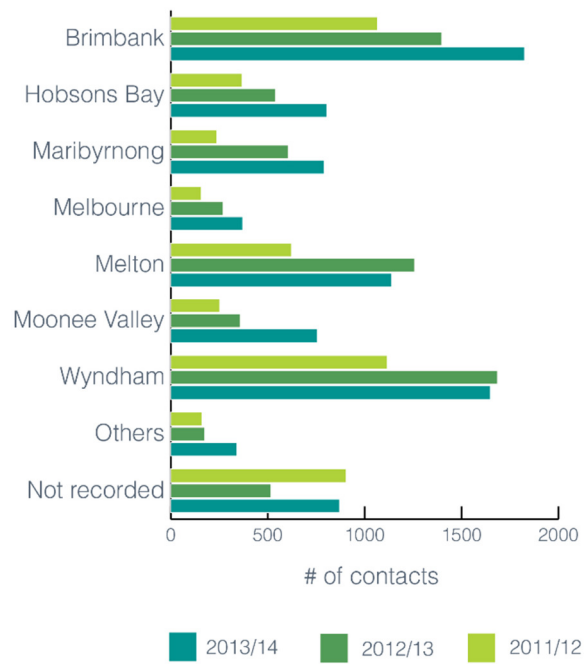


Figure 2: Family violence intake data by LGAs 2011–2014 (Source: WHW)

Court support 2009-2014)

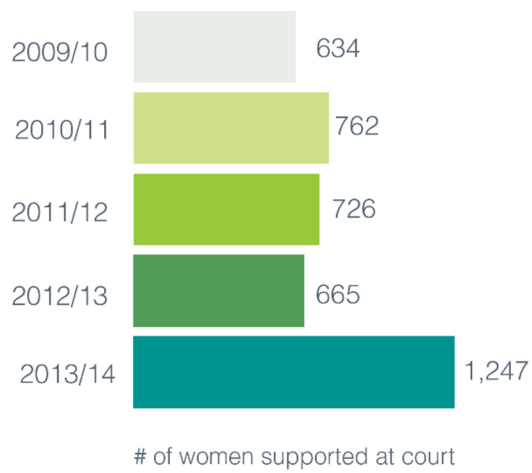


Figure 3: Court support data 2009–2014 (Source: WHW)



Figure 4: Police referrals data 2006–2014 (Source: WHW)

Comparing Women's Health West's family violence data over five years

| PROGRAMS | 2013-14 | 2012-13 | 2011-12 | 2010-11 | 2009-10 |
|--|---------|---------|---------|---------|---------|
| Access point and intake (# of contacts) | | | | | |
| Intake one-off telephone support | 5,101 | 3,825 | 3,507 | 1,882 | 2,193 |
| Intake appointments and drop in | 374 | 366 | 328 | 361 | 191 |
| Intake secondary consultations | 673 | 755 | 1,068 | 748 | 825 |
| 24-hour crisis response (# of contacts) | | | | | |
| After hours | 200 | 144 | 140 | 216 | 110 |
| Business hours | 427 | 344 | 127 | 75 | N/A |
| Police referrals (# of clients) | | | | | |
| Weekday received | 4,563 | 3,288 | 2,288 | 1,938 | 1,609 |
| Weekend received | 1,646 | 737 | 698 | 424 | N/A |
| Total police referrals received | 6,209 | 4,025 | 2,986 | 2,362 | 1,609 |
| Outreach (# of clients) | | | | | |
| Court support | 1,247 | 665 | 726 | 762 | 634 |
| Case management | 437 | 396 | 275 | 314 | 379 |
| Crisis accommodation (# of clients) | | | | | |
| Refuge | 55 | 59 | 43 | 51 | 79 |
| Accompanying children | 79 | 88 | 69* | 199 | 237 |
| CALD housing program | 53 | 57 | 49 | 52 | 48 |
| A place to call home | 8 | 6 | 8 | 7 | N/A |
| Counselling (# of clients) | | | | | |
| Children | 205 | 149 | 103 | 110 | 86 |
| Victim's assistance counselling program | 50 | 29 | 48 | 44 | 39 |
| Other programs (# of clients) | | | | | |
| Intensive case management | 35 | 19 | 17 | 13 | 26 |
| Private rental brokerage | 32 | 32 | 35 | 46 | 39 |
| Housing options | 19 | 8 | 6 | 5 | 6 |
| Safe at home | 85 | 57 | 34 | 32 | N/A |

*Difference in number of accompanying children is due to a change in data collection (previously children were counted according to each program they accessed, current methods count them at a single point)

Figure 5: Family violence data 2009–2014 (Source: WHW)

The effectiveness of our integrated family violence system is shown in other ways, too; for example, through the capacity of our regional partnerships to innovate around unmet service needs. In 2008, the WIFVC pioneered an Extreme Risk Client Strategy, led by a key partner in the integration process, Victoria Police. The strategy is a rapid coordinated response to assess and manage the immediate safety and welfare needs of women identified as being at risk of death or serious injury because of extreme family violence in their lives. Extreme family violence refers to contexts that indicate that imminent death, or severe harm through attempted murder, are likely unless something is done without delay to ensure the safety and welfare of the women concerned. Partners relevant to the safety and welfare of women identified as at risk of extreme family violence are called to an 'Integrated Coordination and Response Conference' to gain a holistic picture of the women's circumstances and develop action plans to which they are each accountable.

The strategy is based on world's best practice, adapted to suit regional conditions. Its first two pilot years were fully evaluated. Findings showed that the strategy met an otherwise unmet service need with great economy. It prevented death or serious injury from extreme family violence occurring in the lives of all 16 women identified as at risk and who were engaged with the strategy. It was also exemplary of the kinds of collaborations that are the foundations of a sound family violence response system (WIFVC, 2013). This innovative strategy continues to operate in our region to this day.

Case study 1

██████████ husband abused her emotionally and psychologically throughout their ten-year marriage and threatened to kill her if she tried to leave.

'I was a terrified, emotional, nervous wreck coming to terms with a long history of abuse.'

When he seriously assaulted ██████████ Victoria Police applied for an intervention order on her behalf and she was granted a one-year intervention order. WHW developed strategies to keep ██████████ and her children safe, including working with police to implement the Extreme Risk Client Strategy to manage her risk and ensure their safety.

'My case worker went through a checklist with me to properly identify the main concerns.'

██████████ ex-partner's relatives harassed ██████████ at court so we arranged for her to give evidence via video link and put her in touch with a community legal centre that organised a barrister for her. ██████████ was granted a full three-year extension of the intervention order.

'I know there is no way I could have done this alone.'

Enablers of reform and integration

WHW draws attention to the number of government, police, legislative and judicial innovations over the last decade that have sat alongside Victoria's reform agenda and integration process and have been important enablers of it. These are the *Risk Assessment and Risk Management Framework: Supporting an integrated family violence service system* (2007), the Strengthening Risk Management Program (2014), Victoria Police's *Code of Practice for the Investigation of Family Violence* (2004 and revised in 2010 and 2014), other Victoria Police developments, the *Family Violence Protection Act 2008*, and the Specialist Family Violence Service at Melbourne, Sunshine and Werribee.

Risk Assessment and Risk Management Framework. This framework, known also as the Common Risk Assessment Framework (CRAF), was specifically developed to assist a range of practitioners and agencies that work with women – from maternal and child health services and Centrelink to Victoria Police and specialist family violence services – to understand and identify family violence risk factors in a consistent way and thereby to respond consistently and appropriately to women experiencing family violence. Its three practice guides make clear the different levels of risk assessment that can be undertaken and by whom, reserving the most comprehensive type of specialist family violence services for when it is established that a woman is experiencing (or has experienced) family violence.

Since its introduction, the uptake of CRAF has been supported by a training program and associated resources, including, most recently, an eCRAF module. WHW understands that extensive reach has been achieved to date, with over 3,000 participants from 2008–2010 and another 4,000 targeted for 2011–2014 (DVRCV website, accessed 7 May 2015). While the CRAF is undoubtedly an important tool of an integrated family violence system, its uptake across the service system depends on consistent and continued implementation of its training component. WHW believes that the resourcing of such workforce development will continue to be essential to the reform agenda and integration process until their completion, and indeed their embedding and beyond.

Strengthening Risk Management Program. WHW regards the recent introduction of this program to 17 local areas across Victoria as further illustration of state government's commitment to the continuing reform agenda and integration process. The program recognises that Victoria's family violence system is ever-evolving as it strives to work in more coordinated and integrated ways; and that there are always opportunities to innovate around the system. As an innovation, the program provides a strengthened response to women and children at imminent risk of serious harm (including death) from family violence. Central to the model are the multi-agency Risk Assessment and Management Panels or RAMPs. These formally and regularly-convened meetings enable rapid coordinated risk mitigation responses between agencies, through the sharing of critical information and the allocation of agreed actions that ensure the safety of the women and children concerned. The program is underpinned by an evidence-base including the evaluation findings from two earlier demonstrations of the model.

WHW welcomes the operation of the Strengthening Risk Management Program in Melbourne's west, and looks forward to coordinating this program alongside our own successfully established Extreme Risk Client Strategy as a way of building upon the gains made to date in an integrated response to family violence.

Code of Practice for the Investigation of Family Violence and other initiatives. In keeping with world's best practice, Victoria's reform agenda has always placed strong emphasis on bringing the police response squarely into the family violence system; and Victoria Police leadership, such as the introduction, in 2004, of the *Code of Practice for the Investigation of Family Violence*, is an important enabler in this regard. WHW regards the *Code of Practice* as central to an integrated family violence system because it makes explicit the dual focus on keeping women and children safe and holding perpetrators accountable, and states the need for Victoria Police to respond to family violence in partnership with others. For example, the *Code of Practice* details how police will respond to reported family violence incidents, the risk assessment and risk management process to follow, the criminal as well as civil options available to them, and their role in referrals to assist those affected by family violence.

WHW, with local police, were early pioneers of police referrals to family violence services initiating a 'faxback' referral process in the early 2000's. In the first year, WHW received 100 referrals from the four participating police stations. Today WHW receives over 800 referrals per month from police across the western metropolitan region. This dramatic increase in referrals over the last ten years has created multiple challenges, including constantly developing and

redeveloping strategies to manage demand. For example, in 2010 WHW diverted funding for case management to crisis response. While DHHS provided additional funds to replace these case management positions in 2014-15, demand continues to rise. In 2013, WHW introduced a triage system for police referrals that has undergone a number of revisions as we consistently respond to new demand in an attempt to respond to all referrals coded 1-14 within 48 hours. WHW, with over 20 years of providing specialist family violence services, are strong proponents of the current police referral practice, given our specific expertise in assessing, managing and holding risk. This is a critical enabler of keeping women and children safe.

WHW recognises that the *Code of Practice* exists alongside several other ground-breaking initiatives that have been introduced across the Victoria Police workforce that, together, have contributed to major cultural shifts in the way the organisation views family violence and a strengthening of the police response to family violence. These initiatives include Divisional Family Violence Advisors, Family Violence Liaison Officers, Family Violence Teams, Family Violence Court Liaison Officers, and, most recently, the appointment of an assistant commissioner to lead Australia's first-ever command dedicated to tackling family violence (Family Violence Command). WHW believes that Victoria Police initiatives such as these will continue to play a pivotal role in all future system-wide improvements to family violence, and that the extraordinary leadership shown by Victoria Police to date must continue to be built upon for the ongoing success of reform and integration.

Family Violence Protection Act 2008. The *Family Violence Protection Act 2008* is a legal foundation for Victoria's reform agenda and integration process. It came about after the *Crimes (Family Violence) Act 1987* underwent a review by the Victorian Law Reform Commission. A key recommendation arising from the review was for a new Act that is more targeted and cohesive in responding to family violence. One important component introduced in the *Family Violence Protection Act 2008* (and there are several) is the permission it gives magistrates to make interim family violence intervention orders if satisfied 'on a balance of probabilities' that it is necessary to do so (pending a final decision about the application) in order to ensure the safety of applicants; and to make final family violence intervention orders if satisfied 'on the balance of probabilities' that respondents have committed family violence against affected family members and are likely to do so again.

This notion of 'balance of probabilities' means courts can make decisions on whose version of the story is most likely to have happened. WHW views this as an important judicial platform that enshrines the safety of those who are victimised by family violence and promotes the accountability of those who use it. In 'lived experience', it means any woman affected by family violence can go to a Magistrates' Court and request a family violence intervention order, and the Magistrate will make their decision based on the probability of her account. In progressing with any system-wide improvements in Victoria's response to family violence, WHW would not want to see this component of the Act eroded in any way.

Specialist Family Violence Service (at Melbourne, Sunshine and Werribee). As with the police response, Victoria's reform agenda has always placed strong emphasis on bringing the court response squarely into the family violence system; and the Specialist Family Violence Service at Melbourne, Sunshine and Werribee has been an important enabler in this regard. The service offers simplified access to the justice system for those experiencing family violence, by specialising in hearing applications for family violence intervention orders. The service provides specially assigned magistrates, trained applicant support workers, family violence outreach workers, additional legal services, dedicated prosecutors, additional security officers, and a dedicated Family Violence Court Registrar.

WHW believes that court initiatives such as the Specialist Family Violence Service will continue to play a pivotal role in all future system-wide improvements to family violence, and that these

sorts of initiatives must be built upon (expanded) for the ongoing success of Victoria's reform agenda and integration process.

Intake and crisis response services. WHW provide the key entry point for family violence referrals, including L17 referrals from the police. As noted in figures 2-5 above, referrals are steadily increasing. Our otherwise-unfunded intake service is staffed during business hours, with two staff members diverted from case management services. The crisis response is a 24-hour funded service, including funds available under the National Partnership Agreement on Homelessness (NPAH). Intake workers take an average of 350 calls a month, respond to at least 12 women who drop into the service for help, attend 10 intake appointments with women requiring face-to-face assessment and respond to 40 fax referrals and 250 calls from other agencies requesting consultation. These statistics reflect the capacity of two workers; demand for services is much greater, placing inordinate stress on our reception services, who field additional crisis calls. Funding for an adequate intake and crisis response service are key to providing an immediate and responsive service to women facing the crisis of family violence.

What we want to see in the future

Over the last ten years, the reform agenda and integration process, together with the enablers described above, have ushered significant system-wide improvements to the way family violence is responded to in Melbourne's west and across Victoria, with tangible evidence of progress as highlighted in the points above. The challenge that we face is in embedding, consolidating and further strengthening this approach, and this will need ongoing commitment, determination and persistence over many more years to come (Department of Human Services, 2006). It is worth noting that the world's best practice, on which Victoria's approach is based, originated in Duluth in 1981 – almost 35 years ago. Duluth's model of coordinated response between law enforcement, criminal and civil courts, and service providers *continues* to evolve to this day and has recently been revised. Moreover, the City of Duluth is only just starting to report a reduction in family violence since pioneering its model over 30 years ago.

WHW acknowledges the commitment of successive state governments to the reform agenda and integration process, which at the time of this Royal Commission into Family Violence have only just reached the mid-way point of their initial 20-year timeframe. WHW acknowledges the development of past policy to support Victoria's reform and integration efforts, such as *A Right to Safety and Justice: Strategic framework to guide continuing family violence reform in Victoria 2010–2020* (Office of Women's Policy, 2010) and, to a lesser extent, *Victoria's Action Plan to Address Violence against Women and Children 2012–2015* (Office of Women's Policy 2012).

What we want to see in the future is *the continuation of system-wide improvements that have, to date, been made possible through the introduction and first ten years of a long-term reform agenda and integration process*. Practical short- to medium-term steps that we therefore wish the Royal Commission to consider in making its recommendations include the following.

- Development of stand-alone, long-term policy, in the form of an overarching strategic framework and accompanying shorter-term action plans, to guide the completion and embedding of Victoria's family violence reform and integration efforts. Such policy must have bi-partisan commitment so it can withstand successive governments.
- Establishment of cross-ministerial governance arrangements to provide an authorising environment for the completion and embedding of Victoria's family violence reform agenda and regional integration process. Figure 6 shows our suggested governance and advisory structures. We note the explicit two-way relationship between statewide and regional levels, and the linkages with family violence prevention (discussed in the next section of our submission).

- Provision of adequate long-term resourcing that can keep up with the progress that has been made, and will continue to be made, as Victoria's family violence system keeps reforming and integrating. This includes advocating with the Federal government for an ongoing commitment to the NPAH, state government funding to adequately service populations in high-growth areas, and adequate funding for a high demand intake and crisis response service:
 - For every additional \$100,000 in funding, WHW can provide case management services to 48 more women and their children each year
 - For every additional \$150,000 in funding to our children's counselling program, WHW can provide counselling to 90 more children each year
 - For an additional \$130,000 per annum, WHW can provide a fully-funded intake service that returns much-needed funds to case management
- Introduction of legislation as a key element of Victoria's family violence reform agenda and integration process in the future. Such legislation would operate in a similar way to *Victoria's Mental Health Act 2014*, which functions as the law governing Victoria's mental health treatment.

WHW believes that these macro-level steps in themselves will have the greatest impact on realising the vision of a world's best practice family violence response in Victoria – one that places a premium on the safety of women and their children, holds men who use violence accountable for their actions, builds a community that does not tolerate family violence in any and all of its forms, and is ultimately sustainable because it is engrained in 'the way we do things' (Department of Human Services, 2006).

Our recommendations

Recommendation 1. The continuation of system-wide improvements to Victoria's family violence system must be achieved through the completion and embedding of the reform agenda and integration process that have been in place for almost a decade and for which there is mounting evidence of achievement and success.

Recommendation 2. As an immediate priority, there must be stand-alone, long-term policy, comprising an overarching strategic framework and shorter-term action plans, to guide the completion and embedding of Victoria's family violence reform agenda and integration process. This policy must be for a minimum of 20 years with five-yearly reviews. This policy must have bi-partisan commitment so it can withstand successive governments.

Recommendation 3. As an immediate priority, there must be established appropriate cross-ministerial governance arrangements to provide an authorising environment for the completion and embedding of Victoria's family violence reform agenda and regional integration process (see Figure 6).

Recommendation 4. As an immediate priority, there must be adequate long-term funding of the family violence system to complete and embed Victoria's reform and integration efforts; and this resourcing must be able to keep up with the progress that is expected to continue across the state for some time, with progress indicated by increases in service demand and police referrals, and the ongoing innovations (whether statewide or regionally) that enable reform and integration.

Recommendation 5. Supporting legislation must be introduced as a key element of continuing family violence reform and integration to underpin the establishment and embedding of a world's best practice integrated family violence system for Victoria.

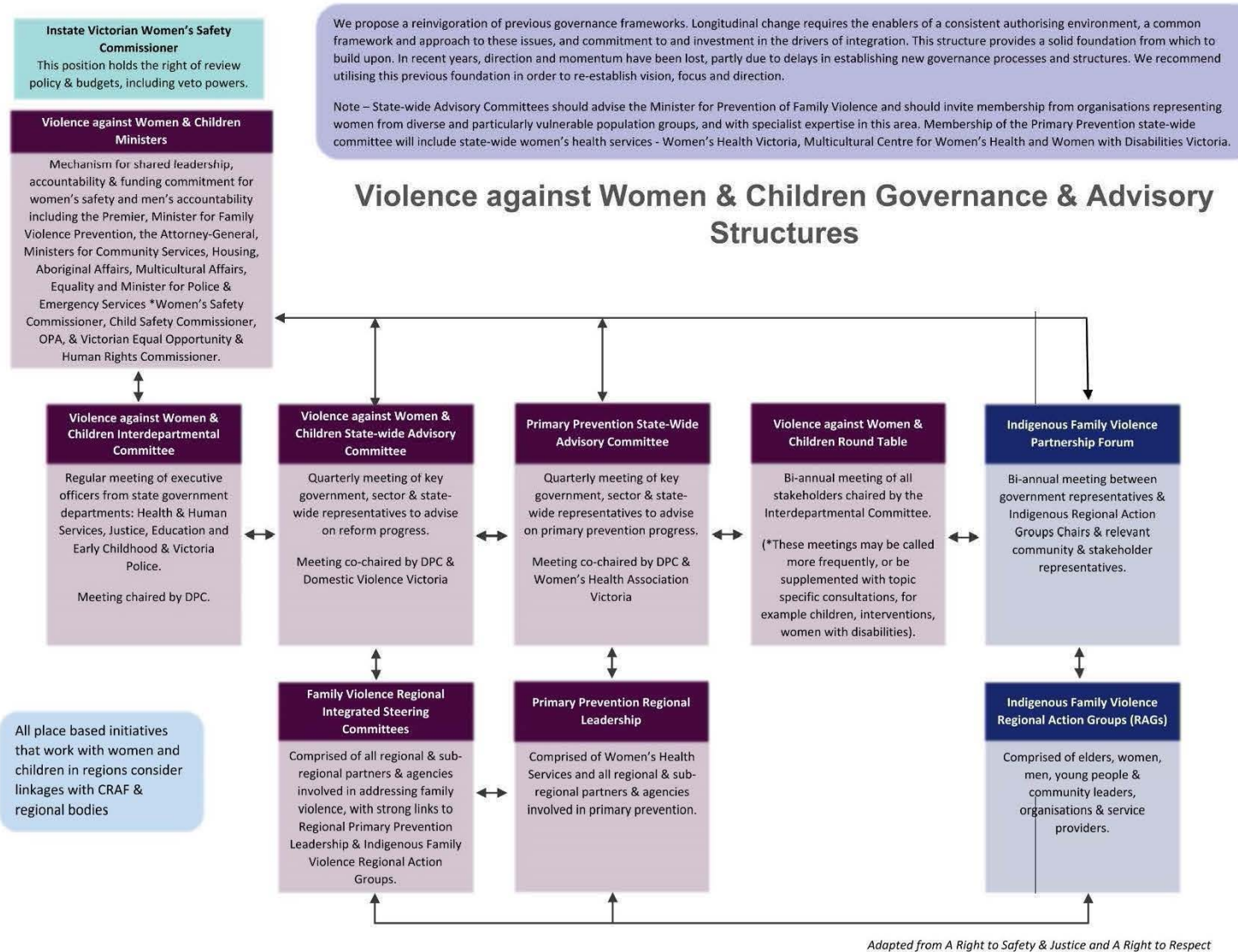


Figure 6: Suggested governance arrangements for family violence response and family violence prevention in Victoria

Approaches to Victorian family violence prevention: Developments to date and opportunities for the future

Terms of Reference addressed in this section:

Examine and evaluate efforts in the prevention of family violence.

Establish best practice for the prevention of family violence.

Make recommendations on the need to establish a culture of non-violence and gender equality, and to shape appropriate attitudes towards women and children.

Issues Paper questions addressed in this section:

What programs, campaigns or initiatives for the general community has your organisation been involved in to reduce or prevent family violence? How were these evaluated?

What are your conclusions about the effectiveness of these programs, campaigns or initiatives in reducing and preventing family violence?

WHW has two main service arms; one with extensive experience in responding to family violence, including early intervention and tertiary response, the other with extensive experience coordinating efforts for the primary prevention of violence against women. This provides us with a unique perspective that clarifies that the primary prevention system is interlinked with, yet different from, the response system. Primary prevention is *interlinked* with the response system because it should only be attempted when there is a well-functioning and integrated response system in place. Primary prevention can often be associated with a surge in service demand and police reporting and referrals, as community awareness about violence against women increases, the topic loses its 'taboo' status, and women experiencing violence become more aware of their rights to live free from violence. Primary prevention is *different* from the response system because the actions and settings required to prevent violence before it occurs are different from those required to respond. Prevention is everyone's business and requires a distinct system comprising cross-government, multi-sector, community and business partnerships; and a distinct workforce and practitioner skill set. It also needs to be funded and resourced distinctly from the already-overloaded response system, not as 'either/or' but as 'both/and'.

As with approaches to family violence response, our submission draws attention to a number of ground-breaking developments in family violence prevention in Victoria over the course of the last decade, at both the statewide and regional levels. Women's Health West's submission brings together evidence of strong impacts from our primary prevention efforts in the western metropolitan region of Melbourne. We acknowledge the support of successive state governments and the work of many local government and non-government regional partners in getting our prevention system to this point. We also identify where and how our efforts can be built upon so that we can continue to make gains in the prevention of family violence.

Preventing violence before it occurs

The Victorian Health Promotion Foundation (VicHealth) released a landmark document in 2007 – *Preventing Violence Before it Occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria*. WHW considers this framework to be among the most significant developments – if not *the* most significant – in the approach to family violence prevention in Victoria over the course of the last decade. The framework, strongly encouraged through the advocacy of women's health services for over two decades, opened up new pathways for Victorian policy, programming and partnerships to prevent violence against women before it happens. In many parts of Victoria, including the western metropolitan region of Melbourne, there are now established primary prevention structures in place using the

framework for meaningful regional action plans. Successful implementation of settings-based primary prevention initiatives is also occurring.

VicHealth's framework applies a public health lens to violence against women. It accepts that violence against women is a complex and multifaceted social phenomenon. But it also, unequivocally, places the unequal distribution of power and resources between women and men, and the adherence to rigidly defined gender roles, squarely in the realm of the underlying determinants of the problem (the root causes or most influential drivers). It shows how these underlying determinants structure social life in multiple ways, from broad societal institutions (such as law, media, religion, family and economic or political structures) to community norms and organisational practices, to our personal relationships. It calls for strategies to redress the underlying determinants in a systemic way in order to prevent the problem from occurring in the first place. This is what the framework calls *primary prevention*.

Primary prevention does not rest with shifting individuals on their 'awareness' or 'attitudes' towards the problem; nor does it sidestep the crux of the problem by dealing only with less influential contributing factors that, of themselves, are neither necessary nor sufficient for violence against women to occur (mental health problems, alcohol or substance use). Fundamentally, primary prevention aims to disrupt the two structural drivers of violence against women by implementing actions across the entire social ecology (society, communities, organisations and individuals) to *improve gender equity* and *realise gender equality* as the basis of a violence-free world for women. Primary prevention is nothing short of *gender transformative practice*. This is long-term work – over many years and decades – requiring vision, leadership, commitment, resourcing, partnerships and multi-faceted strategies. As long as women remain unequal to men, violence against women will continue unabated.

Primary prevention is universal in that it is aimed at whole populations, communities, organisations and other settings where people work, live, learn and play. It is very distinct from secondary prevention, which targets its interventions to particular communities or groups that are at a higher risk of experiencing violence against women. Nonetheless, there is a 'targeted' aspect to primary prevention. Socio-demographically, the diverse communities, groups and segments in Victoria's population mean that the lived experiences of gender inequities and rigid gender roles vary greatly. The two drivers of violence against women are mediated differently across different cultural communities, including mainstream culture, for example. The two drivers are also implicated differently in lived experience when they intersect with other forms of structural discrimination, such as systemic racism (the legacy of colonialism) or institutionalised disability discrimination. The multiple overlays of intersecting drivers of disadvantage mean greater vulnerabilities to the detrimental impacts of compounding inequities for some women. The more structurally disadvantaged women are in social life, the less power and resources they have, and the more at risk they are of violence.

True universality means *inclusivity*: it means *everyone* must be reached by our actions on the root causes of violence against women. Primary prevention actions must therefore work from sound intersectional understandings of social life, and strong community development and cultural competency principles. They must be appropriately tailored so they resonate in culturally safe ways with the gendered realities of *all* Victorians. No one must be left out of our primary prevention efforts.

At the time of preparing our submission, WHW understands that VicHealth's framework is being updated and 'nationalised' as a joint initiative of VicHealth, Our Watch, and Australia's National Research Organisation for Women's Safety. WHW understands that gender inequity and rigid gender roles are still being clearly positioned as the structural drivers of violence against women. WHW is a signatory to the joint statement of shared principles coordinated by Our Watch, 'Getting serious about change: the building blocks

for effective primary prevention of men's violence against women in Victoria'. This complements information provided above.

Statewide and regional innovations

Since its release, VicHealth's framework has gained rapid and widespread uptake across Victoria. Previous state governments have led the way, not least because the framework's development was a partnership between VicHealth and the government of the day, with input from statewide family violence committees at the time; and one of the reasons for developing the framework was to support a whole-of-government primary prevention plan. Victorian women's health services have also been unwavering in their leadership in this space, given their core business in integrated health promotion, their long-standing prioritising of gender equity and preventing violence against women, and their missions to improve the health, wellbeing and safety of women in their regions. From an evidence perspective, international literature shows that organisations with strong feminist principles – like Victoria's women's health services – are ideally placed to lead work to end violence against women (Fergus, 2012). This makes Victoria's women's health services the obvious lead organisations for regional primary prevention partnerships and actions.

A whole-of-government plan was realised in 2009 with *A Right to Respect: Victoria's plan to prevent violence against women 2010–2020*, the world's first public policy to focus *explicitly* and *exclusively* on primary prevention. With its ten-year horizon, *A Right to Respect* was both cross-government and whole-of-community in scope. It recognised that effective primary prevention is everyone's business and therefore requires its own architecture of partnerships across societal institutions (like government) and civil society (education, workplaces, media, etc.). It also recognised that these partnerships – and the skills, knowledge, actions and settings – are quite distinct from (yet interlinked with) those required for effective integrated and coordinated responses to violence that has already occurred. The plan was costed for a four-year implementation pilot; however, a change in political leadership shortly after the plan's launch meant that implementation never commenced.

Victoria has yet to see another stand-alone policy quite like *A Right to Respect*. This in itself demonstrates the importance of long-term, bi-partisan commitment and resourcing to policy for primary prevention. The policy has since been written up as a case study of best practice in preventing violence against women in a paper published by the prestigious journal, *The Lancet* (Michau et al., 2014).

At the regional level, WHW is particularly proud of our role in *Preventing Violence Together: Western region action plan to prevent violence against women* (2010). *Preventing Violence Together* is the regional partnership and action plan that guides primary prevention in Melbourne's west. Launched in 2010, after a comprehensive development process, *Preventing Violence Together* is a coordinated, action-based collaboration between WHW and 16 local government, community health, and other organisations (Victoria Police, primary care partnerships) in the region. It is designed to build sustainable environments at the organisational and community levels, through partner-owned initiatives for primary prevention implemented by those who are signatories to the action plan. The action plan was the first of its kind in Victoria, and since its launch other Victorian regions have adopted a similar women's health service-led approach to primary prevention as best practice. Development of *Preventing Violence Together* was enabled by VicHealth's framework, along with *A Right to Respect* as the broader policy context.

Since 2012, implementation of the action plan has occurred through *Preventing Violence Together – United* (the United project), after a successful application for three-year funding through the Department of Justice and Regulation's Reducing Violence against Women and

their Children grants program. The United project is currently being internally and externally evaluated. Methods of data collection include annual partnership surveys, internal partner organisation reviews, and workshops and interviews with key informants. Findings to date show that the action plan has achieved some strong impacts.

For example, as a result of their participation in the United project, 100 per cent of *Preventing Violence Together* partners have integrated primary prevention and/or gender equity into significant organisational and community planning documents (including integrated health promotion plans and municipal public health plans). This demonstrates that the commitment to primary prevention, as well as the vision and leadership for it, are steadily and surely building in our region. Even though it is still early days, regional action plans such as *Preventing Violence Together* appear to be effective in forging links between partners, harnessing the strengths and capacities of each, and working for a seamless primary prevention system of partner organisations with incredible reach into the wider community.

As far as settings-specific primary prevention actions are concerned, WHW is also very proud of its leadership in respectful relationships education in schools. WHW believes that strengthening opportunities for school-based settings to introduce respectful relationships education is an effective primary prevention tool. WHW has delivered *Girls Talk Guys Talk: A whole of school health promotion program* to secondary schools in Melbourne's west for several consecutive years. This program works closely with one school at a time over a full year to implement and embed healthy relationships and comprehensive sexuality education that is relevant to their context. It is supported by a framework that values the whole school as a setting and works with students, teachers, school nurses parents and community organisations to implement actions across the 'three Cs' of curriculum, community and culture.

The whole-school framework is recognised as best practice and has been identified as a critical component of engaging schools in primary prevention efforts. A report commissioned by the Department of Education and Early Childhood Development to review best practice approaches to respectful relationships education states that, 'the single most important criterion for effective violence prevention and respectful relationships education in schools is the adoption of a whole-school approach' (Flood et al., 2009: 27).

Opportunities for government leadership on societal-level change

The developments and initiatives in Victorian primary prevention over the last decade have been significant, especially given that preventing violence against women before it occurs can still be considered a relatively new area of work. Through regional and settings-specific efforts in particular, we are starting to build a profile of tangible impacts in Melbourne's west, as highlighted in the points above. But the work of primary prevention is long term, requiring nothing short of a systemic transformation of gender inequity and rigid gender roles at all levels of the social ecology: across society, in our communities and organisations, and interpersonally. Put simply, primary prevention needs to be *everyone's* business. There are many, many opportunities that lie before us, beginning with one of the most important institutions at the societal level – government.

Evidence shows that in countries where a higher level of gender equity has been achieved, the level of violence against women is lower. For example, the Global Gender Gap Report identifies Iceland as the most gender equitable country in the world and its rate of violence against women is 19 per cent over a lifetime. In comparison, Australia's estimated lifetime rate of violence against women is 33 per cent and ranks 25 out of 135 countries listed (World Economic Forum, 2013). Research conducted by UNIFEM on the link between national gender equality measures and the prevalence of violence found similar results. The graph below draws on four major international surveys that measure factors such as employment, education, income, health, leadership, political participation and representation (Figure 7).

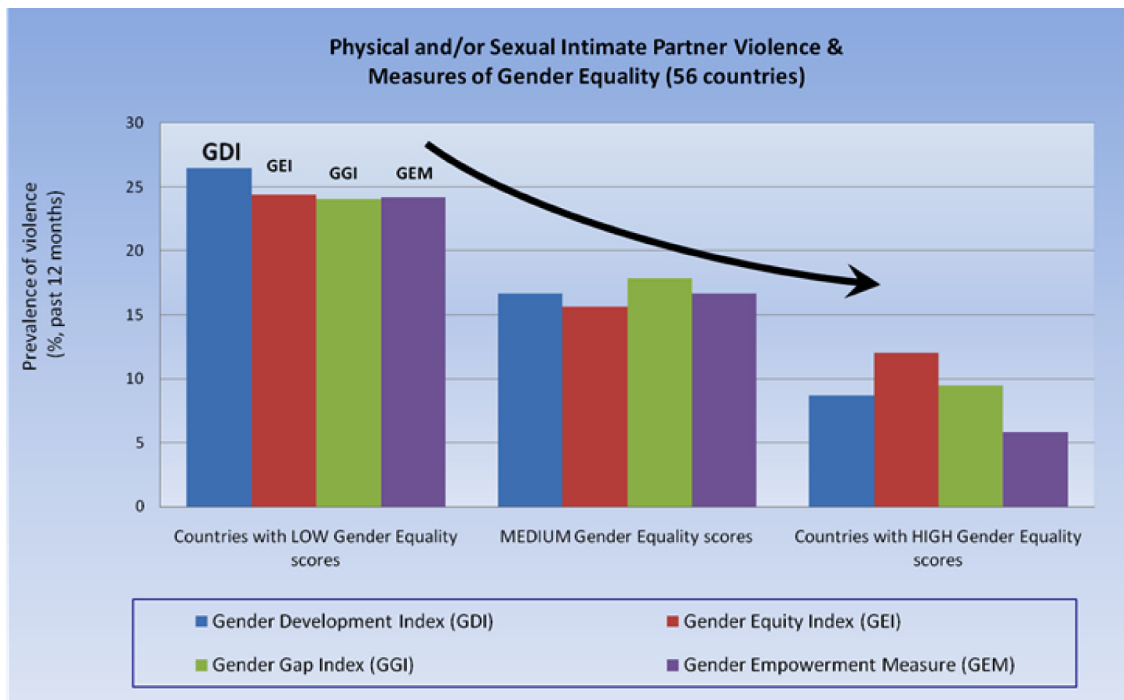


Figure 7: Intimate partner violence and measures of gender equality
(Source: UNIFEM, 2010)

In Australia, gender inequity is evident across a number of significant indicators. The visibility of women in leadership, in both government and non-government settings, is recognised as an important step toward gender equity. Progressive action in this area also plays a role in challenging gendered stereotypes concerning appropriate roles for women in society. Hence, ensuring equal numbers of women and men in leadership roles is essential for the prevention of violence against women. Yet, we continue to see disparity between women and men in senior leadership positions at all levels of government and the private sector. Data from the Workplace Gender Equality Agency's *Australian Census of Women in Leadership* reveal that women:

- make up only 12 per cent of the boards and 9 per cent of executive key management personnel of ASX 200 companies; and
- hold only 35 per cent of the 3,960 board positions on government boards and bodies (Workplace Gender Equality Agency, 2012).

In the current federal parliament, only two of the 19 cabinet ministers is a woman. In total, there are more than twice as many male federal parliamentarians, compared to women (69 per cent male compared to 31 per cent female). The disparity is even wider in the number of men compared to women holding ministerial positions (83 per cent male compared to 17 per cent female). In the current Victorian parliament, there are almost two male members for every one female member (63 per cent males and 38 per cent females). There are nine female cabinet ministers out of a total of 41, meaning that women make up just over one-fifth of the cabinet (22 per cent).

Data collected by the Inter-parliamentary Union shows significantly higher levels of female representation in parliament across Nordic countries, including Sweden, Norway, Iceland and Denmark, where quota systems (40–50 per cent) are in place. In these countries that have strong gender equity measures in parliament, the prevalence of violence against women is lower than Australia (Inter-parliamentary Union, 2012; Quota Project, accessed 18 July 2014).

Equal access to education, employment and income is recognised in international literature as vital to the prevention of violence against women. Gender inequities in employment, pay and working conditions continue to disadvantage Australian women. For example:

- women who work full-time earn on average 17 per cent less than their male peers (Workplace Gender Equality Agency, 2013);
- women are more likely to engage in part-time and casual work in roles characterised by high demands and little control over conditions:
 - women account for over half (55 per cent) of all casual employees; and
 - 43 per cent of women are employed part-time compared to 13 per cent of men (ABS, 2011);
- women retire with less than half the average superannuation payouts received by men and 2.8 million women compared to 1.6 million men aged 15 years and over are not covered by superannuation (Workplace Gender Equality Agency, 2013); and
- female graduate salaries are only 90 per cent of male graduate salaries, despite females out-performing males as graduates.

Australian women's access to equal employment is partly determined by the inequitable division of domestic labour and caring responsibilities. For example:

- women undertake more unpaid domestic labour with 35 per cent undertaking 15 or more hours per week compared to 12 per cent of men;
- more women than men undertake unpaid care for a person with a disability;
- women are more likely than men to undertake unpaid care work for children or relatives who are elderly or who have a disability; and
- 82 per cent of Australian single parents are women (ABS, 2011).

To reiterate an earlier point, as long as women remain unequal to men then violence against women will continue unabated. The importance of gender equality as the basis of a violence-free world for women cannot be overstated. Yet, the facts and statistics presented above show that we are far from realising gender equality for Australian (and by implication Victorian) women. WHW therefore concludes that the biggest gap and deficiency in current primary prevention effort – which has, in many respects, made significant progress at the interpersonal, community and organisational levels of the social ecology – is *government leadership on gender equity at the societal level*.

What we want to see in the future

WHW believes that a concerted effort by governments to lead actions for improved gender equity at the societal level could single-handedly have the greatest and most sustained impact on realising women's freedom from violence in our state. We welcome Premier Daniel Andrews' announcement that at least half of all newly-appointed Victorian judges, magistrates and public board members must be women under a new government workplace commitment, and the statement that 'Under his Government, equity is not negotiable'. We suggest further actions could be taken by the Andrews Government, including (but not limited to):

- immediate gender equity audits of all existing and new legislation, policy and regulations over which our governments have jurisdiction and control, and implementation of strategies to redress gender inequities discovered as a result of such assessments;
- measures to attain equal representation of women and men in ministerial roles and the cabinet; and

- strategies to communicate to the wider community, business and other sectors the relevant regulations and legislation on gender discrimination and inequity.

WHW also acknowledges the commitment of successive state governments to Victorian primary prevention through past policy such as *A Right to Respect: Victoria's plan to prevent violence against women 2010–2020* (Office of Women's Policy, 2009) and, to a lesser extent, *Victoria's Action Plan to Address Violence against Women and Children 2012–2015* (Office of Women's Policy, 2012). What we want to see in the future is a stand-alone, long-term and evidence-informed policy to guide Victorian primary prevention programming and partnerships, with bi-partisan commitment so it can withstand successive governments, and with assured and adequate long-term funding commensurate to the scale and scope of its implementation as a universal endeavour. Appropriate governance arrangements must also be established to oversee implementation of the new policy, maintain its primary prevention focus and assure monitoring and accountability. The Women's Health Association of Victoria (WHAV) are in a unique position to lead coordination of statewide prevention efforts as the **peak body for women's health services**. WHAV has long-standing experience and expertise in gender equity, primary prevention and prevention of violence against women, essential to leading this work. Governance arrangements must reflect the fact that the primary prevention system is interlinked with, and different from, the response system. Figure 6, shown earlier (see p. 20), includes suggested governance and advisory structures for family violence prevention that reflect these linkages and distinctions.

WHW believes that these macro-level steps, if taken together, could create the conditions for improved gender equity and less rigid gender roles across the other levels of the social ecology and, over time, move us closer towards a Victoria in which violence against women is rendered incomprehensible.

Our recommendations

Recommendation 6. As an immediate priority, there must be stand-alone, long-term and evidence-informed policy to guide Victorian primary prevention programming, partnerships and the development of its workforce. The policy could comprise an overarching strategic framework with accompanying shorter-term action plans. The policy must be for at least 20 years, with five-yearly reviews. The policy must be whole-of-government and whole-of-community; and it must be developed with bi-partisan support so it can withstand successive governments.

Recommendation 7. As an immediate priority, there must be adequate long-term funding for the implementation of evidence-based primary prevention initiatives under the new policy, including funding for Victoria's women's health services to continue to coordinate and facilitate regional action plans, and funding for the delivery of settings-specific programs such as best practice respectful relationships education in schools. Resourcing commitments to Victorian primary prevention must be separate to and over and above that for Victoria's family violence response system, and must be assured for the lifetime of the policy.

Recommendation 8. Appropriate governance arrangements must be immediately formed to oversee implementation of the new policy, maintain its primary prevention focus and assure monitoring and accountability. All structures formed must involve high-level representation from across government departments and the community (refer to Figure 6).

Recommendation 9. There must be strong government leadership on the achievement of gender equity at the societal level through strategies that will ultimately render violence against women – and family violence – as no longer conceivable across Victoria, in communities and organisations, and interpersonally.

Our systemic response to family violence: What's working, what's not and what could be better?

Terms of Reference addressed in this section:

Investigate the means of having systemic responses to family violence, particularly in the legal system and by police, corrections, child protection, legal and family violence support services, including reducing re-offending and changing violent and controlling behaviours.

Make recommendations on the needs and experiences of people affected by family violence with particular regard to children, seniors, Aboriginal and Torres Strait Islander communities, regional and rural communities, and people with a disability and complex needs.

Make recommendations on practical short, medium and long-term systemic improvements to Victoria's current response to family violence and the need for this response to be sustainable into the future.

Issues Paper questions addressed in this section:

Are there specific cultural, social, economic, geographical or other factors in particular groups and communities in Victoria which tend to make family violence more likely to occur, or to exacerbate its effects? If so, what are they?

What barriers prevent people in particular groups and communities in Victoria from engaging with or benefiting from family violence services? How can the family violence system be improved to reflect the diversity of people's experiences?

How can responses to family violence in these groups and communities be improved? What approaches have been shown to be most effective?

What are the gaps or deficiencies in current responses to family violence, including legal responses? What improvements need to be made to overcome these gaps and deficiencies, or otherwise improve current responses?

What are some of the most promising and successful ways of supporting the ongoing safety and wellbeing of people affected by violence? Are there gaps or deficiencies in our approach to supporting ongoing safety and wellbeing? How could measures to reduce the impact of family violence be improved?

To what extent do current processes encourage and support people to be accountable and change their behaviour? To what extent do they fail to do so?

Since 2005, WHW has been an active and strong supporter of family violence reform at a regional and statewide level, integrating and coordinating family violence services in our region, and ensuring the integration of those services with a range of related sectors, including housing, employment, health, and child and family support. WHW believes that the governance and WIFVC structures established in our region, as well as the reform agenda and integration process more broadly, have been the most important factors in moving our partnerships towards a more systemic family violence response.

In 2015, it's now the mid-way point of the 20-year reform agenda and integration process as originally conceptualised, and an excellent time to take stock of what is working well in our family violence system or needs to be introduced in order for us to continue along in the direction we've taken. The following gaps and deficiencies identified across our system are offered as opportunities to improve upon, so that reform and integration can proceed with continued success and ultimately be established as lasting change to 'the way we do things' (Department of Human Services, 2006).

Family violence and the intersections of disadvantage

While family violence occurs across all socio-economic, cultural and other groups, the poverty, isolation and discrimination some women face because of structural circumstances in their lives – the intersections of disadvantage – can place these women and their children at more risk than others. Family violence is about gender, power and control. When men use violence against women and their children, it is almost always done so as an instrument of male societal entitlements to power and control in the home. The less powerful the woman in these contexts, the more vulnerable she is to violence, and the lower her ability to remove herself from harmful situations. This is why women's experiences of family violence can be exponentially compounded by the intersections of disadvantage.

WHW draws attention to four groups in our community whose experiences of family violence are impacted by the intersections of disadvantage. Providing appropriate responses to these groups remains a challenge for the integrated family violence system in Melbourne's west.

Indigenous women. Nationally, Indigenous women experience disproportionate levels of violence compared to non-Indigenous women.

- Indigenous women are 35 times more likely to be hospitalised due to family violence-related assaults than other women (AIWH, 2006).
- It is estimated that Indigenous women experience violence at a rate that is up to 40 times higher than non-Indigenous women (Mouzos and Makkai, 2004).
- Around 20 per cent of Indigenous women report experiencing at least one incident of physical violence in the last 12 months, compared to 7 per cent of non-Indigenous women (Mouzos and Makkai, 2004).
- Three times as many Indigenous women report experiencing at least one incident of sexual violence in the last 12 months (Mouzos and Makkai, 2004).

Our family violence system must understand that family violence in Aboriginal and Torres Strait Islander communities is multiplied by over a century of dispossession of land, systemic racial discrimination and institutionalised violence (Department of Planning and Community Development, 2008; Memmott et al., 2006). We must also understand that the experience of violence of Aboriginal women and their children is not always at the hands of Aboriginal men: approximately 60 per cent of Aboriginal women report being in intimate relationships with non-Aboriginal partners (Department of Planning and Community Development, 2008).

Women with a disability. Violence against women with a disability, in their homes or in institutional residential care settings where they live, continues to occur at unacceptably high rates, undermining their health and wellbeing and their ability to participate as full and equal citizens in Australian society (WWDA, 2011; Office of the Public Advocate, 2010; Healey et al., 2008).

According to Women with Disabilities Victoria (WDV) in their landmark report, *Voices against Violence*, the risk of violence for women with a disability is increased through the intersections of gender-based and disability-based discrimination in their lives (WDV, 2014). As noted by WDV, there currently exists no systematic collection of data in Australia, at either the state or national levels, which accurately captures the prevalence of violence experienced by women with a disability (WDV, 2014). However, we do know a few things that show that women with a disability are more likely to experience violence perpetrated against them, and the violence can be more severe and last longer, than women without a disability (Plummer and Findley, 2012; Powers et al., 2009; WDV, 2014).

- Over one-third of women with disabilities experience some form of intimate partner violence (WDV, 2014)
- A recent survey of 367 women and girls with disability found that 22 per cent had experienced violence in the past year (WWDA, 2011).
- Current evidence indicates that 90 per cent of women with an intellectual disability have experienced sexual assault, compared to approximately one in five Australian women (Frohman, 2002).

Case study 2

██████ is a single woman with a mild intellectual disability. She has been in and out of abusive relationships since she was 14 years old. She is now ██████ and living with her partner of eight months who regularly beats her. She and her partner are receiving commonwealth benefits and are living in a private rental property under her partner's name.

Police refer ██████ to WHW's Crisis Coordination and Intake Service. ██████ wants to leave the relationship but there are few housing options available to her because:

- she has no rental history;
- boarding houses are unsafe and she is scared to go as 'bad things happen' there;
- she is not eligible for shared community housing or a group home because she is considered high functioning; and
- she is unable to access transitional or public housing as she has no dependants living with her.

██████ is referred to a women's refuge that accepts clients with a disability and that will provide longer-term support into permanent housing.

Migrant and refugee women. There are significant gaps in our knowledge of the prevalence of family violence in immigrant and refugee communities. According to the WHW Annual Report 2013-14, 47 per cent of women who received case management support identified as coming from a CALD background and 44 per cent of residents of WHW crisis accommodation service (CAS) did not speak English as their first language and required an interpreter to communicate. This is consistent with client records of the statewide crisis response service, which show that women born overseas and from a non-English speaking background represent 38 per cent of women accessing their service and only 17 per cent of the total Victorian population (Bedar et al., 2011).

Tailored responses are required to ensure work to respond to violence against migrant and refugee women is effective and culturally appropriate. There is a need for strategies that recognise the complex dynamics of migrant and refugee women's experiences of violence in their homes, and the significant barriers they must currently overcome in accessing support services (inTouch, 2010; Ethnic Communities Council of Victoria, 2013; Reese and Pease, 2006; Poljski, 2011).

Access to appropriate qualified professional interpreters is critical in these circumstances, yet police continue to use children other family members – and sometimes perpetrators – as interpreters at family violence incidents. In addition, WHW continues to experience difficulties accessing appropriately qualified and gendered DHHS-funded interpreters on-site and by telephone. These difficulties have been raised with then-DHS, both informally and formally through DV Vic and Western Metropolitan Local Area Service Network. On occasions we have been forced to purchase alternative interpreter services to resolve a problem with the current provider.

Case study 3

■■■■■ immigrated to Australia with her husband and three children via a refugee camp in Egypt. ■■■■■'s mother, father and all but one of her sisters had been murdered during the civil war. After arriving in Australia ■■■■■'s husband became controlling and violent; he sexually assaulted her, verbally and emotionally abused her and beat her daily. He was also financially abusive; he denied her access to money and accumulated huge debts in her name.

■■■■■ and her three children fled their home and the violence, seeking protection and support at WHW crisis accommodation service. Staff supported ■■■■■ to obtain an intervention order and income through Centrelink, attend school and English classes, access counselling, apply for public housing and begin to rebuild her life and that of her children. ■■■■■ and the children moved from the refuge to a transitional property to wait for public housing. Despite being on the highest priority list for public housing, ■■■■■ expected to wait two to four years for a property.

■■■■■ was a great candidate for the *A Place to Call Home* program. She and her children not only needed support to deal with difficulties resulting from family violence but also faced challenges associated with being newly-arrived refugees from a culturally and linguistically diverse community. ■■■■■ and her children successfully obtained a property under the program with support from her case manager. The program is not just about timely access to public housing, it is also about attaining sustainable housing and improving the family's long-term outcomes. We achieve this by supplying the family with longer-term intensive case management support to become well-established in the community and improve their overall resilience by building networks and relationships.

The case manager worked with ■■■■■ and her children over 14 months to move beyond crisis management and begin to address the long-term impacts of family violence as well as the challenges and related trauma of being a refugee. During this time, ■■■■■ gained her Australian citizenship, completed her English classes, became an active member of her daughter's school community and formed lasting relationships within her local community. By hosting an informal family violence support group at her home and providing information on rights and support services, ■■■■■ has become a great advocate for other women experiencing family violence in both the local and her cultural community.

■■■■■'s children have formed lasting friendships with other children at their school, church and childcare centres, and ■■■■■ has become friends with some of their mothers. Both of ■■■■■'s daughters achieved high grades at school and her oldest daughter won a small school scholarship. The family have successfully rebuilt their lives and no longer feel the fear, hopelessness and insecurity of the past. ■■■■■ and her children are now thriving.

Lesbian, gay, bisexual, trans, intersex and queer (LGBTIQ). There is a lack of recognition across the community and the family violence system of the violence that can be perpetrated against those who identify as LGBTIQ in their intimate relationships. This is concerning given the high rates of violence that have been reported by people who identify as LGBTIQ in surveys such as those conducted by the Australian Research Centre in Sex, Health and Society (ARCSHS).

Survey respondents were asked if they had ever been in a relationship where their partner abused them. Intimate partner violence was reported most frequently by trans-males in the study (62 per cent), followed by intersex females (43 per cent) and lesbians (41 per cent) (ARCSHS, 2006). The ARCSHS study added that 'lack of appropriate services for both perpetrators and victims is likely to contribute to an unsatisfactory response or resolution, which could further compound the problem of silence and distrust' (ARCSHS, 2006).

Women-centred services in a multi-agency system

WHW supports the ongoing role of women-only services in responding to the gendered problem of violence against women. The continuing role and leadership of specialist family violence services in a multi-agency system, especially those with strong feminist principles providing services for women by women, is integral to effective integration and systemic response. This ensures that women are always at the centre of our service models, providing consistency between service delivery and our work to meet the holistic needs of women in housing, flexible childcare, time out to attend court, primary or mental health services for themselves and their children in their employment, and so on.

Case study 4

██████████ housed in WHW's women's refuge, speaks of her experiences ...

It was a blessing to be in the hands of such a loving, caring, courageous, compassionate, respectful, understanding organisation. From my point of view, they are in an important role of empowering both women and children who have been living in family violence. It is an individual woman's responsibility to call out for help once they have experienced some form of violence because it is not acceptable to live in violence.

I went through a tough experience. I had no one to talk to about the violence I was living under, and most of the time I just wished I could reverse time and have no husband. I even thought people could just see through me and know that I was having serious trouble. I was afraid of everything. The moment I realised that my self-esteem was under my feet was the worst pain ever and it used to kill me inside when I look at my children.

One day when my ex-husband was at work, I got on the computer and Googled to find somewhere to get help. The organisation called inTouch came up and I called them instantly. I did not know where to start or even how to describe my problems, but they really had that sensitivity and they referred me to Women's Health West.

I have no words to explain WHW now because I am settled, overjoyed and focused. I am a healthy mum and grandmother. Their assistance makes me feel like they are family. I was so scared at first when they said that I was going to live in refuge but when I got there, it felt so safe compared to living with an abusive partner. I got financial assistance, help getting a peaceful and secure place; they even partly assisted with the rent.

It was such an experience to live in one place with other women and children affected by violence. Life was made a bit easier in terms of security given the set up of the place. The rules and regulations of staying in the refuge are about human tolerance and somehow it does not make one feel like a prisoner of thoughts.

I underwent [legal] proceedings that were scary because it was my first time, but these had to be dealt with for me and my children's safety. In all this WHW was my guardian. They helped me with every detail, were with me in court and through the whole process of all intervention orders.

The most inspiring aspect was the way that victims of violence, or women in my experience, are being handled. A lawyer was available with no charge. It is indeed a mind-relieving situation to be under such a compassionate set up. It was my first experience in court but I had all the emotional support all the way.

With all my heart I appreciate and cherish their good work, and I trust their level of confidentiality. It's like they really know how to treat a human being. Good on them; it's a great challenging task to deal with different heart broken and affected women and children.

Case study 5

■■■■ intimate partner abused her physically, emotionally, psychologically and financially for ten years. She was forced to flee her family home and enter a refuge with her son on many occasions. Like many women who have experienced family violence, ■■■■ self-esteem and confidence was extremely low after years of being told that she was 'good for nothing'. While in refuge, ■■■■ worked with a family violence worker and identified finding part-time employment as one of the main goals of her case plan.

WHW supported ■■■■ to locate affordable private rental accommodation and she began to be able to think about the future. She and her worker developed a plan focussed on breaking her search for employment down to specific and achievable goals. The goals take ■■■■ unique circumstances into account including her need for flexible childcare arrangements and the ability to take time off to attend court for family violence matters.

WHW understand that the experience of family violence has far reaching implications for women and their children and that many women find it difficult to locate, maintain and sustain employment during/following family violence.

WHW works to increase the social, civic and economic participation of women, particularly those from disadvantaged backgrounds. It makes sense then that we are working with Maribyrnong and Moonee Valley Local Learning and Employment Network and Maribyrnong City Council on the *Maribyrnong Works* project.

So far through the project, WHW and the consortium have provided ■■■■ and five other women in similar situations with case management support to dismantle barriers to engage in ongoing meaningful employment. WHW works alongside women to develop resumes, address selection criteria and apply for jobs. We also facilitate access to vocational training and provide ongoing support to women and their employers.

A shortage of women's refuges

The western metropolitan region of Melbourne includes the Shire of Melton and the City of Wyndham, two local government areas that contain some of the fastest growing population corridors in Victoria. Population growth in Melton and Wyndham in particular, but across Melbourne's west in general, has meant that women and children fleeing situations of family violence are currently facing huge unmet needs because our region doesn't have anywhere near the number women's refuges to accommodate them. A new purpose-built facility is long overdue in our region. This facility would provide crisis accommodation for women and their children, women's only spaces and meeting rooms, and counselling and therapy rooms.

Women's housing needs

WHW is a joint signatory to the 'Family violence, homelessness and affordable housing' submission calling for urgent investment in affordable housing and services in Victoria to respond to the links between family violence, housing and homelessness across the state. This complements the information provided below.

Women and children leaving situations of family violence comprise a significant proportion of the homeless population. According to the Council to Homeless Persons, government-funded agencies report that one in every two women with children seeking homelessness services are escaping a violent home situation (Council to Homeless Persons, 2012). In some regions this is even higher.

Several factors contribute to the homelessness of women and children leaving family violence. They often struggle to obtain or maintain secure housing through financial insecurity and poverty, the effects of trauma from their family violence experiences, and the lack of affordable housing

due to high demand for private rental properties and increasing rental prices. They often struggle with a sense of security, belonging, stability and control over their daily lives, as they experience constant movement and vigilance to safety. Over time, they lose links to family, friends and community, and support networks.

The vast majority of women who end up homeless because of family violence have limited independent financial resources to support themselves and their children with accommodation expenses and other costs of living. This is compounded by the disruption to women's employment and children's education, which adds to the loss of social connection and a sense of shame, stress and anxiety about managing their daily lives.

It is clear that if the housing needs of women leaving family violence are not adequately met (regardless of whether they have children with them or not) and refuges and crisis accommodation are either inaccessible or inadequate to them, and homelessness ensues, then these women typically have no choice but to return to the very places where their family violence has occurred, entrenching a cycle of violence and their ongoing disempowerment. Or they might have little choice but to move into inappropriate and unsafe housing, losing contact with the family violence system and ongoing support.

Therefore, one of the continuing challenges of Victoria's family violence system is in meeting the housing needs of women leaving family violence *as early intervention to homelessness*. A coherent statewide housing policy and scheme that can provide women leaving family violence with more options for safe, affordable and secure housing than currently exist – from social housing to private rentals to home ownership options – is an essential component of the integrated family violence system in Melbourne's west. This would also alleviate current pressures placed on refuges, crisis accommodation and transitional housing options, which remain blocked because of increased demand, on the one hand, and a lack of exit points to appropriate housing for women and children who are placed there, on the other.

The federal government is not currently committing to meeting the housing needs of women leaving situations of family violence. From our perspective, there exists an opportunity for state government leadership in this area, by investing more in social housing, for example, through the purchase of new stock and the retention and maintenance of existing stock.

One other solution to family violence-related homelessness is to challenge assumptions that women and their children are the ones who should leave, rather than the perpetrators of the family violence. Agencies of the integrated family violence system in our region currently support the rights of women and their children to stay safely in their homes, through a best practice *Safe at Home* program. We have evidence that this program is both appealing and effective for women and their children.

Case study 6

A client was referred to us by police following a family violence incident. The crisis response worker completed an immediate risk assessment and with her developed an initial safety plan. The police had removed [the perpetrator] from the house at the time of the incident, and a complaint warrant was issued. There was a history of sexual assault, verbal abuse and threats to kill the client. Her safety plan included an appointment to the WHW intake worker to undertake a comprehensive risk assessment and discuss her safety and options for remaining in the family home.

The client was feeling very isolated as she has limited English skills and limited supports. She has two children who reside with her. She has previously left her ex-partner but because of a lack of family support she returned to the relationship.

WHW notified the Magistrates' Court that the client would be attending the court and support would be provided by WHW. Court support was provided two days after the initial police referral and an intervention order was taken out against her partner; the order excludes him from the house.

The woman was allocated case management and the case manager met with her and developed a case plan that initially focused on the safety of the woman and her children, accessing income and retaining her current rental property. The case worker accessed 'Safe at Home' brokerage funds to change locks on the family home to ensure that the perpetrator did not have easy access to the property. Private rental brokerage funds were provided to assist the family to maintain their current accommodation.

Counselling options were discussed, and this conversation established that the client was already linked in with a counselling service with a worker who speaks her language. The client agreed to the case worker contacting the counsellor to arrange a case conference with the client to facilitate sharing of information and client support. Advocacy is currently being undertaken to obtain additional Centrelink payments. The client is still working with WHW.

Working with children

Children who experience situations of family violence have immediate safety and wellbeing needs as well as ongoing difficulties resulting from the profound impact of their experiences. They suffer significant psychological distress, health problems, educational disruption and ongoing poverty (Dockery et al., 2010). The combination of disruption in schooling and other support and resilience-building networks, coupled with an increase in emotional and behavioural problems as a result of experiencing and/or witnessing family violence, can lead to school refusal, difficulty developing trusting, close and safe relationships later in life, and an associated cycle of 'intergenerational disadvantage' (Commonwealth of Australia, 2008).

In the western metropolitan region children were present at 32.4 (3230) per cent of police reported family violence incidents (Victoria Police Statistics, 2013-14). WHW's children's counselling program is funded to provide support to 176 children per year who have witnessed or experienced family violence and is an important part of the integrated family violence system in our region. Understandably, there is a high demand for children's counselling services and WHW welcomed the government's recent budget announcement of an additional 2.5 million (state-wide) for women and children's counselling.

There remains, however, no specific funding for family violence outreach services to provide specialist case management support for children. The previous state government stipulated that services undertake individual risk assessment and case planning with children of women being

supported through our outreach case management service, without additional funds to enable this. Demand limits the capacity of case managers to engage children individually, and generally their needs are identified by their mothers. WHW supports the development of specific children's case workers to not only provide individual case management support to children but also to build the capacity of women's case workers to respond to children. WHW has estimated that additional recurrent family violence outreach funding of \$67,000 would allow development and implementation of enhanced case management plans for 54 children exposed to extreme and/or long term family violence.

WHW's children's counselling program provides support to children who have witnessed or experienced family violence, and is an important part of the integrated family violence system in our region.

Case study 7

██████ is a 10-year old boy from the western suburbs who has witnessed family violence since birth. He has witnessed his father attempt to strangle his mother and was himself the victim of substantial physical and psychological abuse. He was initially diagnosed with an intellectual disability but it became apparent in the course of therapy that this was not the case. It is most likely that he has had trouble concentrating at school because of his experiences of trauma, which in turn leaves him unable to read or write. This not only contributed to disruptive behaviour in the classroom, but he was also aggressive towards his younger sibling, causing great distress within the family.

██████ attended individual counselling with an art therapist where he has been encouraged to express his emotions and grief as well as his need for nurturing. He was referred to the group as a way to extend his social network and to assist him to deal with the shame he has felt as a result of the family violence. Through this therapeutic group, he has made a close connection with a boy of the same age who has also witnessed family violence. He explained, 'I know now that I am not alone.' Through the group, his self-esteem and self-awareness increased, which allowed him to develop strong leadership skills and a deep compassion for others. He has been referred to a community-based program that will assist him to work on his literacy skills and greatly improve his chances for a fulfilling future.

WHW will make a child protection notification where an assessment raises concerns for a child's safety. WHW works within a framework that understands child abuse in the context of family violence and believes that, in most instances, if we work to make women safe, we strengthen their ability to keep their children safe. However, different frameworks of risk and assessment can lead to child protection services demonising women as 'bad parents' if they are unable to protect their children from a violent partner.

It is relatively uncommon for child protection services to take out orders that restrict men who use violence from contact with their children. Instead, child protection services tend to challenge women who have been victimised over the protective behaviours they exhibit towards their children. This works against the foundational aims of Victoria's reform agenda and integration process of ensuring the safety of women and children affected by family violence and holding perpetrators to account for their violence.

Funded innovations like the enablers of reform and integration described earlier (see 'Enablers of reform and integration') that can bring together specialist family violence services, child protection services and other agencies of the family violence system, so that shared understandings of the needs of women and children, *each in their own right*, can be achieved, and a more holistic and coherent framework can be developed for responding to their situations of family violence.

Funding the placements of specialist family violence workers in child protection services on a rotational basis to build the capacity of child protection in family violence is one practical step.

The specialisation of courts and police

The specialisation of courts through the introduction of the Specialist Family Violence Service at Melbourne, Sunshine and Werribee has been an important aspect of the integration process in Melbourne's west. Like other parts of our integrated family violence system, the Specialist Family Violence Court Service has also experienced increased demand over time. This has resulted in an inconsistent (and sometimes inappropriate) court service to women.

Anecdotal evidence suggests that non-specialist magistrates have been required to hear applications for interim family violence intervention orders during periods of high demand for the Specialist Family Violence Service. These magistrates do not always have a full understanding of the *Family Violence Protection Act 2008*, particularly the permission it gives them to make family violence intervention orders if satisfied 'on a balance of probabilities' of the accounts being given. In some instances our clients have been asked by magistrates to attend courts to confront their perpetrators, with little understanding of the reasons why the women might be reluctant to be in the same room as those who have victimised them. This makes it more difficult than it needs to be for women seeking family violence intervention orders and far less safe for them to do so – the very situations that the legislation and the Specialist Family Violence Service were introduced to avoid.

For system-wide improvements in family violence response to continue, the integrated family violence system in Melbourne's west would need to have these sorts of situations firmly redressed. Expanding the Specialist Family Violence Service in the Magistrates' Courts is a clear solution. We also welcome the Andrews Government's recent commitment of \$80,000 to conduct safety audits of the physical structure and operation of Magistrates' Courts across Victoria, and look forward to all Magistrates' Courts in our region being much safer for the women attending them for family violence matters. The board of WHW has identified a specific safety risk to staff who provide outreach court support to women victims of family violence given the current lack of security to separate women from perpetrators of violence. Our staff commonly report intimidation and verbal abuse from perpetrators of violence.

Case study 8

██████████ attended the Sunshine Magistrates' Court to obtain a full intervention order with exclusions. WHW's court support worker had pre-arranged with the court that she would be able to provide evidence from the remote witness facility so she would not have to face her abuser. However, the Specialist Family Violence Service magistrate was away that day and the matter was heard by a magistrate from a different region. The magistrate insisted that ██████████ leave the remote witness area and attend the courtroom to provide evidence before the matter could be finalised, placing unnecessary and avoidable stress upon her and heightening her sense of vulnerability in an already challenging situation.

The specialisation of police through the implementation of the *Code of Practice* and the introduction of a range of other Victoria Police initiatives have also been very welcome aspects of the integration process in Melbourne's west. WHW acknowledges the major cultural shifts over the last decade that have taken place at Victoria Police in how the organisation views and responds to family violence. This is evidenced by the way that the L17 (Family Violence Risk Assessment and Referral) has, over time, become formalised as the police report for family violence incidents *and* the main tool for referrals to specialist family violence services like WHW. We also commend the leadership that Victoria Police has taken in regional innovations like the Extreme Risk Client Strategy.

This progress aside, WHW recognises that cultural change is a huge undertaking requiring long-term leadership, commitment and dedication; and that for an organisation as large as Victoria Police there are bound to be pockets of unevenness across the workforce with respect to understandings of, and responses to, family violence. A repeated example of the need for further professional development includes skills training to support police in better identifying primary victims and primary aggressors in the reporting of family violence incidents. Our experience tells us that when police refer women to us as respondents, they are most often the primary victims of family violence, having used violence in self-defence or in response to an act of violence initially directed at them. They are not the primary aggressors, as commonly reported by police in their L17s.

WHW welcome the budget announcement of funding for a Multidisciplinary Centre (MDC) for Wyndham. While the primary aim of an MDC is to respond to child and adult victims/survivors of sexual assault, we recommend that family violence be integrated into the model. This is especially relevant with the introduction of the family violence risk management panel, which parallels provision of a response to victims/survivors in an integrated, multi-disciplinary context, providing safety, support and access to justice.

Strengthening the family violence workforce

As with other community-based or caring sectors in Australia's sex-segregated workforce, our family violence sector is a highly 'feminised' one, and not as well remunerated or rewarded as sectors dominated by men. Our capabilities as a workforce are hindered by uncompetitive wages and a lack of professional development opportunities. Financial stress is compounded by workplace stress as the increases in service demand and police referrals mentioned previously add to how workers feel about being at work. Attracting skilled staff *and* retaining them is a real problem, and this in turn has a bearing on our workforce's capacity to play a continuous role in Victoria's family violence reform and integration efforts.

The disparity in remuneration, rewards and conditions between the family violence sector and sectors dominated by men itself contributes to, and perpetuates, structural gender inequities, which (as shown earlier) are the most influential drivers of violence against women. WHW believes that this disparity requires urgent attention. Achieving pay equity for our workforce is a worthy primary prevention strategy in itself, tackling the drivers of violence against women at the societal level.

WHW argues that governments must take leadership by recognising the enormous value that our workforce brings to the community. And, in addition to its commitment to family violence system improvements, governments must shoulder the responsibility for improving the employment conditions, remuneration and rewards of this most valued workforce.

Provision of capital funds

WHW has evolved to meet the diverse needs of a changing population in the western suburbs, comprising an increasingly gentrified inner area, enormous growth in the outer region, and entrenched disadvantage in the middle suburbs. Rates of police referrals to WHW have continued unabated. In the past four years these referrals have increased by 286 per cent, with only a 25 per cent increase in funds to meet that demand.

Our ability to secure affordable and accessible premises is made more difficult in the face of steadily rising infrastructure costs, the growth in development in Footscray resulting in increasing rental costs, significantly increased service demand and decreased government investment in services. WHW cannot afford to lose staff to cover significant rent increases.

Capital investment to assist WHW to purpose-build on land identified by local council as surplus to their needs offers a value-for-money proposition that can secure the long term sustainable future of the organisation, and allow WHW to invest significant infrastructure costs that would otherwise be expended on rental payments, into direct service delivery to meet the significant and growing demand for family violence services for women and children, and to prevent violence against women before it occurs.

Men's behaviour change programs

Following world's best practice models like that in Duluth, Minnesota, men's behaviour change programs are positioned as an important component of Victoria's family violence system, where community services, specialist family violence services, and statutory service providers including Victoria Police and the Magistrates' Courts all work in a coordinated way with one another to provide effective responses to those experiencing family violence, irrespective of their entry points into the system.

WHW wishes to emphasise that men's behaviour change programs are effective in changing the behaviour of *some* groups of men – those who are willing to change. Evidence does not support the efficacy of court-ordered programs. Indeed, many men in this group fail to attend programs when court ordered, with little or no follow up, reinforcing a lack of accountability for their behaviour. Other men are not accepted into programs because of the extreme risk associated with their behaviour. Other mechanisms besides men's behaviour change programs must be in place if we are to hold men to account for their violence.

There is a risk in placing too much emphasis on men's behaviour change programs as a primary mechanism for holding perpetrators to account. The next phase of sustainable improvements to family violence in Victoria require attention to be shifted to how perpetrator accountability can be achieved at a *systems* level, especially through the swift and consistent use of corrections as a mechanism for behaviour change. The significant reductions in the road toll and smoking rates, for example, were brought about not only through strong and consistent messaging, but also through the application of significant penalties to reinforce accountability. While a community-wide communications strategy that reinforces messages of perpetrator accountability is a practical consideration, this must be coupled with agency coordination by *all* parts of the family violence system in holding men to account for their violent behaviour.

Improved regulation to bring about consistency in men's behaviour change programs is also desirable, ensuring that service providers meet the minimum standards of program delivery as developed by No to Violence.

What we want to see in the future

The foregoing discussion shows we are well on the way to having the means for a systemic response to family violence in Melbourne's west. It also points to gaps and deficiencies in parts of our integrated family violence system that we regard as opportunities for further development and improvement. To assist our region's family violence reform and integration efforts, we recommend a system that:

- is more consistently responsive to the family violence experiences of women with a disability and migrant and refugee women;
- consistent access to professional and accessible on-site and telephone interpreters
- can provide Victoria's Aboriginal communities with a culturally competent mainstream service;
- can better understand the intimate partner violence experiences of those who identify as LGBTIQ;

- continues to recognise the unique role and women-centred practice frameworks of specialist family violence services;
- has additional women's refuges to match the unprecedented population growth in Melbourne's west, especially in its growth corridors;
- can access a coherent statewide housing policy and scheme for women leaving family violence as early intervention to homelessness;
- has shared understandings of children's risks and needs, and shared frameworks for responding to these;
- recognises children as individuals and funds children's case workers in family violence services
- benefits from an expansion of the specialisation of our courts;
- benefits from ongoing cultural change at Victoria Police;
- integrates family violence response into Multidisciplinary Centres
- properly remunerates and rewards its family violence workforce;
- uses corrections more swiftly and consistently to hold perpetrators accountable for their violence; and
- is supported by a communications strategy that sends strong and consistent messages to the community that violence against women will not be tolerated and perpetrators of violence will be held to account.

Our recommendations

Recommendation 10. There must be continued resourcing and support of Victoria's family violence system to improve its capacity to respond in consistently appropriate ways to the family violence experiences of diverse groups in the population. There must also be initiatives implemented for Victoria's family violence system to support shared understandings of children's risks and needs, and shared frameworks for responding to these.

Recommendation 11. Victoria's reform agenda and integration process must continue to recognise and support the unique role of women-centred specialist family violence services – their experience, expertise and the way they organise their work.

Recommendation 12. Several more women's refuges must be funded for Melbourne's west, especially its growth areas of Wyndham and Melton, to match current population realities and future population trends.

Recommendation 13. There must be a coherent statewide housing policy and scheme introduced that can provide women leaving family violence with more options for safe, affordable and secure housing than currently exist – from social housing to private rental to home ownership options. Government leadership and investment is essential here.

Recommendation 14. There must be continued investment in police and courts initiatives to support the family violence specialisation that has been a hallmark of these two statutory service providers since the beginning of Victoria's reform agenda and integration process.

Recommendation 15. Government must take steps to redress the pay inequities that exist in the family violence sector.

Recommendation 16. Capital funds must be made available to ensure family violence services are able to secure affordable and accessible premises from which to deliver services.

Recommendation 17. There must be greater emphasis placed upon systems-level mechanisms for holding perpetrators to account, including (but not limited to) the use of corrections more swiftly and consistently to change the behaviour of men who use violence.

Integration and coordination

Terms of Reference addressed in this section:

Investigate how government agencies and community organisations can better coordinate and integrate their efforts.

Make recommendations on the systems and mechanisms to identify and appropriately prevent and respond to family violence, including information sharing and data systems

Issues Paper questions addressed in this section:

What barriers to integration and coordination exist? What practical changes might improve integration and coordination?

As noted in the preceding section, WHW has been an active and strong supporter of Victoria's family violence reform agenda since its introduction, with ten years experience in contributing to regional integration and coordination in Melbourne's west. From our perspective, the different agencies that comprise our family violence system are integrating and coordinating well, as evidenced by initiatives such as the Extreme Risk Client Strategy; however, barriers do exist. In this section, we explore the main issues and offer some practical solutions.

Loss of focus at the statewide level

Effective integration and coordination 'on the ground' requires sound and consistent statewide policy and governance arrangements. Victoria was initially given a strong strategic framework to guide reform and integration through policy such as *A Right to Safety and Justice* (2010). This guidance was weakened somewhat by the introduction of *Victoria's Action Plan to Address Violence against Women and Children* (2012) following the change of government in 2010, with a 'continuum' model that merged response and prevention efforts. Similarly, the strong governance and advisory structures established in the early days of Victoria's family violence reform agenda withered following the change of government in 2010. Currently, for example, there is little or no connection between statewide and regional integration processes.

WHW are clear that the development of stand-alone long-term policy for the completion and embedding of Victoria's family violence reform and integration efforts, discussed earlier in our submission, could make the biggest positive difference to integration and coordination in our region. To re-state our previous points, we suggest that this policy comes in the form of an overarching 20-year strategic framework with accompanying shorter-term action plans, and that it must have bi-partisan commitment so it can withstand successive governments and prevent any future loss of focus at the statewide level. We suggest that this policy must also be reviewed on a five-yearly basis.

Further, this policy must come with adequate long-term resourcing that can keep up with the increases in service demand and police referrals currently being experienced – increases that are likely to continue for some time. We note that an over-stretched family violence service system without adequate resourcing is a recipe for poor integration and coordination, since it will always have difficulties undertaking the degree of sustained collaborative and partnership work required of effective integration and coordination. We add that funding models and service delivery targets of all agencies in our integrated family violence system could undergo review to ensure that they properly recognise the integration and coordination work that goes into our system.

The establishment of statewide governance and advisory arrangements discussed earlier in our submission could also make an enormous positive difference to our regional integration and coordination efforts. Our proposed governance and advisory structures are presented in Figure

6 (p. 20); we draw attention, once again, to the explicit two-way relationship between the statewide and regional levels shown in the diagram.

The complexities of information sharing

Effective integration and coordination 'on the ground' relies on good information flow between agencies of an integrated family violence system. This helps agencies to gain a holistic view of the family violence circumstances of those presenting to them, and supports agencies in delivering appropriate family violence responses. The underlying premise here is that no single agency can see the sum total of an individual's family violence situation, but that agencies working together can share information, contribute to a bigger picture, and maximise their family violence response.

While provisions exist under various pieces of legislation to share information about those experiencing family violence in order to prevent threat and harm to life, health, safety or welfare, this does pose some ethical challenges in practice. WHW knows of specialist family violence workers who struggle between the information sharing principles of integration and coordination, and the actual sharing of information at a time when their clients are most vulnerable. Clients have rights to privacy. WHW wishes to stress that information sharing in an integrated family violence system must be on a need-to-know basis.

Multiple data systems

Effective integration and coordination 'on the ground' is supported by data systems that can hold the information needed for a family violence response in readily accessible places. Currently, specialist family violence services such as those provided by WHW are required to report against multiple data systems, which means information is often stored in different places and/or double handled. Basic collation of data is challenging; for example, police referrals must be counted by hand as the SHIP system does not allow collation. This runs counter to effective integration and coordination.

The introduction of the Strengthening Risk Management Program to Melbourne's west, an excellent initiative, has unfortunately brought two different systems for recording information about RAMP clients. It is crucial for regional integration and coordination to be complemented by a best practice data system where information can be stored in, and accessed from, one place.

Our recommendations

Recommendations 2 to 4, presented earlier in our submission, are equally relevant here. These recommendations relate to the development of statewide policy and the establishment of appropriate governance arrangements for Victoria's family violence system.

One further recommendation arising from this section is:

Recommendation 18. There must be a review of all current data systems and the introduction of a single, improved system that can hold the information needed for an integrated and coordinated family violence response.

Measuring and evaluating our efforts

Terms of Reference addressed in this section:

Provide recommendations on how best to evaluate and measure the success of strategies, frameworks, policies, programs and services put in place to stop family violence.

Measuring our response to family violence

As stated at various points throughout our submission, Victoria has only just reached the ten-year mark of a family violence reform agenda and integration process that, if based on world's best practice, has some way to go before completion and embedding. WHW believes that the best way to measure the success of reform and integration is to focus on the tangible efforts that have been made to date to improve as a system. These might be day-to-day practice improvements, like the introduction of referral protocols between agencies, for instance. Or they could be the broader structures that have been put around reform and integration, such as statewide and regional governance arrangements.

Whatever gets measured, there must be agreement on what is most meaningful in terms of demonstrating improvements. From WHW's perspective, establishing these meaningful measures would be a considerable research undertaking requiring extensive input from across government, the family violence system, and the community alike. To our knowledge, such an endeavour has not been attempted since family violence reform and integration commenced; although there are other Victorian community sector examples that have accomplished something similar. Community Indicators Victoria (CIV) comes to mind.

CIV is a tool that supports local governments to improve community wellbeing. CIV does this by making available a set of over 80 agreed and shared measures of community wellbeing by which all 79 Victorian local governments – by collecting local data – can track their progress. The measures were the result of a major research project that ran from January 2005 until July 2006. The research drew upon the expertise and contributions from many people in state and local governments and academia, as well as a comprehensive literature review. WHW would strongly support a similar research-based approach for establishing the most meaningful measures of system-wide improvements across Victoria's family violence system – both statewide and regionally.

Without wishing to pre-empt any of the measures to arise from such research, we note that the increases our region has experienced in service demand and police referrals over the last decade may be credible and valid markers of family violence system improvements. These increases indicate a number of things: that women are more confident to engage with the family violence system, for instance, or that agencies of an integrated system are getting better at delivering a coordinated response. We add that based on world's best practice of integrated and coordinated responses to family violence, a reduction in family violence in our region (and across Victoria) is not expected for quite some years. Without data that can accurately measure rates of violence against women in our community, it might be premature, however, to establish this as an appropriate measure of the success of our systems-wide improvement efforts.

What WHW supports, therefore, is a well-funded and well-designed research project that could establish the most meaningful measures of systems-wide improvements in the context of reform and integration over the next 20 years. Such research would necessarily draw upon the expertise of a range of people in government, the family violence system and the community, in order to arrive at agreed and shared measures that would form the basis of an overarching monitoring framework. All parts of the family violence system – statewide and regionally – could then report against these measures. Establishing data systems would be an obvious step on completion of the research, bearing in mind that overburdening the family violence system with

too many data systems is a barrier to effective integration and coordination. The family violence system would also need to be adequately resourced and supported to undertake any data collection activities tied to measuring and monitoring improvements.

Evaluating the prevention of family violence

As stated previously in our submission, primary prevention aims to disrupt the two structural drivers of violence against women by implementing actions across the entire social ecology (society, communities, organisations and individuals) to *improve gender equity* and *realise gender equality* as the basis of a violence-free world for women. Primary prevention is nothing short of *gender transformative practice*. This means primary prevention is long-term work – over many years and decades. It is work that requires vision, leadership, commitment, resourcing, partnerships and multi-faceted strategies. It is work that also demands evaluations that can honour the complexity of what needs to be achieved as well as the length of time it will take to do this.

Like other efforts that aim to ameliorate entrenched social problems that have systemic and structural causes at their root, such as poverty or ethnic conflict, the links between the primary prevention actions we take today and our desired outcomes in the long run – a violence free world for women – are difficult to trace. We can actually do our efforts a disservice if we focus on long-term outcomes as a measure of success. Evaluations that are outcomes focused are neither realistic nor practical for judging the worth of our primary prevention actions.

Our primary prevention efforts are better served by evaluations that focus on the direct impacts of our work, and make the connections between these achievements and the longer-term outcomes that are being sought. This means evaluations must focus on the means and not the ends: how we're doing the work, for instance, or what the immediate gains are and the promise of these gains in shifting the root causes of violence against women over time. And evaluations must contribute to building an evidence base from here. Victorian primary prevention evaluators have in fact identified a means-directed approach as best practice evaluation for primary prevention, and outcomes-driven evaluations as the most inappropriate fit for such work (Kwok 2013).

At WHW, we are proficient in staying means-focused in our evaluations of primary prevention. For example, in implementing our primary prevention regional action plan, *Preventing Violence Together: Western region action plan to prevent violence against women* (2010), we consulted closely with our partners to identify measures of our efforts that are realistic and meaningful, given where the work is starting from and what we hope to achieve within a three-year funding timeframe. We call these measures *proxy indicators*. These are indicators that 'stand in' for what we want to see in the long run because of where we're at in the pathway towards that state. If, through our evaluation, we find that we've hit these proxy indicators, then we can say with confidence that we're on the way to achieving a longer-term outcome. But we do not set indicators of outcome to measure our efforts. When it comes to measuring our primary prevention efforts, it is all about which kinds of measures matter.

Our proxy indicators are very specific to the work that we're doing, and because they are set in consultation with the people we work with they are achievable and meaningful too. For instance, our proxy indicators include an increase in the number of *Preventing Violence Together* partners that have prioritised primary prevention and/or gender equity in their integrated health promotion plans, municipal public health plans, or other significant planning documents. If we achieve this as an indicator, it shows that primary prevention is on the agenda and our partners are committing to the sustained cultural change towards achieving gender equality in their workplaces and the communities they serve. In fact, our evaluation findings show that we have achieved a 100 per cent success rate as far as this proxy indicator is concerned.

Preventing Violence Together aside, other proxy indicators for primary prevention include a reduction in the current pay equity gap between the family violence sector and male dominated sectors, or achieving a 50 per cent quota of female judges, magistrates and public board members in Victoria, or an increase in the number of secondary schools in a region adopting a whole-school approach to sexuality education. But whatever the indicator, they must be relevant to the work being done and established in consultation with those who are involved in the primary prevention action. There is no ready-made tool kit of proxy indicators; they are all customised depending on the work being done.

What WHW would like to see for Victorian primary prevention in the future are best practice, well-resourced evaluations conducted on our work. These evaluations would have specific, meaningful, achievable, realistic, time-framed and measurable proxy indicators by which to assess the value of our efforts. WHW would also like see Victoria's women's health services recognised for their particular expertise in developing proxy indicators for evaluating primary prevention, and resourced for indicators development work in parallel with their leadership on implementing regional action plans.

Our recommendations

Recommendation 19. As an enabler of continued family violence reform and integration, a well-funded and well-designed research project must be undertaken to establish the most meaningful measures of systems-wide improvements in the context of reform and integration over the next 20 years. The findings of this research should then inform an overarching monitoring framework comprising agreed and shared measures of family violence system improvements. Efficient data systems need to be established; and the family violence system should be supported and resourced to undertake all measuring and monitoring activities.

Recommendation 20. As an immediate priority, there must be adequate resourcing for best practice evaluations of all initiatives under the new policy for Victorian primary prevention (Recommendation 6). This includes funding for Victoria's women's health services to lead the development of proxy indicators that can determine the value of women's health service-led regional action plans (Recommendation 7).

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