

May 2015



# Sunbury

## COMMUNITY HEALTH



Submission in response to  
**Royal Commission into Family Violence**





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Prepared for **SUNBURY COMMUNITY HEALTH**  
by Banksia Gardens Community Services, May 2015

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# 1 Executive Summary

Sunbury Community Health (SCH) delivers a wide range of allied health and community support programs for children, families and the elderly. We provide services to a broad range of vulnerable clients, and a significant proportion of our work responds to client needs in relation to family violence, including a very well-established Men's Behaviour Change program.

Over the last 40 years, SCH has witnessed the devastating consequences of family violence at close hand. This submission reflects our systemic observations and proposals about how this issue may be addressed in a more effective and efficient way. The key messages and recommendations emerging from this report have been summarised below:

## 1. The whole response system must be adequately resourced.

In Victoria, male intimate partner violence is the leading contributor to death, disability and illness for women aged 15 to 44 years. For good reason, referring to family violence as a national emergency has become widespread among community sector agencies and even politicians. Unfortunately this highly charged rhetoric is not backed up with adequate resources. A national emergency requires a strategic plan which recognises the need to, at least for an initial period, adequately fund all stages of the response system until prevention, early intervention, accountability and healing measures start taking effect.

Specifically, this submission advocates for a radical expansion of prevention and healing programs, which in the current system are virtually non-existent, as most of the existing resources are funnelled into safety measures.

## 2. Community Health Centres must be placed at the centre of the response system.

These organisations are ideally placed not only provide effective and timely local responses, but to play a central role in the deployment of an integrated strategy of locally relevant interventions across the five response areas:

1. Prevention
2. Early Intervention
3. Safety
4. Accountability
5. Healing

## 3. It is imperative to deploy vigorous, locally relevant and multi-faceted prevention responses.

Community Health Centres work directly with thousands of local families and have strong relationships with schools, businesses and other community agencies. They are best placed to lead prevention activities, using a public health approach.

It is proposed that SCH is resourced to recruit a small team of family violence workers, who will build the organisation's capacity to lead and coordinate a whole-of-community response. Community education and prevention efforts will prioritise the following:

- Early Years programs: for parents and early childhood practitioners including Family Day Care and childcare workers
- Schools programs
- Community/youth training and leadership programs
- Local businesses programs



# 1 Executive Summary

## 4. The system must be localised and strengthened to ensure early intervention responses are timely and effective.

SCH and other Community Health Centres can respond to low-risk incidents that may not be actioned by regionally provided services. They also have personal relationships with local police, capacity to contact victims and perpetrators in the 24 – 48 hours after an incident, and can immediately provide wrap-around supports for the whole family at an appropriate location. Resources for SCH and other Community Health Centres must be radically increased to:

- Establish and deliver programs for men and boys who demonstrate violent behaviours
- Expand Women's groups
- Expand Family Services programs.

## 5. It is time to introduce a regionally-coordinated, locally-deployed, safety response model.

The 39 women who have lost their lives as a result of violence against women in 2015 are a stark reminder of the inadequacy of our current response system.

SCH recognises that a legal response coordinated at a state level is appropriate for the successful implementation of safety responses. This approach is necessary in order to ensure that legal measures are enforceable throughout Victoria, and that incidents and their responses can be centrally monitored and analysed.

On the other hand, it is clear that the current demand for safety responses greatly exceeds the system's capacity. While resourcing is clearly a part of the problem, we also believe that a regionally coordinated, but locally deployed safety response, could be both more effective and more efficient.

Because of its ability to deploy timely local responses and as a result of its strong relationships with Sunbury Police and other local agencies, SCH is ideally placed to carry out case work and crisis intervention work in the future.

## 6. Accountability: Men's Behaviour Change programs need to be expanded.

In order to tackle the family violence crisis, providing effective ways for men to stop using violent and controlling behaviour is a key strategic priority. Given the scale of the problem, it seems clear that a punitive approach cannot be the only component of an integrated response system. Effectively supporting men who have identified the need to change their behaviour is a logical response.

The current level of demand for Men's Behaviour Change programs in Victoria greatly exceeds the availability of quality programs.

It is proposed that resources are made available for SCH to expand its capacity to deliver Men's Behaviour Change programs. More importantly, the organisation sees potential to adopt a capacity building role to support other organisations who want to design and implement their own behaviour change programs.

## 7. Post crisis support services must be strengthened to ensure every victim has access to effective Healing interventions.

The impact of family violence on survivors can be devastating. Some of the consequences women suffer include loss of social capital, lifelong distress, self-esteem issues and mental health problems including depression, self-harm and suicide .

Family violence constitutes complex trauma for children experiencing it. The consequences of this trauma



# 1 Executive Summary

can be wide-ranging and profoundly harmful . Importantly, witnessing family violence as a child seems to be a significant risk factor for future family violence incidents as an adult. This suggests that healing programs can have a strong preventative role.

For all these reasons, the lack of adequate resources for a robust family violence healing sector could be described as wishful thinking at best and irresponsible policy at worst. Community Health Organisations are ideally placed to plan, implement and evaluate a whole range of post-crisis support services to break the cycle of violence and prevent further harm and trauma. These services should be provided where they are needed and for as long as they are needed.

Please refer to Sections 3.6 and 4 for Summary tables and Recommendations.





## 2 Introduction and Background

### 2.1 RATIONALE FOR SCH SUBMISSION FOR RCFV

Through its work with families over the last 40 years, Sunbury Community Health has observed the impacts of family violence and its devastating consequences at close hand. SCH would like to contribute to the development of viable solutions and feels that it has a valuable perspective to offer. This submission reflects our systemic observations and proposals about how this issue may be addressed in a more effective and efficient way.

Both at a local and a regional level, the resources available to address family violence are minimal. For good reason in such an under-resourced system, the greatest focus is usually on ensuring safety. However, we would like to put a vision to the Royal Commission which would involve a dramatic increase of resources to address family violence, resulting in an integrated strategy of locally relevant interventions across five key stages:

1. Prevention
2. Early Intervention
3. Safety
4. Accountability
5. Healing

The crucial role Community Health Centres should play in this expansion, due to their ability to provide effective and timely local responses, is a central theme for this submission that uses our story and vision as a solid case-in-point. Another key theme is the importance of Healing interventions to address the trauma and damage which is caused to women and children who have experienced family violence.

### 2.2 METHODOLOGY

Our organisation saw the *Royal Commission into Family Violence* as a critical opportunity not only to contribute to the development of sound policy to respond to this national emergency, but also as the starting point for a planning framework for SCH to respond to family violence in the future.

In order to harness the expertise of its staff and to articulate all insights and recommendations into this submission, SCH formed a Working Group comprising key members of the Executive Management team. The Working Group engaged a small team of consultants who used several information gathering tools as illustrated by Figure 1.

This submission is structured around five key stages of the system response to family violence, as outlined in Figure 2. While this division into stages is often useful, it is important to recognise that all stages are inter-related and that often the boundaries between them are unclear.

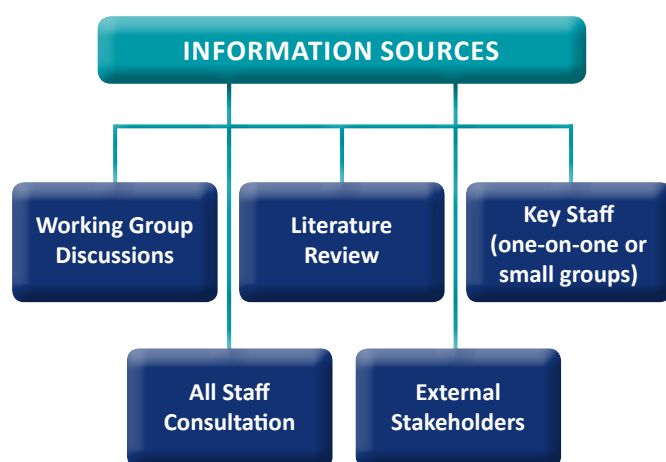


Figure 1: Information-gathering mechanisms for this Submission



Figure 2: Phases of Family Violence Response System



## 2 Introduction and Background

### 2.3 OVERVIEW OF SUNBURY COMMUNITY HEALTH

Sunbury Community Health has been a vital part of community life of Sunbury and surrounding areas since 1975. We deliver a wide range of allied health and community support programs, with a strong focus on addressing the needs of the elderly, children and families. As the Sunbury community continues to grow, so does Sunbury Community Health, which now comprises 110 staff at the main site, as well as 50 Family Day Care Educators, 35 staff at our Residential Aged Care Unit and approximately 96 volunteers.

Our Counselling Unit provides services to a broad range of vulnerable clients, and a significant proportion of their work responds to client needs in relation to family violence, including a very well-established Men's Behaviour Change program.



Figure 3: SCH Value Statements

All our services and community projects are delivered in the context of our Mission “to build social fabric within our community”, and this spirit has remained steadfast for 40 years. Our value statements express the importance that we place on engagement with our local community, and this spirit pervades our way of operating.

Our organisation's strong connection with the local community and its accessibility are key assets in:

- building community awareness
- purposeful co-ordination with local services in the education, welfare and health sectors, as well as other community organisations and businesses
- provision of responsive supports, advocacy, groupwork and therapeutic counselling for women and children
- provision of programs for the perpetrators of family violence.

### 2.4 OVERVIEW OF SUNBURY

Sunbury is a developing residential area (population: 36,536<sup>i</sup>) with substantial surrounding rural areas and some industrial and commercial land use. While Sunbury currently forms part of the Hume City Council, its population is notably different to that of the rest of the municipality in terms of ethnic, cultural background and socio-economic status.

88.7% of residents of Sunbury speak only English at home, compared with 50.1% of residents of Craigieburn and only 39.4% of residents of Broadmeadows. Similarly, compared to the rest of the municipality, Sunbury has a lower proportion of individuals on lower incomes and a much higher one on higher incomes<sup>ii</sup>. Geographic isolation is also an important factor to consider due to the area's low population density, to the existence of large rural areas and to the scarcity of public transport.

Family violence statistics show that the City of Hume has a significantly higher rate of incidents than the Victorian average, and both the rate and the number of incidents have continued to increase over the last few years. In Hume, family violence incidents increased from 2,555 in 2012-2013 to 2,909 in 2013-2014 (14% increase), and the rate increased from 1429.5 per 100,000 to 1,587.3 per 100,000<sup>iii</sup>.

Interestingly, during the staff consultations, members of the counselling team alluded to a recent briefing provided by Victoria Police at a Risk Assessment and Management Panel (RAMP) meeting, during which it was explained that “while Sunbury does not have the highest incidence of family violence in Hume, in recent years Sunbury incidents have had the highest levels of violence and the highest proportion of men receiving prison sentences as a result.”



## 3 Gaps, Current Responses and Future Vision

### Key Messages:

## PREVENTION

### WHOLE-OF-COMMUNITY APPROACH

1. We need to dramatically increase resourcing to deliver whole-of-community education and prevention events, activities and programs, including:
  - Early Years programs: for parents and early childhood practitioners including Family Day Care and childcare workers
  - Schools programs
  - Community/youth training and leadership programs
  - Local businesses programs

### LOCAL LEADERSHIP OF SUNBURY COMMUNITY HEALTH

1. Community Health Centres have strong relationships with schools, businesses and work directly with local families: they are best placed to lead health promotion and prevention activities, with the support of a network and specialist agencies.
2. SCH needs to be resourced to build organisational and staff capacity by funding a small team of family violence workers who will lead a whole-of-community approach in Sunbury.

### 3.1 PREVENTION

#### 3.1.1 EVIDENCE OF NEED

Family violence is not widely understood. For prevention activities to be meaningful and effective, the whole population needs to be better informed about all forms of family violence and the key social determinants.

SCH was surprised to see that gender equality was not specifically mentioned in the issues paper as one of the Royal Commission's goals.

Prevention work must be grounded in a feminist framework, which places gender equality at the centre of all prevention activities. The importance of using this framework was reflected in the National Plan to Reduce Violence against Women and their Children 2010-2022 released in 2011 (Strategy 1.3: Advancing gender equality):

*"At every level of society, gender inequalities have a profound influence on violence against women and their children. Building greater equality and respect between men and women can reduce the development of attitudes that support or justify violence"<sup>iv</sup>.*

Additionally, education on other key contributing factors, the impacts of victim blaming, the excusing of and support of violence and double standards and myths that are perpetuated in public discourse should be included in community education activities.

Education for the whole population can support victims to 'break their silence'. If the general population do not understand what constitutes family violence, it can prevent victims from seeking help:

*"Too many people are too scared to come forward as victims when they have no bruises to show anyone. People are trapped in controlling relationships, but feel it is OK because they have nothing tangible to show."* - (SCH staff member)

The National Plan focuses on preventing violence by raising awareness and building respectful relationships in the next generation: "The aim is to bring attitudinal and behavioural change at the cultural, institutional and individual levels, with a particular focus on young people"<sup>v</sup>. Moreover, the National Outcomes strategies in the Plan demonstrate the importance of a public health approach to primary prevention and gender equality<sup>vi</sup>:



### 3 Gaps, Current Responses and Future Vision

“Primary prevention strategies have successfully reduced other complex social or health problems such as drink-driving and smoking. But we know that they are only effective when implemented through a coordinated approach at all levels. The social practices and cultural values of broader society shape how violence can occur at an individual level.”<sup>vii</sup>

#### Family violence needs to be widely recognised as a Public Health priority.

Global developments have been made in treating gendered violence as a public health issue<sup>viii</sup>, however the Victorian Government must demonstrate its commitment to using a public health model in local settings to prevent violence before it occurs.

SCH, like many other Community Health Centres, needs to reallocate funding and resources from their general counselling services to put towards family violence counselling. Until family violence has been recognised as a distinct public health priority and resourced accordingly, other health areas will be severely compromised.

At a state level, family violence needs to be prioritised as an area requiring immediate action, independent of mental health planning. The Victorian Health Priorities Framework 2012 – 2022: Metropolitan Health Plan<sup>ix</sup> does not identify family violence at all, despite intimate partner violence being the leading contributor to death, illness and disability in Victorian women 15 - 44 years<sup>x</sup>.

#### 3.1.2 CURRENT SCH RESPONSE

To date, the organisation’s work in preventing family violence has been limited (due to inadequate funding) to the following activities:

##### a. Annual Community Events

The annual White Ribbon dinner is organised by the Sunbury Family Violence Network, and primarily driven by SCH Counselling and Sunbury Police working together. These events host a White Ribbon Ambassador and ‘zero tolerance’ presentations and are attended by 80 - 100 people each year.

*“The local business owner of Pergolas Plus gives their staff (including 35 men) a ticket to the White Ribbon dinner for Christmas, which supports a culture of respect and awareness at their company.” (SCH Staff member)*

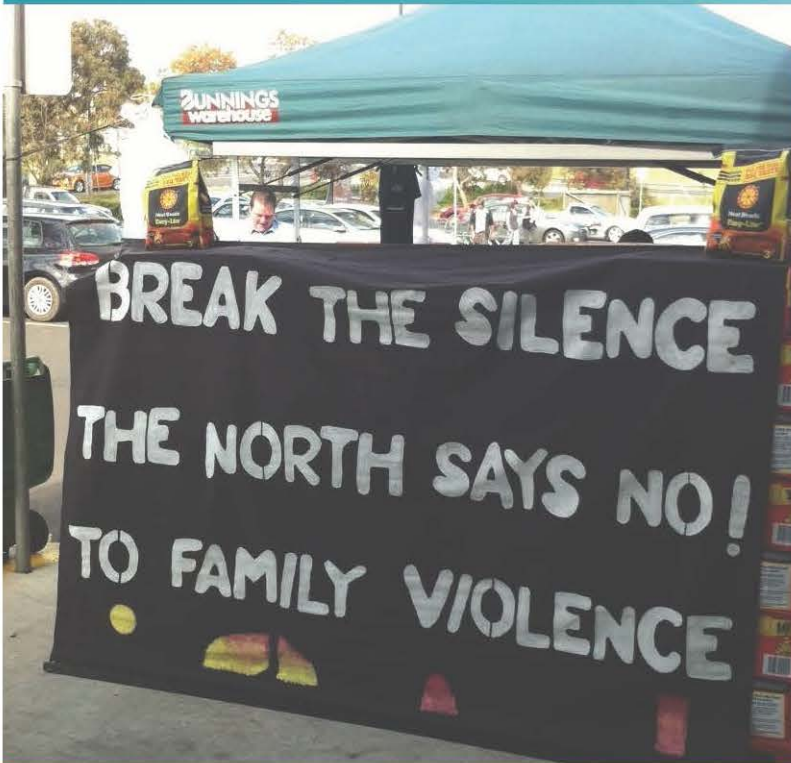
‘What Goes On Behind Closed Doors’ is an annual breakfast held at Sunbury police station during Week Without Violence (October). Approximately 80 people representing schools, health practitioners and police attend the breakfast. It has been a networking event, with some awareness raising and education opportunities about family violence.

##### b. Sisters Day Out

The SCH Koori Engagement worker has led the organisation’s participation in this culturally welcoming one-day workshop for Koori women delivered by FVPLS Victoria (Aboriginal Family Violence Prevention & Legal Service Victoria).<sup>xi</sup> The workshop emphasises self-care and wellbeing with its activities and includes an information session about family violence.



### 3 Gaps, Current Responses and Future Vision



#### 3.1.3 EFFECTIVENESS OF CURRENT RESPONSE

Community and staff feedback about the above activities has been very positive and they are considered important for information sharing and raising awareness. One meeting with families of Aged Care clients regarding elder abuse led to 25 requests of further information by session participants.

However, it was agreed that generally, impacts are limited by the lack of capacity to follow up and the relatively isolated nature of these programs and their messages.

#### 3.1.4 SYSTEMIC GAPS

The system is under-resourced, with little to no prevention programs being delivered: Resources need to be drastically increased to establish a large-scale prevention sector.

The family violence sector requires a completely different scale of resourcing than is presently allocated across the five response stages included in this submission.

This current lack of resources and commitment is the primary gap in the response system to family violence and has led to community agencies 'competing' for scarce funding. It is clear that the family violence sector does not cope with the magnitude of the problem, and that allocation of funding for prevention work with the general population is grossly inadequate.

#### 3.1.5 SCH FUTURE VISION

A combination of policy, educational and environmental prevention programs will require funding for a small family violence workforce to coordinate and deliver evidence-based programs in Sunbury. Strategies need to be implemented in a wide range of settings across the community.

SCH envisages a best-case scenario to include:

#### c. BBQ Events

A number of community barbeques have been organised to engage with the community on mental health promotion, including healthy relationships and family violence awareness.

#### d. Establish and attend the Sunbury Family Violence network

This monthly meeting covers all parameters of family violence, including collaboration in preparing for primary prevention activities. Members of the network represent SCH, Sunbury Police, Salvation Army Crossroads Family Housing and Support, Mary Anderson Family Violence Service and the Local Connections Team from DHHS. It is a valuable opportunity for workers to share information, resources, contacts and skills.



### 3 Gaps, Current Responses and Future Vision

#### 1. SCH Providing local leadership

At SCH:

- Establishment of a family violence team (Coordinator and 2 – 3 workers)
- Internal capacity building to include training for staff, educators and volunteers, an organisational policy audit and a whole-of-organisation strategic plan to prevent family violence.

In Sunbury:

- Coordinate and deliver evidence-based education programs at schools, businesses and community agencies, in partnership with specialist agencies
- Coordinate a network to support local workplace leaders to implement best-practice policy and organisational audits, supported by the expertise of agencies such as Women's Health in the North<sup>xii</sup>
- Implement a Prevention of Family Violence Achievement Program for local schools and businesses, and support their ongoing training
- Follow up with the public after community education events
- Make respectful relationships messages visible and support service information easily accessible
- Integrate prevention messages and activities into all SCH services and programs
- Evaluate prevention work in Sunbury.

#### 2. A whole-of-community Approach

VicHealth research shows that depth (consistent and broad messaging and education) is more effective than breadth (sporadic, isolated activities across a wider area) with prevention strategies<sup>xiii</sup>. SCH believes that the one-off events and activities are worthwhile but limited in their capacity to effect meaningful and long-term change. The most impact will be made when consistent, whole-of-community messaging is constantly visible and actively promoted.

##### i. Early Years Programs

SCH staff agree that in order to effectively minimise the incidence of family violence long-term, prevention work should begin as a core component in Early Years services, including training for staff at Maternal Child Health Services, kindergartens and childcare centres. The SCH Family Day Care manager observes that the Family Day Care educators are seen as role models for parents and that ongoing training for the 50 educators would reach many of the 600 families involved, who are often isolated from most other parts of their communities.

As part of their intensive family support services, SCH would offer programs for new parents that help prepare them for changes in their relationships and lives: what to expect in relationships, children's needs through ages and stages and how to best manage changes and share responsibilities. One Paediatrics staff member observed that many fathers who come to the centre *"have no idea how to interact with their children (to have a positive and healthy relationship with their child)"*.

One example of a parenting program that can be delivered through Maternal Child Health Services is the Baby Makes 3 program, "that also provides opportunity for participants to establish informal networks and social supports (addressing isolation/lack of social supports as another underlying factor for domestic violence)".<sup>xiv</sup>



### 3 Gaps, Current Responses and Future Vision

#### ii. Schools Programs

*"We often work with parents and it is so obvious they have grown up with violence. Kids need to learn about healthy behaviours and respectful relationships. I have 10 year olds who put holes in walls, and they say that's what dad does."* (SCH staff member)

It was agreed at the SCH staff consultation for this submission that most prevention efforts with young people must be made with primary school aged students, when attitudes and beliefs are in the earlier forming stages and adults can be more influential. Secondary school aged work was considered already too late in the young person's development to achieve maximum influence.

SCH staff believe that these educational programs need to cover the following areas: gender equality, negotiation and communication skills, emotional regulation, managing stress, understanding boundaries and resilience building.

#### iii. Businesses Programs

SCH will continue with the White Ribbon dinners, Week Without Violence breakfasts and would provide ongoing support for local business to meet their organisational goals with an Achievement Program.

#### iv. Feasibility of Future Vision

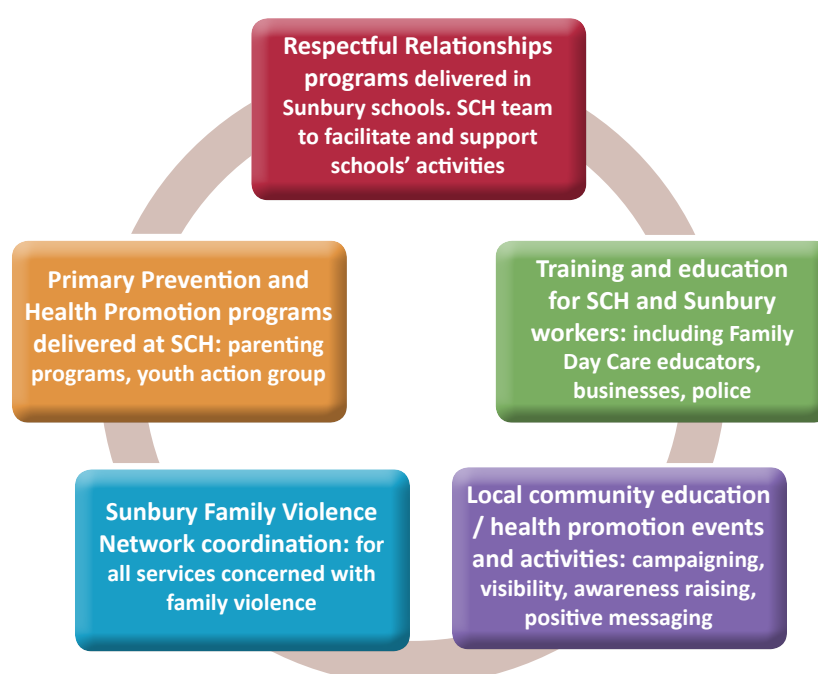
To achieve meaningful impact, this local ground work needs to be complemented by national media campaigns, accessible and publicised websites with support information, broad visibility of respectful relationships messages and extensive policy and organisational audits that address gender inequality.

Because of Sunbury's location, population size and community connectedness, a small team of family violence workers could effectively lead and coordinate all the above mentioned activities.

Family violence interventions should be treated as other any health issues, and will require similar geographic feasibility considerations as other health care provision services. According to VicHealth:

"Primary health care services based in local community settings are better placed than centralised, more difficult to access services to recognise and respond to any one individual's need for intervention."<sup>xv</sup>

**Diagram 1: PRIMARY PREVENTION ACTIVITIES**  
Coordinated by SCH Family Violence Coordinator and Team





## 3 Gaps, Current Responses and Future Vision

### Key Messages:

# EARLY INTERVENTION

### A LOCAL RESPONSE IS CRITICAL

1. SCH can respond to low-risk incidents that may not be actioned by regionally provided services. They also have personal relationships with local police, capacity to contact victims and perpetrators in the 24 – 48 hours after an incident, and can immediately provide wrap-around supports for the whole family at an appropriate location.

### EARLY INTERVENTION SUPPORT PROGRAMS ARE FUNDAMENTAL FOR BOTH VICTIMS AND PERPETRATORS

1. Resources need to be radically increased for SCH and other Community Health Centres to deliver:
  - Programs for men and boys who demonstrate violent behaviours;
  - Current Women's groups;
  - Current Family Services programs.

*“Embedded in local communities, family support service providers have a unique capacity to intervene early in order to achieve positive social change, and avoid later negative outcomes and associated higher costs.”<sup>xvi</sup>*

## 3.2 EARLY INTERVENTION

### 3.2.1 EVIDENCE OF NEED

It is important to have effective early interventions when risk factors and/or family violence is present.

Early intervention where lower-risk violence occurs can prevent the escalation and recidivism of violence for some families. Interventions can reduce the likelihood of controlling behaviours to become established patterns and be an opportunity for individuals to develop interpersonal skills and become informed about their rights and responsibilities.<sup>xvii</sup> Early interventions using narrative theories can help women reclaim ownership of their lives and support them to make decisions that represent their safety and rights in the earlier stages of relationships when there are signs of control and abuse.<sup>xviii</sup>

A **timely** intervention is crucial, and necessitates a local response: effectiveness of crisis intervention over consequence intervention.

An intervention at the time of a crisis can be dramatically more effective than a response that posits early intervention programs as a consequence or ‘punishment’ for perpetrators.

Before the Victoria Police Code of Practice reforms, SCH were informed of family violence incidents by the police attending the scene. SCH staff contacted both victims and perpetrators within 24 - 48 hours and invited them to ‘come in for a chat’. This early contact with counsellors was observed to have a much greater impact than that of interventions coming weeks and months later, particularly on the perpetrator’s willingness to accept responsibility and on the victim’s ability to avoid internalising blame.

*‘Many (men) are in their first time of getting caught – they feel shame – ‘who do I tell I’ve been kicked out? How will I see the kids? When it’s new and big and fresh, there is a lot you can speak into the life of a person then... If you don’t get a man at the crisis intervention time, he will have shifted part of the blame onto the other partner – and that other person would have been conditioned or groomed to accept that responsibility. When you see someone in the context of consequence intervention – they already have a story, there is some distance (between them and their behaviour), they’re less willing to accept responsibility without saying ‘But.... You made me’. Many men don’t want to own the uncomfortable stuff after a while’. (Men’s Behaviour Change facilitator)*



### 3 Gaps, Current Responses and Future Vision

#### 3.2.2 CURRENT SCH RESPONSE

##### i. Internal referral when family violence and/or risk factors are identified

SCH uses a whole-of-family approach that is inclusive of both victims and perpetrators, based on a philosophy of universal health provision, within the boundaries of confidentiality and professionalism. This approach works to stop violence and ensure the ongoing safety and healing of every family member, providing group or individual work, depending on the family needs.

Community Health Centres see clients for a wide range of services and staff develop trusting relationships with them. A significant number of staff at SCH have had clients disclosing family violence situations, when they may have felt too confronted to access a specialised service.

After disclosure, one member of the Paediatrics Unit notes how effective the internal referral response can be:

*“Because the referral is in-house, it is accountable. You lose trust when you refer somewhere you don’t know, if the client has a poor experience. Here we can refer to people we trust and know that our staff will follow through. This maintains professional integrity with clients.*

*Also, we continue to see that that family is connected and doing well. This tracking of people through their healing process is similar to ‘The Village Raising The Child’ theory of support.”*

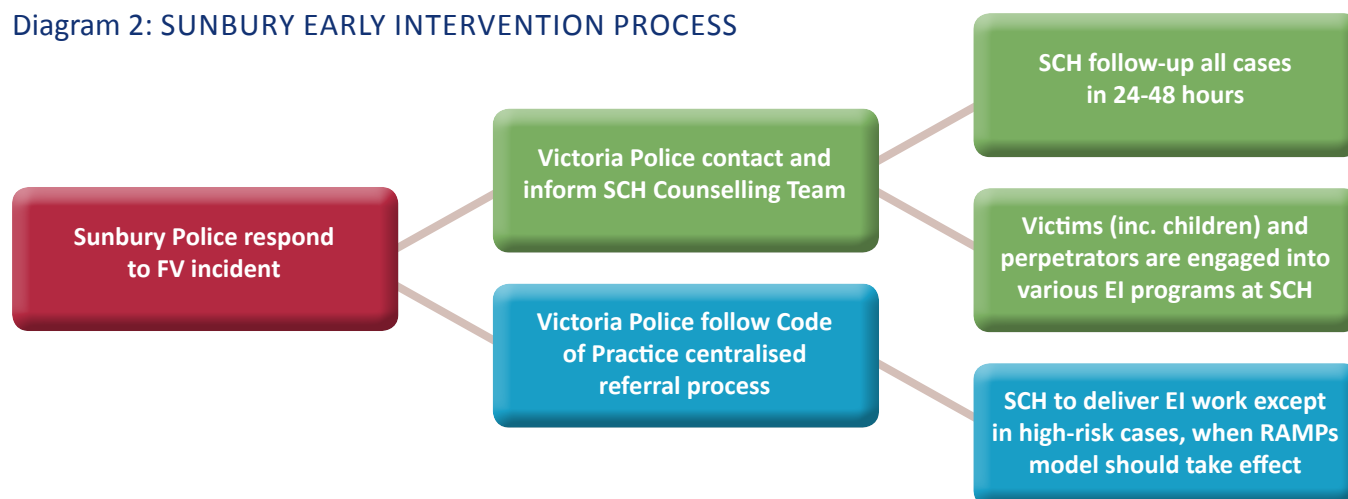
A typical internal referral usually includes:

- A counsellor is contacted to immediately see the client and talk about what they can offer, explain the victim’s rights and prepare a safety plan if necessary.
- Women are referred into the *Moving On* support group and men into the Men’s Behaviour Change program. They are given external support service information.
- Children are looked after by the paediatrics team at this time and while parents are in appointments.

“*... it feels like your hand is being held through the whole process.*

As one staff member remarks, this wraparound type of support ‘*feels like your hand is being held through the whole process*’.

Diagram 2: SUNBURY EARLY INTERVENTION PROCESS





### 3 Gaps, Current Responses and Future Vision

#### ii. Early Intervention Programs: *Moving On* Women's Groups and Family Services

Addressing the trauma and other impacts of family violence in its early stages is critical, whenever possible, to reform safe and affirming relationships and improve life choices for everyone involved, most importantly the victims. Parents' ability to attend to their children's needs is severely fractured when family violence is present, having traumatic consequences on their bonding and attachment<sup>xix</sup>. Opportunities to support parents and children through family violence trauma and the broken attachments is crucial to ensure the long-term healing and wellbeing of the children in their early developmental years.

#### iii. Family Services Program (Family Support)

The Family Services Program takes referrals from the Hume Moreland Integrated Family Services (Child First) and works with vulnerable families for up to 12 months.

Of the current clients in the program at SCH, all have experienced family violence either in previous or current relationships. The family violence issues are discussed during sessions and when immediate risk is identified, referrals are made to SCH counsellors, Berry Street and Men's Referral Service (MRS).

#### iv. *Moving On* Women's Groups

The *Moving On* women's groups are delivered every school term by SCH and are advertised widely in Sunbury for any woman experiencing a 'hurtful' relationship.<sup>xx</sup> During the program, the women learn how to recognise and name all forms of violence including emotional, psychological and financial, etc. It is an educative and empowering program that uses narrative and art therapy. The topics covered include discussions on relationship and behavioural 'norms' and beliefs, respectful relationships and the impacts of violence on children.

On the final session, the women are taken out for lunch, which for some is a rare occasion to dress up and enjoy themselves. The group usually forms a supportive network and participants can attend more than once if they feel they will benefit.

The *Moving On* program aims to achieve early intervention group work goals, highlighted in the Collected Wisdom manual<sup>xxi</sup> for family violence support groups, including:

- Members to share stories, reduce feelings of guilt and shame and gain a new sense of themselves
- Women to have a chance to reconsider what boundaries are in connection to others and how these are part of healthy relationships negotiations
- Women to make a safety plan, understand their rights and explore how they have taken stands against the effects of abuse, by rediscovering the deliberate things they have done to stay safe and sane in the face of violence



## Case Study:

# SUPPORTING MUM TO *MOVE ON*

### FAMILY COMPOSITION:

Mother [REDACTED] with [REDACTED] children, [REDACTED]  
[REDACTED]

The mother was separated from the father of the children (at [REDACTED] due to extreme physical, verbal, emotional, and psychological abuse. The father was on Ice for a long period of time with behaviours that became more and more concerning, such as: entering the estranged family home and leaving the gas stove on, writing suicide threats on the walls and stating that the mother was killing him. He also sent harassing texts and threats to kill the family whilst they were sleeping.

The mother attended one-on-one family violence counselling initially and then the *Moving On* Group for three terms. Initially the mother reported feeling guilty for leaving the relationship and keeping the children away from their father. This was exacerbated by the mother's contact with the paternal grandparents who were pressuring/shaming her into further contact with the father.

When the mother first attended *Moving On* she was defending her ex-partner and intent on taking a lot of the blame for the relationship breakdown. Through educative sessions on family violence and the support of the other women, the mother left the first group feeling like she could cope with being separated.

It was halfway through the second group that the mother had a "lightbulb" moment and became very angry at her ex-partner. This anger propelled her to seek an IVO and take strong measures to keep her boys safe.

When attending the third group the mother consolidated her knowledge and emotional strength and made a close friend of another participant.

The mother went on to report the father for breaching the IVO several times, which resulted in a jail sentence for the father. The mother was also referred to Child FIRST/Family Services and allocated to a SCH Family Services case manager. The [REDACTED] [REDACTED] was referred to the Bright Futures group.

In [REDACTED] the mother and children are living in the family home and paying the mortgage. The mother is now working part-time and has kept the close friendship from the *Moving On* Group.



## 3 Gaps, Current Responses and Future Vision

### 3.2.3 SYSTEMIC GAPS

The centralised referral system is ineffective for Sunbury residents: A local response is necessary (especially for low-risk early interventions).

SCH recognise that the changes to the Victoria Police Code of Practice and the centralised referral system were developed to better record, register, refer and protect victims. However the system was not sufficiently resourced to meet the demand generated by the changes as more people were ready to 'break their silence'. One staff member remarks that the Men's Referral Service sees less than 1% of men who have been referred into the system: 'They just don't get followed up'. The same staff member reports that local police are frustrated when they have promised victims and perpetrators to expect immediate contact from a support service, and this does not occur.

“... they just don't get followed up.”

One clear benefit of this centralised police reporting to date is a more accurate appraisal of the magnitude of the problem, which the government has clearly recognised in establishing this Royal Commission.

With many lower-risk incidents not being followed up, the opportunity to address and potentially address lower-risk cases is lost. It is plausible that some of the individuals referred to SCH Men's Behaviour Change programs for committing serious offences, may have chosen not to use violence if they had been supported in the earlier stages of their relationships.

**Sunbury is not well serviced for family violence: restricted access and transport choices make it difficult for families to access centralised services.**

Family violence services are not adequately distributed in outer metropolitan areas, making it difficult for Sunbury residents to access timely and effective supports and care at the early intervention stage. A staff member remarks on a client she supports:

*“In early 2015, one mother of 4 children, said it would take her most of the day to travel by public transport with her children from Sunbury to Berry Street in Eaglemont. It would not allow her to go discretely, taking so much time, and the stress of the trip with her children would make the meeting counter-productive”.*

**The system is under-resourced.**

SCH is currently funded to deliver one women's group per year, the *Moving On* support group. However due to the demand, three groups are usually delivered per year, owing to the commitment of SCH staff.

The impacts of family violence can surface differently in people's lives. The SCH Counselling Team note that it is common to have a client present with a mental health or substance abuse issue and discover underlying trauma that is rooted in experiences of family violence. Resourcing considerations must acknowledge that often what may present as an addiction or mental health issue could be attributed to family violence traumas.

Sunbury's projected growth, with the population nearly doubling by 2030<sup>xxii</sup>, and its impact on demand for services must also be taken into account when funding and service allocation is planned.

**Men and boys are most commonly the perpetrators of violence, but are not at the centre of early intervention discussions.**

SCH have noticed a significant gap in early intervention discourse around strategies to deal with and support boys and men at risk of becoming perpetrators to develop appropriate and safe behaviours and relationships. The National



### 3 Gaps, Current Responses and Future Vision

Plan states that ‘Some men are more likely than others to act violently towards women due to health, behavioural or other complex risk factors. They should be supported as children and young teenagers to develop appropriate behaviours and protected from the damaging effects of exposure to violence’.<sup>xxiii</sup>

The Australian Research Alliance for Children and Youth has highlighted an obvious need to address violent behaviours in young men and boys, with more than one in four young chronic offenders becoming perpetrators of intimate partner violence later in life<sup>xxiv</sup>.

#### 3.2.4 SCH Future Vision

##### 1. Perpetrator or at-risk perpetrator interventions: resourcing programs to intervene with men and boys.

Partnerships and pathways will be strengthened (with schools, health and other community agencies in Sunbury) to refer men and boys into programs to manage inappropriate and violent behaviours. SCH aim to offer incentives for men and boys to participate voluntarily, to minimise the chances of them choosing violence in their relationships.

SCH have a number of men who choose to volunteer themselves into the Men’s Behaviour Change program. Expanding the Men’s Behaviour Change to cater for early intervention cases will complement the existing work of services like the Men’s Telephone Counselling and Referral Service.

SCH is supportive of evidence-based intervention programs targeting men and boys. For example, the youth mentoring model, Big Brothers Big Sisters, has been classified as an effective secondary prevention model by the Centre for Adolescent Health, Department of Paediatrics (2010)<sup>xxv</sup>, notably in the young person’s reduced use of drugs, alcohol and violence<sup>xxvi</sup>.

##### 2. A local early intervention response for Sunbury family violence incidents.

When police are attending family violence incidents, SCH propose that a referral be made:

- To a centralised system: for centralised registration of information; and
- To SCH (or a local alliance agency): for immediate early intervention protocols.

SCH (or the alliance agency) should:

- Have access to police information on the case
- Be responsible for early response and assessment
- Refer victims and perpetrators to early intervention programs and counselling services. For high-risk cases, police and alliance organisation will refer to MRS, Berry Street and Child Protection.

To determine the alliance agency for each community setting, an application process between the police and the potential alliance Community Health Service could be registered and approved with Domestic Violence Victoria (or the appropriate peak body).



## 3 Gaps, Current Responses and Future Vision

### Key Messages:

## SAFETY

### IMPROVED SAFETY RESPONSES ARE URGENTLY NEEDED

1. The 39 women who have lost their lives as a result of violence against women are a stark reminder of the inadequacy of our current response system.
2. SCH currently provides many programs that support women to protect their immediate safety, but case work in response to Crisis Intervention is carried out by a regionally, rather than locally coordinated agency with questionable results.

### A LOCALLY DEPLOYED, CENTRALLY COORDINATED SAFETY RESPONSE IS NEEDED

1. Because of its ability to deploy timely local responses and as a result of its strong relationships with local agencies, SCH is ideally placed to carry out Case Work and Crisis Intervention in the future.
2. This service would complement the existing work of the SCH Counselling Team, the *Moving on* Program and Family Services Programs, and would greatly benefit from the organisation's extremely close relationships with agencies such as Sunbury Police.

## 3.3 SAFETY

### 3.3.1 EVIDENCE OF NEED

According to a recent World Health Organisation report, intimate partner violence is the most common type of violence against women worldwide.<sup>xxvii</sup> Unfortunately, Australia is not immune to this global trend. In 2015 alone, 39 women have lost their lives as a result of violence against women<sup>xxviii</sup>. Regrettably, the magnitude of this problem is not limited to the number of casualties. According to Victoria Police, in 2013, across the State of Victoria, 65,000 family incidents were reported to police – a third of all police work.

These numbers not only point to the existence of a national emergency, but importantly, are in themselves evidence that the system is not adequately resourced to decisively respond to this emergency.

### 3.3.2 CURRENT SCH RESPONSE

#### i. Family Violence Counselling

The program provides flexible and responsive counselling support to women experiencing violence and abuse from a partner or ex-partner, another family member or someone else they are close to.

The program works with women to bolster their internal resilience and their connection to supports around them and their family in order to not only stay safe, but also to successfully navigate their transition to a life without violence. One of the greatest strengths of this program is its use of a narrative approach to allow participants to *"talk about the trauma until it's enough"*, as one staff member explained during a small group discussion. Other members of the SCH Counselling Team highlighted the use of motivational techniques to convey a *"strong sense of hope for themselves and for their children"*. During this phase, another key component of the work is to help participants understand and navigate their feelings.

Once this more fundamental work is underway, the program empowers participants to explore strategies to re-engage with life and career opportunities. Providing support around financial or advice on potential training and employment avenues may sound quite removed from safety, but they are crucial steps to work with women to increase their independence, which is often critical to their long-term safety.

Another aspect of this program closely related to safety is



### 3 Gaps, Current Responses and Future Vision

the provision of support to mothers around parenting skills. According to a member of the SCH Counselling Team, *“it can be extremely challenging to continue to raise the children, often alone, while all of this is happening”*. In some of the small group discussions, members of the counselling team mentioned anecdotal evidence indicating that children often bear the consequences of the stress that mothers are experiencing, which sometimes leads to physical violence.

#### ii. Generalist Counselling

The SCH General Counselling Service helps local residents with a broad spectrum of personal issues that are negatively impacting their life, ranging from family relationships breakdown to grief and loss.

As resources available through the Family Violence Counselling program are extremely limited, SCH often uses the Generalist Counselling program to expand its capacity to provide Family Violence Counselling.

#### iii. Moving On Program

This program has been described in detail in an early intervention context in section 3.2. However, as it was acknowledged in section 2.2, the boundaries between different phases of the response system are often unclear, particularly so between early intervention and safety. The *Moving On* program is well prepared to support women at risk to develop a safety plan and to understand their rights and their options to immediately respond to abuse if needed. On many occasions participants in this program will be referred externally to crisis intervention services or internally to the Family Violence Counselling Program.

#### iv. Bright Futures

This program, aimed at primary school children who have witnessed or experienced family violence, is fully discussed in section 3.3. While the program has a strong focus on healing, safety is an underpinning theme of all discussions with participants, as can be illustrated in the following case studies. The program provides many opportunities for informal one-on-one conversations with participants, as well as group discussions.

#### ██████ Tools for Self-Protection

A young boy ██████ consistently began to note concerning behaviours perpetrated by his father. ██████ courage with support from the program facilitators allowed him to systematically describe some of these behaviours, which led to a Child Protection report, and Child Protection involvement to protect the child.

#### ██████ Practical Strategies for ‘Tough Times’

██████ lives in a home where her mother suffers from severe mental health issues and consistently witnesses verbal arguments between parents. ██████ often noted her worry about these arguments. Within the group ██████ was able to learn new strategies to implement when these arguments were occurring (e.g. going to a support person and removing herself from a room where an argument was occurring). ██████ mother reported to a facilitator the child’s use of the strategies learnt when necessary.

#### v. Internal Referrals

SCH provides a rich array of services for local residents including Speech Pathology, Family Day Care, Physiotherapy or Children’s Paediatric services.



### 3 Gaps, Current Responses and Future Vision

As we know, family violence is extremely prevalent in our society and such violence affects members of all cultures, ages and socio-economic groups . Research also shows that most women do not report experiences of violence to Police, and are less likely to report when the perpetrator is their current partner<sup>xxix</sup>.

These pieces of evidence highlight the importance of the **wraparound internal referral model provided by Community Health Centres**, as outlined in section 3.2. A key strength of this model is its ability to identify signs of family violence and immediately provide victims with critical supports to respond appropriately. The following two case studies demonstrate that while these internal referrals can often be made in an early intervention context, on many occasions they take place in situations of full-blown physical violence, despite which many women would not have accessed support services without support from SCH.







## Case Study: **HELPING C:**

### *EMOTIONAL AND PRACTICAL SUPPORT IMMEDIATELY AVAILABLE*

C, a mother [REDACTED] attended the SCH Paediatric Department to support her toddler, who had been diagnosed with [REDACTED]. C would come at least once a fortnight and had a trusting relationship with several of the therapists in the Paediatric Early Intervention team. C had not accessed any other services at SCH before having a child with special needs. During one of these visits C disclosed to the therapist that her husband had thrown a full two litre bottle of Coke at her while she was holding her son. C had managed to protect the child but had herself incurred a black eye.

C stated she felt ashamed and did not know where to go to for help. The therapist described the potential support available through counsellors in the centre, and a member of the Counselling Team was able to immediately come down to the paediatric room and meet with C while the therapist looked after her child. C was able to describe her situation in a safe, familiar and supported environment. The relationship with the counsellor which started on that day was to potentially save C and her children's lives. After many months of court appearances, intervention orders and visits to the counsellor, C's house was fitted with security cameras, which provided enough evidence to have C's husband imprisoned.

It has been five years since this occurred and C still visits the SCH staff who helped her through this traumatic time. During one such visit, C stated that SCH was a place where she felt listened to and not judged. She also felt confident that her privacy would be respected. Having the relationship with the Paediatrics staff member helped her to immediately trust the counsellor. In C's words, if she had been given a phone number, she would probably have thrown it away. C went on to add that she felt emotionally and practically supported, particularly in the early stages, when she was unable to think straight and felt powerless and uninformed about what to do next.



## 3 Gaps, Current Responses and Future Vision

### 3.3.3 SYSTEMIC GAPS

Under-resourcing and lack of locally relevant responses.

There are several ways in which under-resourcing affects the Victorian family violence system's ability to ensure the safety of residents of Sunbury and surrounding areas who are experiencing family violence situations. According to a member of the SCH Counselling Team:

*"In the experience of many of our clients, the existence of regionally provided Family Violence Service (Northern Family & Domestic Violence Service (NFDVS) translates in very little or no support on the ground. We believe this has to do with the inadequacy of funding levels for services such as Northern Crisis Advocacy Response Service NCARS (e.g. only one Police car available for this work in Hume region), but also with their lack of knowledge of the local area and of close working relationships with local agencies such as Sunbury Police."*

*"... very little or no support on the ground."*

As many local women do not find adequate case work support through the system, staff providing Family Violence Counselling often find themselves providing de-facto case management, and supporting women as they navigate through the courts. This de-facto case management support often works as, despite its limitations, the organisation is able to offer an accessible and welcoming space and geographically relevant support.

Unfortunately, as the current level of demand for Family Violence Counselling greatly exceeds the amount of funding provided to SCH for this service, SCH fills this gap with resources originally allocated for the generalist counselling program. This causes pressure on the organisation and reduces its ability to respond to other important health priorities (e.g. mental health early intervention).

#### Legal Responses

During SCH consultation sessions, staff generally acknowledged that some recent reforms, such as the Victoria Police Code of Practice and the introduction of Family Violence Risk Assessment and Risk Management Reports had brought about positive change in the form of a more consistent response to family violence incidents. However many SCH staff members were critical of what they saw as an unacceptable degree of arbitrariness in relation to Intervention Orders:

*"We find that in some cases Intervention Orders are put in place for what we see as relatively trivial reasons, and in many such cases they are inevitably ignored, often by both parties. In addition to this, unless the order has been served, it's not activated. If they can't find the man, it is not in place."*

### 3.3.4 SCH FUTURE VISION

SCH recognises that a legal response coordinated at a state level is appropriate for the successful implementation of safety responses. This approach is necessary in order to ensure that legal measures are enforceable throughout Victoria, and that incidents and their responses can be centrally monitored and analysed.

On the other hand, it is clear that the current demand for safety responses greatly exceeds the system's capacity. While resourcing is clearly a part of the problem, we also believe that a regionally coordinated but locally deployed safety response could be both more effective and more efficient.

Some of the case studies provided in this section support the case for a Family Violence Service providing immediate case work support to be made available directly through SCH. Some of the services to be provided under this service



### 3 Gaps, Current Responses and Future Vision

would include crisis support, information about legal options, support through the court system, material aid and referrals to appropriate services such as Women's Refuges or Transitional Housing. These services would complement the existing work of the SCH Counselling Team, the *Moving on* and Family Services Programs, and would greatly benefit from the organisation's extremely close relationships with many local agencies, including Sunbury Police. As a staff member explained during the consultations:

*"Local responses work (especially outside of bigger cities). Unique relationships form in communities, and the very good rapport with individuals at Sunbury Police helps all processes. For instance new police members come over and spend some time with our staff as part of their induction, in order to understand where to refer and what services are locally available."*

Another area to critically consider would be the geographic distribution of women's refuges and similar facilities in order to ensure that victims of family violence can have access to relatively convenient and viable options.





## Case Study:

# SUPPORTING L:

### *BUILDING TRUST AND ENSURING SERVICES ARE HIGHLY VISIBLE*

L and her youngest son had been part of the Paediatric Early Intervention (PEI) program since her son [REDACTED] was four months old. Contact had included many home visits as well as several small group and individual therapy sessions. During the group sessions, parents would have a coffee break and use the opportunity to talk together and sometimes be introduced to other SCH staff from different units, including the Counselling team. It was during one such session that L met one of the family violence counsellors and was able to hear what type of support was available.

L was from a non-English speaking background and it was not part of her cultural practice to speak of her family troubles with outsiders. L had a trusting and solid relationship with the PEI staff members and felt SCH had helped her family a lot with issues related to her son's special needs. L made contact with the counsellor shortly after this visit. L had experienced years within an abusive relationship, in which she felt trapped and powerless to act. With support and practical advice from the counsellor, L extricated herself from the situation she had endured for years.

L is still in contact with PEI staff even though her son is now attending school. She often reminds staff that her contact with SCH provided so much more than just help with her son. The wraparound, holistic model of service provision offered gave L the confidence to improve her life and that of their children. Within the familiar and trusted structure of the Community Health Centre's services, L felt safe to seek the help she needed, in order to do just that!



## 3 Gaps, Current Responses and Future Vision

### Key Messages:

## ACCOUNTABILITY

### MEN'S BEHAVIOUR CHANGE PROGRAMS NEED TO BE EXPANDED

1. In order to tackle the family violence crisis, providing effective ways for men to stop using violent and controlling behaviour is a key strategic priority.
2. Given the scale of the problem, it seems clear that a punitive approach cannot be the only component of an integrated family violence system. Effectively supporting men who have identified the need to change their behaviour is a logical response.
3. The current level of demand for Men's Behaviour Change programs in Victoria greatly exceeds the availability of quality programs.
4. SCH would like to expand its capacity to deliver Men's Behaviour Change programs. More importantly, the organisation sees potential to adopt a capacity building role to support other organisations who want to design and implement their own behaviour change programs.

### 3.4 ACCOUNTABILITY

#### 3.4.1 EVIDENCE OF NEED

In order to tackle the family violence crisis, providing effective ways for men to stop using violent and controlling behaviour is a key strategic priority.

A punitive approach is undeniably part of the solution to ensure men are held accountable for their actions, particularly in response to the more serious types of incidents. However, given the scale of the problem, it seems clear that this cannot be the only component of an integrated family violence system.

Effectively supporting men who have identified the need to change their behaviour is a logical response, one which Sunbury Community Health pioneered as one of the first organisations in Victoria to start a Men's Behaviour Change Program more than 25 years ago.

During both the small group discussions and the focus groups, many SCH employees expressed two ideas in support for effective Men's Behaviour Change programs:

- They provide a support pathway (a possible intervention) for many women who want to stay with their partners provided the violence stops
- They broaden the spectrum of interventions, shifting responsibility from women, who in the family violence system are often expected to single-handedly resolve a situation they have not even created.

#### 3.4.2 CURRENT SCH RESPONSE - *MEN'S BUSINESS* (MEN'S BEHAVIOUR CHANGE PROGRAM)

In its current form, the organisation delivers three quarterly Men's Behaviour Change groups. Each group has capacity for 12 participants and it is delivered over 12 weeks. The work of these groups is reinforced by a voluntary maintenance group, open to all previous participants, which attracts approximately 30 men on a monthly basis.

*Men's Business* is advertised as a support group for men who are creating problems in their lives because of violence, abuse or angry behaviour. Generally speaking, most participants engage in the program as a result of a court order, but some are also self-referred after a significant episode of aggressive / violent behaviour.

The program explores concepts such as family violence patterns (e.g. the cycle of violence), adult relationships, the



## 3 Gaps, Current Responses and Future Vision

effect of family violence on children and parenting, the influence of mental health and drugs and alcohol; and provides participants with information and access to other support programs that may be of assistance in their journey.

### 3.4.3 EVIDENCE OF EFFECTIVENESS

Due to the poor level of resources available for family violence work, Sunbury Community Health has not been able to complete an external evaluation of the Men's Behaviour Change Programs.

However over the years, a substantial amount of evidence has been gathered suggesting that these programs have been highly effective. Sources of evidence can be grouped into three main areas:

#### 1. Program retention data

An historical analysis reveals that more than 90% of participants who start the program go on to complete it. Moreover, dozens of men continue to attend the maintenance group years after their original participation in the program.

#### 2. Participant feedback and evaluation surveys

Participants very often radically change their perception of the program and of the reasons that led them to it in the first place. While this needs to be considered with caution, a large proportion also report increased awareness of their problematic behaviours and capacity to change them.

#### 3. Case studies and anecdotal evidence

There are several examples of participants who, years or even decades after their initial participation in the program, have taken an active role in community activities aimed at reducing the incidence of family violence.





## Case Study:

# SUPPORTING [REDACTED]

## *FACILITATING SELF-REFLECTION CHALLENGING RIGID GENDER ROLES*

[REDACTED] man partnered with [REDACTED] children. He was ordered by the Court to attend the program in [REDACTED]. At the time of his initial assessment for the group, [REDACTED] was living away from his partner and children due to an Intervention Order and the active involvement of DHS Child Protection.

[REDACTED] had stated that he had often struggled with controlling his anger, particularly when under the influence of alcohol and other substances. Upon entering the Men's Business group he had decided to remain sober and off all substances whilst he chose to work on the issues that had brought him into group.

Whilst [REDACTED] had a long history of anger fuelled violence, he also maintained a strongly entrenched believe in the static roles of men and women in society. It was this belief that was challenged most in group whilst still understanding his need for affect regulation. As [REDACTED] grew more confident in his ability to remain calm or employ self-regulating strategies, he acknowledged that his anger was often caused by his expectations of the behaviours of those around him. [REDACTED] most often became angry when he wasn't getting life on his terms. Using this insight as a starting point, [REDACTED] experienced fewer episodes of anger and was able to see his expectations as the problem rather than the behaviours of others per se.

By the end of the group, [REDACTED] had begun seeing his children on supervised access visits and spoke in less proscriptive terms about the way the 'system' should be treating him. In 12 weeks, [REDACTED] had begun the shift from seeing himself as someone who needed to use anger and violence as means to get his own way. He was not 'changed' yet in any meaningful sense but had definitely become safer for his children and partner to be with.



## 3 Gaps, Current Responses and Future Vision

### 3.4.4 APPROACH AND PHILOSOPHY

Following several discussions with the group facilitators, the following key determinants of the program's success were identified:

- Understanding the motivation (or lack of) of men attending the program in order to offer a clear buy-in: how is this program going to help them?
- Dedicating enough resources to work one-on-one with participants (at least 3 sessions) before bringing them to the group, paying attention to their family of origin by means of a narrative approach.
- Using a non-threatening, non-judgmental approach while challenging their behaviours in a way that brings about useful reflection. This involves understanding that many of them come from a place of trauma.
- Skilful facilitation, underpinned by a solid but invisible theoretical approach.
- Focusing on the future by providing strategies to build more positive relationships with their estranged partner / kids where possible / appropriate.
- Closed groups work much better than open-door ones. Men become more open about their behaviour as they begin to trust one another and the facilitators.

### 3.4.5 SYSTEMIC GAPS

Similarly to some of the gaps identified in section 3.2, during both the all staff consultation and small group interviews, the importance of a timely response was identified. According to one of the facilitators of the Men's Business Group:

"We are part of the Sunbury Family violence Network. In the past Police would inform us if there was even a verbal abuse report. We would then call victim and perpetrator in the following 24 hours to engage with both men and women at the early intervention stage. Currently men are referred to Men's Active Referral Service (MARS), which is staffed by a 0.8 EFT position trying to work through 700 referrals per month!"

Police report feelings of frustration when they tell community members that they will be contacted by SCH and it does not happen. As it was explained in section 3.2, the inadequacy of resources allocated to the central intake system results in a lack of response to less serious incidents, which SCH sees a real missed opportunity.

During small group discussions with the SCH Counselling Team, there was consensus that the best time to effectively engage the men is during first 24 hours following an incident, a period commonly labelled remorse time:

*"They go back to normal after that, when things have settled and they feel less inclined to change their behaviours."*

### 3.4.6 SCH FUTURE VISION

The current level of demand for Men's Behaviour Change programs in Victoria greatly exceeds the availability of quality programs. According to a member of the Working Group, *"on many occasions court orders are not adequately actioned due to the unavailability of Men's Behaviour Change Programs. This is particularly the case for perpetrators whose English proficiency is limited."*

In order to address this enormous demand, SCH will continue to seek to expand its capacity to deliver Men's Behaviour Change programs. More importantly, the organisation sees potential to adopt a capacity building role to support other organisations who want to design and implement their own behaviour change programs, particularly those in a position to deliver programs aimed at specific language groups.

SCH also believes it would be highly beneficial to provide sufficient resources to conduct a rigorous independent evaluation of its Men's Behaviour Change Programs over the last few decades.



## 3 Gaps, Current Responses and Future Vision

### Key Messages:

## HEALING

### WOMEN AND CHILDREN NEED POST-CRISIS SUPPORT

1. The impact of family violence on survivors can be devastating. Some of the consequences women suffer include loss of social capital, lifelong distress, self-esteem issues and mental health problems including depression, self-harm and suicide.
2. Family violence constitutes complex trauma for children experiencing it. The consequences of this trauma can be wide-ranging and profoundly harmful.

### HEALING IS PREVENTION

1. Witnessing family violence as a child seems to be a significant risk factor for future family violence incidents as an adult.
2. The lack of adequate resources for a robust healing sector for family violence could be described as wishful thinking at best and irresponsible policy at worst.

### 3.5 HEALING

NOTE: While SCH greatly values the term *healing* understood in the context of the information provided in this section, we would like to clarify that by healing we don't mean any intervention aimed at reinstating the pre-existing relationship between a victim and a perpetrator.

#### 3.5.1 EVIDENCE OF NEED

Understandably, the family violence response system currently has a very strong focus on the immediate safety of families. However, SCH is concerned about the lack of a robust sector to deal with the mid and long-term consequences of family violence, which can be absolutely devastating. Some of the consequences women suffer include loss of social capital, lifelong distress, self-esteem issues and mental health problems including depression, self-harm and suicide<sup>xxx</sup>. In the view of most specialists, family violence constitutes a form of trauma:

“For children in particular, it constitutes ‘complex trauma’ – ongoing, unpredictable and often drawing away the attention of the abused primary carer, preventing her from being able to provide the ‘safe haven’ or protective bubble that can minimise trauma related harm. Babies who live with domestic and family violence not only have attachment disruptions, they also can experience interrupted brain development in the areas of the brain growing most rapidly at the time of their exposure.” <sup>xxxi</sup>

The findings from several studies clearly suggest that a large proportion of family violence incidents occur in families with children under the age of five, thus, placing these child witnesses at a prolonged risk for negative cognitive, behavioural and emotional developmental outcomes.<sup>xxxi</sup>

According to the experts, the consequences of this trauma can be extremely wide-ranging<sup>xxxiii</sup>, and often manifest themselves in later years, when symptoms of domestic violence exposure (e.g. bedwetting, dissociation, attention issues, impulse control, learning difficulties, etc.) become more obvious.

“Living in constant fear as a baby can lead a child, when older, to be in a constant state of arousal, ready to respond to threats they are hard-wired to perceive. Unconscious ‘triggers’ that remind children of earlier trauma can activate major stress responses in situations that teachers or carers do not recognise



### 3 Gaps, Current Responses and Future Vision

as stressful. In later years, children with this trauma exposure will be less able to learn and less able to respond to cognitive (higher level) therapies, or by ‘thinking things through’.”<sup>xxxiv</sup>

In the experience of many SCH counsellors, these traumatic experiences have the potential to lead children to become perpetrators in their adult years. According to a participant in one of our small group discussions:

*“Without wanting to excuse their behaviour in any way, facilitating Men’s Behaviour Change Programs is tragic when you realise that often participants have been victims of family violence until they are 16, then the rug is pulled out from under them. After a few years they are a perpetrator. In many ways they are still that child, they just got taller.”*

There seems to be enough evidence backing these views. For instance, Flood and Pease conclude that witnessing or being the victim of violence as a child has a direct impact on later perpetration of partner violence. In particular, boys affected by domestic violence are more likely to later perpetrate violence against their female partners<sup>xxxv</sup>.

#### 3.5.2 CURRENT SCH RESPONSE

##### i. Bright Futures Program

This program targets primary school children who have witnessed or experienced family violence. It is delivered from one of the local primary schools, but participants attend from many schools. The program uses play therapy and group activities to engage the children in conversations about safety and to explore emotional intelligence, resilience, self-confidence and coping skills.

The Bright Futures program is delivered weekly every term by a specialist family violence worker supported by a staff member from the school who receives training during the course of the program. This capacity building element allows schools to support children on an ongoing basis and to better respond to any future family violence related incidents. Typically between 8 and 10 children will attend the program every term.

Data from participant evaluation surveys show that the children acquire a significant amount of knowledge as a result of their participation in the program. This is made possible through the use of engaging activities and highly accessible language. For instance, a common theme throughout the program is the concept of “tough times”. Participants actively explore their emotions during tough times (e.g. different places in our body where we feel these things), as well as their coping strategies and supports available when going through these times (e.g. Kids Helpline). Similarly to many other SCH programs, a motivational approach is used throughout the program to provide participants with a sense of hope and to support them to have goals and aspirations beyond those tough times.

Parents are invited to attend the last session, in which children are given an opportunity to present the work they have completed and are recognised for their achievement (e.g. children receive Bright Futures Certificate).

##### ██████████: Minimising exposure to trauma and confidence building.

Both siblings ██████████ completed the group, however on separate occasions. Both children along with their little brother were living in a home where family violence was consistently perpetrated including verbal abuse and very controlling behaviours. The family was also engaged with the SCH Family Services program at the time. ██████ showed to have learned to move away from arguments between her parents and to shield her siblings from the argument. ██████ was also encouraged to avoid these arguments and to create a new distraction for her and her siblings e.g.: playing a game together or turning on the TV.

The group facilitators observed a huge improvement in ██████ self-confidence throughout the group. While initially she was extremely hesitant to talk within the group including at check- in and snack times, by week 6 of group, ██████



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showed an incredible improvement in her confidence easily taking on the task of participating in check-in and check-out and creating new friendships within the group.

#### ■■■■ Talking about trauma and developing strategies to deal with emotions.

■■■■ presented to the group as a highly introverted, shy and scared boy who had recently, with his mother and sisters, moved out of an environment where family violence was being perpetrated by his father. ■■■■ showed his worry about having to consistently see his father on access with his sisters. After working with facilitators of the group ■■■■ built up the confidence to seek a facilitator to discuss his concerns. A safety plan was developed with ■■■■ and the mother of the children.

■■■■ was also able to work on his frustration and anger within the group. ■■■■ mother noted he would often get quite angry in the home, kicking, punching and yelling. After some weeks, ■■■■ began to learn different strategies to use when frustrated.

#### ii. Family Violence and Generalist Counselling Program

As it was discussed earlier in the document, there are often overlaps between work conducted along different phases of the response system. In order to support women to increase their independence and to build a sense of hope for the future, a healing philosophy is essential, even if implicitly. The SCH Family Violence and Generalist Counselling programs, which have been described in previous sections, have an explicit focus on healing when the circumstances allow (e.g. once there is no immediate risk of violence and the client has been able to understand and process their current situation).

#### 3.5.3 SYSTEMIC GAPS

SCH believes that the lack of a “Healing sector” to provide longer term support to victims of family violence is without a doubt, one of the most glaring gaps in the Victorian family violence system. Despite many worthwhile reforms carried out in Victoria over the past five years, there is still no systematic provision of long-term post-crisis support for women and children to assist them in dealing with the longer term impacts of family violence. Both national and international research and the expertise of many organisations on the ground support this position. According to a recent report:

*“In order to break the cycle of family violence the service system must encompass a longer term support response so that women and children are able to sustain their new lives and continue their journey away from family violence.”<sup>xxxvi</sup>*

“... no systematic provision of long-term post crisis support...”

The Victorian government recognises the importance of ongoing counselling and support for victims and survivors of sexual assault and allocates resources for the provision of these services through organisations like the 15 Centres Against Sexual Assault, and the Victorian Sexual Assault Crisis Line. Given the scale of the family violence emergency, it seems illogical not to implement a similar service system to support its victims.

The extensive evidence presented in this section points to the urgent need to provide healing programs to support women in their recovery journey so that they can regain their independence and fully realise their potential, and children in order to support them to overcome the above mentioned complex trauma and maximise their chances of becoming healthy and happy adults.



## 3 Gaps, Current Responses and Future Vision

### 3.5.4 SCH FUTURE VISION

SCH believes it is ideally placed to, if adequately resourced, plan, implement and evaluate a whole range of post-crisis support services to break the cycle of violence and prevent further harm and trauma through the provision of support where it is needed and for as long as it is needed.

This includes support to women and children, as needed, to maintain stable housing, to overcome financial hardship, to find avenues of ongoing emotional support, to re-connect with family and community, to build resilience and self-determination, to address mental health and physical wellbeing issues and to increase social and economic participation.

Importantly, this work also needs to focus on supporting the relationship and attachment between mother and child, and on providing direct therapeutic space for children to process their current experience of family violence and make sense of past family violence.

In order to realise this vision, SCH would pursue three different avenues:

#### 1. Expand and Reinforce Current Programs.

SCH would like to expand the capacity of the Family Violence Counselling, Bright Futures, Moving On and Men's Business Programs to integrate an explicit and well formulated healing approach. For programs like Bright Futures, this could take the form of an additional program that provides healing support in a group context for children who have experienced family violence in the past, complementing the current program described earlier.

#### 2. Develop a Children Counselling Program.

This program, successfully delivered by our partners Anglicare Victoria, would have the following main aims:

- Providing direct therapeutic space for children to process their current experience of family violence and make sense of past family violence.
- Supporting the relationship and attachment between mother and child
- Providing a space for children to be heard by their parents
- Helping children to self-regulate
- Building the mother's awareness/insight into the impact of family violence on themselves and their child
- Equipping mothers to manage their own anxiety so they can better focus and respond to their children's needs.

#### 3. Develop a sound evaluative framework for all healing interventions

SCH would like to integrate research and evaluation into all family violence responses by:

- Recruiting of a research officer who would work within the family violence team
- Developing strategic links with research institutions.



### 3 Gaps, Current Responses and Future Vision

#### 3.6 SECTION 3 SUMMARY TABLES

Table 1: Current and Future Family Violence Programs at SCH

Adequately resourced (e.g. meeting existing demand, integrating evaluation, etc.)

Underfunded (e.g. roughly meeting demand, needing reallocation of resources)

Severely underfunded (e.g. not meeting demand, reallocating funding from other programs, etc.)

Program	Resourcing	Prevention	Early Intervention	Safety	Accountability	Healing	Notes
CURRENT PRACTICE							
Bright Futures	<div><div></div><div></div><div></div></div>					✓	
Counselling programs	<div><div></div><div></div><div></div></div>		✓	✓		✓	
Family Services Program	<div><div></div><div></div><div></div></div>		✓	✓			
Internal referrals	<div><div></div><div></div><div></div></div>		✓	✓			
Men's Behaviour Change programs	<div><div></div><div></div><div></div></div>				✓		
Moving On program	<div><div></div><div></div><div></div></div>		✓	✓			
Prevention programs	<div><div></div><div></div><div></div></div>	✓					
FUTURE VISION							
Bright Futures	<div><div></div><div></div><div></div></div>			✓		✓	Resourced to allow the expansion of the program to cater separately for current and past victims of family violence.
Children counselling	<div><div></div><div></div><div></div></div>	✓		✓		✓	Delivered by SCH using a model currently used by Anglicare.
Counselling programs	<div><div></div><div></div><div></div></div>		✓			✓	Family Violence Counselling adequately funded so that generalist counselling can focus on mental health issues.
Crisis response (case work)	<div><div></div><div></div><div></div></div>		✓	✓			Locally deployed, regionally coordinated delivery model.
Local coordination of FV response	<div><div></div><div></div><div></div></div>	✓	✓	✓	✓	✓	3-4 family violence workers including a coordinator and a research officer.
Family Services Program	<div><div></div><div></div><div></div></div>		✓			✓	Allowing enough time to work with families (up to 18 months).
Internal referrals	<div><div></div><div></div><div></div></div>		✓	✓			This program would not need many changes, but would benefit more increased organisational capacity.
Men's Behaviour Change programs	<div><div></div><div></div><div></div></div>				✓		Increasing capacity to deliver MBC programs and to provide advice to other organisations.
Moving On program	<div><div></div><div></div><div></div></div>		✓	✓		✓	Increase capacity and incorporate a strong Healing component.
Prevention programs	<div><div></div><div></div><div></div></div>	✓					Carrying out work in early childhood settings, schools and local businesses.



### 3 Gaps, Current Responses and Future Vision

Table 2: Key Recommendations

System response stage	Key recommendations	Implications for SCH
All	Adequately resource the whole response system Place Community Health Centres at the centre of the response system	Family violence is prioritised as a focus area, the organisation builds its capacity to respond  SCH is resourced to provide services throughout the whole family violence response spectrum and is recognised as a local leader
Prevention	Deploy vigorous, locally relevant and multi-faceted prevention responses	SCH to employ family violence team to lead and coordinate a whole-of-community response, focusing on: <ul style="list-style-type: none"><li>• Early Years programs: training for parents and early childhood practitioners including Family Day Care Educators and kindergarten and childcare teachers</li><li>• Schools programs</li><li>• Community/youth training and leadership programs</li><li>• Local businesses programs</li></ul>
Early Intervention	Localise and strengthen early intervention responses to ensure they are timely and effective	SCH has responsibility and capacity to contact victims and perpetrators in the 24 – 48 hours after an incident, to immediately provide wrap-around supports for the whole family at an appropriate location. <ul style="list-style-type: none"><li>• Radically increase resources for SCH and other community health centres to deliver:</li><li>• Programs for men and boys who demonstrate violent behaviours</li><li>• Current Women’s groups</li><li>• Current Family Services programs</li></ul>
Safety	Introduce a regionally-coordinated, locally-deployed, safety response model	SCH resourced to deploy a Family violence Service providing immediate Case Work support. Services to be provided would include crisis support, information about legal options, support through the court system, material aid and referrals to Women’s Refuges or Transitional Housing. These services would complement the existing work of the Counselling Team, the Moving on Program and Family Services Programs
Accountability	Expand Men’s Behaviour Change Programs	SCH resourced to expand its Men’s Behaviour Change programs, and to adopt a capacity building role to support other organisations in a position to deliver programs aimed at specific language groups. SCH to conduct a rigorous independent evaluation of its Men’s Behaviour Change Programs over the last few decades.
Healing	Strengthen post-crisis support services to ensure every victim has access to effective Healing interventions	SCH to expand and reinforce current programs: Family violence Counselling, Bright Futures, Moving On and Men’s Business Programs to integrate an explicit and well formulated healing approach.  SCH to develop a children counselling program providing direct therapeutic space for children to process their current experience of family violence and make sense of past family violence.  Develop a sound evaluative framework for all healing interventions



## 4 Appendix

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- <sup>xix</sup> *ibid.*
- <sup>xx</sup> \*SCH staff has observed that many people don't want to admit to being in an abusive relationship or name their



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partner as violent. Joining a group for being in a ‘hurtful relationship’ is less confronting than identifying as being a victim of domestic violence.

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**Sunbury**  
COMMUNITY HEALTH

Submission in response to

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