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Summary of Recommendations

1. Make violence against women a key social policy platform; the role and priority of which is clearly understood in its own right and vis-à-vis other social policy objectives. This includes a commitment to a long-term, strategic framework for the primary prevention of men's violence against women and their children, and gender screening of all public policy and budget initiatives to ensure that equality and respect are embedded across all public policy settings.

2. Reinstitute strong government leadership and governance, as set out in *A Right to Safety & Justice* and *A Right to Respect* [Appendix C]

3. Refocus on CRAF as the systems risk management framework for Victoria and a platform for unifying intent and objective across all initiatives in relation to family violence

4. Reinvigorate a strong government and community partnership with genuine knowledge exchange and consultation

5. Focus our systems on patterning the perpetrator's behaviour within and across disciplines to uphold safety and accountability [Appendix D]

6. A single point of accountability and authority – one example might be a Women's Safety Commissioner - be instated to address violence against women and other safety concerns for women. This function would need to have clear authority to advise on policy, program and practice development across all portfolios to ensure consistent and appropriate work is done statewide to uphold women's safety; as well as potential veto powers on initiatives that are inconsistent with these efforts.

7. The primary health sector is often, and sometimes the only, group women experiencing violence have contact with where they feel safe to disclose violence. It should be a part of the integrated family violence service sector, be included in integration bodies, and should have strengthened capacity to identify & respond to family violence.

8. Given the importance of a human rights framework in addressing male violence against women, and the particular issues facing children and young people, and women with disabilities, we recommend that the Child Safety Commissioner, Victorian Equal Opportunity and Human Rights Commissioner and the Public Advocate be invited to join statewide governance structures.

9. As a form of violence against women, family violence should be recognised as a human rights violation under the Victorian Charter of Human Rights

10. Media Advocacy Programs be established and resourced throughout the state as a mechanism to ensure women's lived experience informs policy, strategy and practice

11. Violence against women should be recognised as a human rights violation under the Victorian Charter of Human Rights

12. Strengthen accountability of all service providers working with women and children experiencing family violence, as well as men perpetrating it to work from the CRAF as its evidence base. Collaborative work and information sharing should be underpinned by the common risk assessment framework across sectors.

13. Identify inconsistent language and frameworks and remedy as part of a Philosophical Agreement Monograph across departments [Appendix E]

14. The reduction of family violence is viewed and resourced as a longitudinal process, underpinned by the spectrum of prevention, from primary to tertiary

15. Investment in primary prevention

16. New initiatives by government are considered through strong re-established whole of government governance structures that have an overview of how different parts of systems affect the functioning of the other in relation to family violence.

17. Victoria consider Praxis Safety & Accountability Audits across sectors, to be led by Regional Integration Committees [Appendix F]

18. Victoria embed the Coordinated Family Dispute Resolution model [Appendix G]

19. Victoria repeal the failure to protect laws

20. The state advocate regarding the safety issues for children, in the context of the family law system, where the needs and rights of the child to safety are undermined by the shared parenting framework

21. Victoria enact amendments to Privacy Law to ensure that information pertaining to the safety of women and children can be shared to support safety and accountability outcomes

22. CRAF training for all court personnel (e.g. registrars, magistrates, judges) with attached accreditation that must be kept up to date

23. Establish a judicial review system with an independent commissioner to hear complaints against judges and magistrates

24. Provide a range of protective and treatment responses, often working together, for children affected by family violence

25. The introduction of more mandated groups for perpetrators of family violence and sanctions for perpetrators who fail to attend groups

26. Further research on the short and long term impact of Men's Behaviour Change programs

27. A state/national framework that identifies the purpose of men's behaviour change programs as enhancing the safety of women and children and stipulates their role in a coordinated response, as well as set clear standards and assurance mechanisms to ensure that the men's behaviour change sector is resourced to be able to undertake consistent risk management practice as part of its core business.

28. Strengthened information sharing and feedback loops between police, corrections, men's behavior change programs, child protection, and services for women and children

29. Establish a shared framework for data collection and interpretation; consider reinstating the Victorian Family Violence Database and benchmarking as an interim step in this process.

30. Build on early effort of CRAF work to embed training in tertiary qualifications by ensuring family violence training is embedded across educational institutions and professions including a graduate certificate for practitioners working with women and children experiencing violence.

31. Develop a long term workforce sustainability plan for the specialist family violence sector

32. Build a skilled primary prevention workforce, within existing sectors, and as specialists

33. Establish clear definitions and standards for specialisation in family violence work and where this is situated in systems in conjunction with relevant peak bodies

Joint Submission to the Royal Commission on Family Violence May 2015

Response on behalf of the Eastern Metropolitan Region

Regional Family Violence Partnership and Together for Equality & Respect

This response is prepared on behalf of the Eastern Metropolitan Region Regional Family Violence Partnership ("EMR RFVP") and Together For Equality and Respect (TFER), a regional initiative to prevent violence against women before it occurs. We welcome the opportunity to prepare a submission to the Royal Commission.

About us
Established in 2007 as part of the statewide family violence reform process, the RFVP is a partnership of organisations committed to working together to address family violence in the Eastern Metropolitan Region. Our goal is to build an integrated and coordinated family violence response system to support women and children's safety and accountability of perpetrators.

This transcends the human services sector, and brings together membership from across the human, health and justice sectors. Our membership includes representation from Victoria Police, the Magistrates Court, women's services, men's services, child and family services, housing providers, Child Protection, Aboriginal services, disability advocates and sexual assault services. Together, we work to continually refine the integrated family violence system in our region to achieve our mission. Our work is premised on well-established evidence that most family and sexual violence is perpetrated by men, and women are most commonly the victims of family violence and sexual assault.

The principles that guide the RFVP are:

1. Safety of women and children; ensuring the needs and independent rights of children who live with or experience family violence are upheld
2. Women's right to access information enabling them to make informed decisions; providing choice, control and agency over their lives and future
3. Strengthening risk management and accountability mechanisms for perpetrators

4. Acknowledgement and recognition of the distinctive rights of Aboriginal and Torres Strait Islander peoples; the importance of cultural safety and the right to work within culturally relevant frameworks
5. Recognition of the diversity of individuals and communities; promoting inclusion and cultural safety
6. Recognition of a human rights approach including a gendered analysis
7. Preventing violence before it happens; including a commitment to applying a prevention lens to all elements of our partnership's work
8. In the spirit of partnership; collaborating to achieve a coordinated response to family violence and sexual assault

Together for Equality & Respect (TFER): A Strategy to Prevent Violence Against Women in Melbourne's East 2013-2017 was developed in 2012/3 with the input, enthusiasm and commitment of a large number of contributors from the Eastern Metropolitan Region. TFER partners include Local Government, Community Health, Women's Health, Medicare Locals, Primary Care Partnerships and the Regional Family Violence Partnership.

The TFER strategy and its action plan provide partner organisations with the opportunity to work together to prioritise, coordinate and integrate our efforts to prevent men's violence against women across the Eastern Metropolitan Region of Melbourne. TFER partners therefore work on a range of initiatives that promote gender equality, equal and respectful relationships and the reduction of adherence to rigid gender stereotypes.

This submission responds to questions in the Issues Paper provided by the Commission. We have attached our joint submission to the Senate Inquiry into Domestic Violence as background. [Appendix A].

We would like to note the short timeframes given for submissions and the consultation period and the difficulties this poses for considered and in depth responses. We also highlight the nature of the questions provided in the Issues Paper which lends itself to a service by service and program to program response, instead of an overarching systems view which is necessary to address family violence.

Question Two: The Royal Commission wants to hear about the extent to which recent reforms & developments have improved responses to family violence, and where they need to be expanded or altered.
Question Three: Which of the reforms to the family violence system in the last ten years do you consider most effective? Why? How could they be improved?

There have been many promising reforms and successes during the Victorian family violence reform period of the 2000s. Through this period, strong and committed whole-of-government approaches, coupled with genuine partnership with the community saw many of the directions proposed in "Reforming the Family Violence System in Victoria: Report of the Statewide Steering Committee to Reduce Family Violence 2005" being implemented.

Fundamental to those efforts was the state government's commitment to building a strong integrated systems response to family violence. This was underpinned by two key features which the RFVP maintains remains fundamental to future work in this area. They are:

1) The Common Risk Assessment and Management Framework (CRAF). The CRAF was intended to provide an overarching Framework to establish shared understanding, state government commitment and approaches to managing family violence at a systems and practice level.

   A key feature of any literature, both within Australia and internationally, is the need for safety and accountability to be the focus of any reform process. In Victoria, the Common Risk Assessment Framework (CRAF) was developed and is an evidence based framework for assessing and managing risk. The initial intent was for this framework to be instrumental in providing a shared language and understanding of risk across sectors and disciplines. In progressing forward the CRAF needs to be re-established as was intended and embedded as a systems framework.

   In recent years, the CRAF's strategic intent has been squandered, with it being moved into the then Department of Human Services, which did not provide strategic whole of government leadership in the family violence area. Moreover, recent government initiatives such as the Children and Youth Area Partnerships and Services Connect not having been required to incorporate CRAF into their design and implementation, the CRAF has been vastly underutilised and is now poorly maintained and promulgated. Both initiatives lacked

credible policy linkages with the family violence reform, or had any requirement for CRAF to form part of their platforms, notwithstanding the prevalence of family violence amongst the intended beneficiaries.

Building on the CRAF, there has been some innovative and worthwhile work done at both a state and regional level. The establishment of the Strengthening Risk Management demonstrations sites are a case in point. While learning from that will enhance the management of some high risk women and children in Victoria, the benefits of the learning have not to date, been fully exploited.

The Risk Assessment Management Panels (RAMPs) are an important initiative, but they were conceived and are being implemented as a stand-alone initiative rather than building on, being informed by and informing existing risk management practices. Different regions have different approaches to implementing the RAMPs – while innovative and regional autonomy have a place in many matters, the RFVP maintains that matters of safety must be understood and implemented consistently across the state, and have a clear relationship to broader risk management practices. This requires the central role of specialist family violence services statewide. This has been weakened in some regions where Services Connect has established independently from specialist family violence services. In the Eastern Region, there has been close involvement of the specialist family service provider, EDVOS, drawing in large part on the existing working relationships established by the RFVP.

A number of regions had already piloted and evaluated high risk management approaches which may have provided systemic advantages. In the East, we have piloted a high risk approach that is to be evaluated this year. Learning from our and other regions has not been shared widely outside of informal sector networks.

2) Strong accountability and governance that reflected a clear and unambiguous mandate to support women and children to be safe, and men to be held to account.

   During the family violence reform period, form followed function with respect to governance. The function of the reform process to enhance safety and accountability by building an integrated system, governance structures followed. Governance recognised that an independent, whole of government approach was important to divorce the systems approach from traditional portfolio governance and funding streams at a state level.

The development of regional governance structures, originally guided by 'Guiding Reform' was intended to provide a mechanism for strong two way consultation between state level policy development and local implementation. Clear guidance from the state also set out the roles and responsibilities of regional governance arrangements, while letting regions individually identify how they would be implemented in the local context. Regions were responsible for organising CRAF training, as well as mapping and developing regional referral pathways. In addition, regions identified regional priorities within the frame of safety and accountability to take forward.

In the Eastern Region, the RFVP has had a particular focus on children's rights and experience of family violence. This work has culminated in the RFVP commissioning the Safe & Secure trauma informed practice guide and, with the Australian Childhood Foundation, a training package. The practice guide has now been adopted statewide by Child Protection. We are currently working towards equipping practitioners across sectors in our region to implement this guide in their work with children who have experienced family violence.

The development of a statewide agreement template for child protection, integrated family services and family violence services is an example of an excellent and strategic statewide initiative that lost its way in recent years through the lack of clear and strategic policy leadership. DHS developed the template agreement in 2008/2009 underpinned by strong expertise and an excellent process of consultation. With the change of government, this work was stalled due to a lack of authorising environment. In our region, we have revisited this document in the 2015-2018 Strategic Plan and are beginning a process to establish it, led by the RFVP.

Some regions have also embarked on collaborative work within maternal and child health, a key setting for disclosure and early intervention. In our region, there is a project amongst a number of RFVP and TFER members in the maternal child health context that is currently being established. It is a joint initiative between community legal services, two councils and a specialist family violence service to build more comprehensive referral pathways between a universal service and justice services to support women's safety. [Appendix B]

Conversely, with the lack of discipline at a statewide level about the CRAF, the proliferation of new, and unguided regional governance structures, service delivery models, of individual service approaches, organisations with relatively recent interest in family violence, there is

increasing divergence in the way family violence risks are understood and managed. This could put some women at even greater risk of violence.

The key missing element in much of these efforts, as well intentioned as they are – appears to be the translation into building safety in a meaningful and consistent way across systems infrastructure and disciplines. This requires the enablers of a consistent authorising environment, a common framework and approach to these issues, and commitment to and investment in the drivers of integration.

> "When reform efforts focus on coordinating the system rather than on building safety considerations into the infrastructure, the system could actually become more harmful…"[i]

We would also note in order to assess the effectiveness of reforms, it is crucial to apply a process evaluation rather than strictly examining outcomes. In this regard, the reform process can take into account learnings from what was *intended* and what was *implemented.*

> "If we measure success by counting arrests, conviction rates, or a reduction of repeat cases entering the system, coordination may seem to be the key to an interagency effort. However if we use the criteria of ensuring victim safety, holding offenders appropriately accountable for their violence, and changing the climate of tolerance for this type of violence, we see that coordination is merely a means to far more complex objectives." [ii]

Recommendations:

1. Make violence against women a key social policy platform; the role and priority of which is clearly understood in its own right and vis-à-vis other social policy objectives. This includes a commitment to a long-term, strategic framework for the primary prevention of men's violence against women and their children, and gender screening of all public policy and budget initiatives to ensure that equality and respect are embedded across all public policy settings.

2. Reinstitute strong government leadership and governance, as set out in *A Right to Safety & Justice* and *A Right to Respect* [Appendix C]

3. Refocus on CRAF as the systems risk management framework for Victoria and a platform for unifying intent and objective across all initiatives in relation to family violence

4. Reinvigorate a strong government and community partnership with genuine knowledge exchange and consultation

5. Focus our systems on patterning the perpetrator's behaviour within and across disciplines to uphold safety and accountability [Appendix D]

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8. Given the importance of a human rights framework in addressing male violence against women, and the particular issues facing children and young people, and women with disabilities, we recommend that the Child Safety Commissioner, Victorian Equal Opportunity and Human Rights Commissioner and the Public Advocate be invited to join statewide governance structures.

9. As a form of violence against women, family violence should be recognised as a human rights violation under the Victorian Charter of Human Rights.

Question Four: If you or your organisation have been involved in programs, campaigns or initiatives about family violence for the general community, tell us what these involved and how they have been evaluated.

EMAP

The Eastern Media Advocacy Program (EMAP) supports women who have experienced family violence and women who have experienced sexual assault to talk with the media and at public speaking engagements about their experience as a survivor of violence. Advocates participate in a three day training program and are provided with ongoing support to speak out about their stories. The program is led by Women's Health East, in partnership with the Eastern Domestic Violence Service (EDVOS) and the Eastern Centre Against Sexual Assault (ECASA).

Through media and public speaking opportunities, the project:

- ensures that the voices of women who have experienced sexual assault and family violence are heard
- seeks to bring about change in community attitudes, systems and legislation in order to prevent violence against women

EMAP recognises the media as a tool that can effect change in community attitudes and beliefs on important social and health issues such as violence against women. Through this (and other) mediums, advocates challenge misconceptions and stereotypes around sexual assault and family violence, encouraging responsible reporting and a more informed public discourse around the issue of violence against women and its causes. Violence against women is not just the occasional, horrific, sensational horror-story, but a systemic and widespread abuse of human rights that has devastating and far-reaching impacts on women, families and communities.

An external evaluation of this program was undertaken in 2013 and demonstrates that the program has a range of benefits. Most significantly, the program has had a positive impact directly on survivor advocates who have been involved with the project, and has influenced more accurate and sensitive reporting on the issue of violence against women.

Critically, the voices of women who have survived violence are powerful. They need to be listened to, heard and acknowledged as part of the important public and political dialogue around this issue.

LISTENING TO AND LEARNING FROM WOMEN

I want to see all levels of government speaking out to end violence and discrimination against women. - Survivor Aged 40

Women's Health East

The Listening to and Learning from Women campaign collects, shares and promotes the words of women who have survived violence about how we can create the societal changes necessary to end violence against women.

Women who have experienced violence have a wealth of understanding about this issue, but are often not able to share their knowledge or voice their opinions. We believe that the community would gain great value from listening to and learning from the voices of women who have experienced family violence or sexual assault.

In order to generate the messages, women in the Melbourne's East who have experienced violence where asked to make suggestions as to what we need to do as a community to prevent violence against women. These messages (presented as pictures – see example) were shared with partner organisations across Melbourne's Eastern Region and used in social media and other activities as a region-wide strategy to acknowledge the 16 Days of Activism Against Gender Violence.

Partner organisations participated in a survey that indicated that 86% of participants thought the pictures were useful. 29% stated that the use of the pictures within their organisation had prompted conversations in the workplace and 28% felt that the messages had prompted conversations with some of their partner organisations.

<u>Recommendations:</u>

10. Media Advocacy Programs be established and resourced throughout the state as a mechanism to ensure women's lived experience informs policy, strategy and practice

11. Violence against women should be recognised as a human rights violation under the Victorian Charter of Human Rights.

Question Six: What circumstances, conditions, situations or events, within relationships, families, institutions and whole communities, are associated with the occurrence or persistence of family violence?
Question Seven: What circumstances and conditions are associated with the reduced occurrence of family violence?

While risk management is fundamental to addressing incidents of family violence when they are reported to us, these risks have been mistaken for drivers in many mainstream public servants and community services organisations.

At present there are different paradigms being utilised to address family violence across sectors and the circumstances of those who experience it. This can lead to problematic language, and a conflation of issues which belies the complex nature of family violence. For example, in defining risk and protective factors at the community and societal level they can be, and in the RFVP experience working with other organisations and partnerships in our region, are understood as predictive factors.

The correlational aspect of the individual risk markers (such as alcohol, pregnancy or cultural identity) can lead to discussion and focus on particular issues, communities and cohorts. A strong understanding of primordial prevention across general populations (gender inequality and stereotypes) needs to be coupled with a contextualisation of a range of individual risk factors.

It is natural and beguiling for new comers to family violence to view it as occurring in pockets of communities and society – in many ways it makes the issue appear less intractable and reduces our collective responsibility to address it. Instead, every effort needs to be made to ensure that a dialogue is informed by an understanding of its determinants, and the role that risk markers can play in an individual's experience of victimisation or perpetration of family violence.

> 'It is recognised that gaining a measure of the prevalence and effects of these risk enhancing or protecting attributes is complex, and identification of specific target groups that are at risk is difficult as family, domestic and sexual violence affects all cross-sections of society.'[iii]

Risk markers need to be addressed in terms of harm reduction and increasing knowledge and awareness of their correlation to family violence. The danger in becoming preoccupied with contributing factors is that the key elements in addressing family violence are missed. That is, the focus shifts from safety and accountability. Safety and accountability must be the primary focus across our systems, coupled with sustained, long term primary prevention efforts at statewide, regional and local levels.

The concept of reduction can be interpreted in different ways depending on which framework is applied. For example, from a policing perspective a reduction in recidivism, or repeat police attendance, is considered a reduction in occurrence. However, repeat police attendances are approximately 20% of family violence attendances. With 5-10% of cases categorised as at imminent risk of lethality, the vast majority of family violence reported to police are the first time police have been contacted. In these majority incidents for first time police contact, we cannot presuppose that they are first time occurrences of family violence as it is estimated there will be, on average, thirty-five incidents before assistance is sought. With estimates that family violence is still vastly underreported, there are still many women and children we do not know about and who are not accessing the justice sector.

The correlation of mental health, alcohol and drugs with family violence can be understood as key risk markers. In 2012-2013, 23% of family violence incidents in Victoria attended by police involved alcohol consumption.[iv] Harm reduction strategies for alcohol and drugs may result in reducing the severity of some incidents of family violence; however they do not redress fundamental causes. If we conflate proximal risk factors with fundamental causes, we will not create long term safety for women and children.

> "Overall, these findings indicate that although there is evidence for an association of indicators of alcohol use with IPV perpetration and victimization, it is not as strong or as consistent as has generally been supposed."[v]

While family violence impacts on everyone, evidence has clearly established family violence as a gendered issue. We know that addressing the primary determinants of men's violence against women – namely gender inequality and adherence to rigidly defined gender roles[vi] – will help to

prevent all forms of violence against women before it occurs, including family violence. A gender equity focus needs to be central to any efforts aimed at preventing family violence.

The prevention of violence against women is a long term undertaking. Family violence will only stop when community norms and societal structures that perpetuate unequal relations between men and women are changed.[vii] Changes to attitudes and behaviours require long-term, coordinated action.

One off or short term projects will not prevent family violence. Effective prevention requires a range of mutually reinforcing, evidence based strategies reaching out to the whole of the community.[viii] We need both structural and cultural change which result in gender equality in our

- personal relationships – partners, family and friends,
- community – at school, at work, in community groups, faith based groups, sporting clubs, and
- society – in the media, advertising and popular culture, in those holding positions of leadership / power, including in our governments, and in regulatory or legislative frameworks that support gender equity

In order for this to occur, active engagement of a range of sectors is required e.g. local government, health, community, education, workplaces, sports, media.[ix] Action needs to be planned and coordinated to ensure that the whole of community is being reached, strategies are evidence informed, evaluation is occurring and learnings are being documented and shared. Coordination also results in avoidance of duplication and thus enables efficiencies of effort. Together for Equality & Respect is an example of a coordinated approach – see case study below.

A Case Study - A Regional Approach to Prevention in the East

Together for Equality & Respect (TFER): A Strategy to Prevent Violence Against Women in Melbourne's East 2013-2017 is an example of regional integrated effort to prevent violence against women. TFER was developed with the input, enthusiasm and commitment of organisations across the 7 local government areas in the Eastern Metropolitan Region of Melbourne (EMR) - including **all** Local Governments, Community Health Services, Women's Health, Medicare Locals, Primary Care Partnerships and the Regional Family Violence Partnership. Led by Women's Health East, the Strategy brings together more than 25 agencies working on a shared regional priority to prevent violence against women through an evidence-informed approach. This work has been guided by VicHealth's Framework for Action[x]. The Strategy describes a uniting vision to prevent men's

violence against women.

The regional approach promotes the prioritisation, coordination and integration of effort, and supports accountability, efficiency (through shared resources/tools), and consistency in messaging and peer-learning opportunities among Partner organisations.

Examples of local initiatives taking place in the EMR include:

- Gender Equity training being delivered to TFER Partner organisations
- Organisational Gender Audit Tool being utilised by TFER Partners
- Social marketing capacity building – and the use of shared messaging to promote gender equity
- Consultations with Chinese and Indian communities to build knowledge on effective prevention
- Gender equity initiatives focused on specific populations groups eg early years providers, young women, primary and secondary school children, first time parents, Aboriginal young people and sporting clubs

Why TFER is unique:

- TFER has a focus on rigorous evaluation at a regional level of the impact of TFER to prevent violence against women across a range of settings and population groups.
- This evaluation has been enabled through the development of shared objectives, shared indicators of success and shared evaluation tools.
- It addresses an identified gap in knowledge around the impact of mutually reinforcing primary prevention initiatives within a designated area across multiple settings. A key outcome will be to generate data that captures the impact of an integrated regional Strategy, including barriers and enablers to good practice.

Achievements to date (as identified through a partnership evaluation):

- The prioritisation of the prevention of violence across the region – on everyone's plans, and consistency across plans, giving credibility, strength and backbone to the issue.
- The development of a Regional Strategy, a Regional Action Plan and Evaluation Plan
- Common objectives and evaluation tools.
- A growing momentum, engaging more people as the project moves along.

This evaluation also identified success factors so far. These include:

- The planning work was done within the partnership, freeing organisational resources to focus on implementation.
- The inclusive approach – the partnership is open to any organisations who are interested and the number of partners continues to grow over time.
- Having an organisation (Women's Heath East) that is expert and prepared to lead.

Violence against women is a serious human rights abuse, placing an obligation on government and funders to take action to prevent it. An increased focus on prevention is critical to prevent family violence in the future.

The primary prevention of violence needs to be strongly supported by government policy. A whole of government long term commitment is required. This must be matched with a substantially increased and sustained funding allocation in order to effect long term change. The current investment in prevention is vastly inadequate. This increase must be in addition to adequate funding of services which respond to family violence.

Funding needs to include:

- Support for leadership and coordination – Victoria has paved the way in guiding and informing evidence based primary prevention practice. At both government and local levels, this should be acknowledged and built upon to further strengthen Victoria's efforts to prevent family violence. Leadership and coordination of on the ground work is essential and requires funding support. A coordinated state-wide response should make use of established plans, networks and infrastructure at the regional and local level. Women's Health Services in every region of Victoria are leading and coordinating regional action. The role of women's health services in leading, coordinating and supporting organisations to undertake primary prevention work is resource intensive and requires funding support. Our experience in the East is that bodies such as local government and community health organisations also have important leadership roles and reach at a local level.
- Funds to support local action – while commitment across Victoria to the prevention of violence against women is growing, specific funds to support organisations and others to undertake sustained local action is crucial.
- Investment in evaluation – The prevention of violence against women remains an emerging area of practice. While there is evidence to support the need for action to address the key determinants of violence (gender inequality and adherence to rigid gender roles) and while information is known about some specific interventions, there are still gaps in our knowledge. In particular, the evidence base would benefit from greater investigation of what works with specific population groups and in

particular settings. One area where evidence is missing relates to the impacts of undertaking a range of mutually reinforcing activities at a population level. Well evaluated regional action plans have the capacity to add to this gap in evidence.

Recommendations:

12. Strengthen accountability of all service providers working with women and children experiencing family violence, as well as men perpetrating it to work from the CRAF as its evidence base. Collaborative work and information sharing should be underpinned by the common risk assessment framework across sectors.

13. Identify inconsistent language and frameworks and remedy as part of a Philosophical Agreement Monograph across departments [Appendix E]

14. The reduction of family violence is viewed and resourced as a longitudinal process, underpinned by the spectrum of prevention, from primary to tertiary

15. Investment in primary prevention as outlined above

Question Eight: Tell us about any gaps or deficiencies in current responses to family violence, including legal responses. Tell us about what improvements you would make to overcome these gaps and deficiencies, or otherwise improve current responses.
Question Nine: Does insufficient integration and co-ordination between the various bodies who come into contact with people affected by family violence hinder the assessment of risk, or the effectiveness of (early intervention, crisis and ongoing) support provided, to people affected by family violence? If so, please provide examples.
Question Ten: What practical changes might improve integration and co-ordination? What barriers to integration and co-ordination exist?

As already noted, there are many frameworks and approaches used in addressing family violence. It is important to acknowledge the paradigm conflicts that this can lead to – for example, family relationship centres can define family violence as high conflict. This framework does not necessarily uphold safety and accountability. The Coordinated Family Dispute Resolution is an example of a framework that prioritises safety.

The links between the family and state courts in providing a consistent response underpinned by safety and accountability needs to be examined. There is current legislation that is incongruent with systems that work to enhance the safety of women and children. One example of this is Victoria's failure to protect laws which orientate the system towards holding victims accountable for the perpetrator's behaviour.

> There is a pre-existing/historical bias in the child welfare system that when a child may be at risk, it is the mother who should protect them. ..while the category of failure to protect or neglect appears on the surface to be gender-free, implicating "parents" as responsible for the care of children, it means that in the majority of situations mothers are most often accused of failing to protect their child(ren) in cases of domestic violence.[xi]

For women that access the legal system, it is important to ensure they have access to legal representation. This entails providing accessible (cost and informed) legal support to women to navigate the justice system. It is important to note the impact of having those in positions of power judging women's experiences of violence and determining her safety and the safety of her children. This process often creates an understandable sense of fear. This expression of fear and the attempts to achieve safety is often interpreted by those in positions of power, e.g. magistrates, court personnel, psychologists/psychiatrists and other testifying professionals, as a lack of composure and therefore a lack of credibility in the women's testimony.[xii]

The legal system has a clear role in holding perpetrators to account however, should also be accountable to women and children. Currently judicial responses to women are predominantly reliant on magistrate's depth of understanding of family violence, resulting in inconsistent responses to intervention order applications, family law proceedings and issuing consequences for respondents; this in turn results in some women being unnecessarily put at risk.

Recommendations:

16. New initiatives by government are considered through strong re-established whole of government governance structures that have an overview of how different parts of systems affect the functioning of the other in relation to family violence.

17. Victoria consider Praxis Safety & Accountability Audits across sectors, to be led by Regional Integration Committees [Appendix F]

18. Victoria embed the Coordinated Family Dispute Resolution model [Appendix G]

19. Victoria repeal the failure to protect laws

20. The state advocate regarding the safety issues for children, in the context of the family law system, where the needs and rights of the child to safety are undermined by the shared parenting framework.

21. Victoria enact amendments to Privacy Law to ensure that information pertaining to the safety of women and children can be shared to support safety and accountability outcomes

22. CRAF training for all court personnel (e.g. registrars, magistrates, judges) with attached accreditation that must be kept up to date

23. Establish a judicial review system with an independent commissioner to hear complaints against judges and magistrates

Question Eleven: 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?

Violence alters the developing child. We know that lack of critical nurturing experiences and excess exposure to traumatic violence will alter the developing brain of the child, predisposing to a more reactive, impulsive and violent individual. We know what a traumatised child needs and mostly we know how this can be best provided. What we don't have is a coherent service wide identification, protection and treatment response for children experiencing family violence.

The development of a system wide consistent service response to children requires development of common understanding, common language and effective intervention approaches. A consistent response requires attention to risk to children as well as support to non-offending carers in their support of children. Criminal, legal and protective responses to children need to be strengthened. These responses need to focus on the protection of children over time, hence acknowledging the damage cumulative harm does to children.

A co-ordinated response to children experiencing family violence requires the capacity to share information and to work with consistent standards relating to risk and need that are shared between

child protection, family services, family violence services and treatment services. An effective treatment response to children affected by family violence must recognise the importance of the mother-child relationship. Research strongly suggests that supporting and strengthening this relationship in the aftermath of family violence is a critical factor in maintaining the mother's parenting capacity and can moderate the impact of abuse on the child.[xiii]

Recognition of the importance of this relationship has significant implications for the broad service systems response to children who are affected by family violence; not just for the specialist family violence services and specialist children's counseling services. This will require joint work with both women and children. Research suggests that joint work is the exception rather than the norm.[xiv] Recognising the value of joint work and the need for it to be embedded into our service system requires time and resources.

There is a need for appropriate funding for tertiary prevention, particularly given the rise in demand in recent years.

We also refer the Commission to our submission to the Senate Inquiry in relation to the above matters. [Appendix A]

Recommendation:

24. Provide a range of protective and treatment responses, often working together, for children affected by family violence

Question Fourteen: 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? How do we ensure that behaviour change is lasting and sustainable?
Question Sixteen: If you or your organisation have been involved in observing or assessing approaches to behaviour change, tell us about any Australian or international research which may assist the Royal Commission. In particular, what does research indicate about the relative effectiveness of early intervention in producing positive outcomes?

The recently published Project Mirabal report highlights some key findings in relation to men's behaviour change programs in the UK and these would be applicable in the Australian context. We note that overall findings are promising. The report indicates that there is a cessation of physical and

sexual violence by perpetrators, although not necessarily other abusive behaviours, and they have a key role to play in a coordinated response to family violence. In particular, we note their importance in providing valuable information in order to address safety and accountability.

> "For now, we conclude that whilst there is more work to be done, and improvements to be made to group work with men, support for women and children, and the location of DVPPs within CCRs, overall we are optimistic about their ability to play an important part in the quest to end domestic violence."[xv]

Recommendations:

25. The introduction of more mandated groups for perpetrators of family violence and sanctions for perpetrators who fail to attend groups

26. Further research on the short and long term impact of Men's Behaviour Change programs

27. A state/national framework that identifies the purpose of men's behaviour change programs as enhancing the safety of women and children and stipulates their role in a coordinated response, as well as set clear standards and assurance mechanisms to ensure that the men's behaviour change sector is resourced to be able to undertake consistent risk management practice as part of its core business.

28. Strengthened information sharing and feedback loops between police, corrections, men's behavior change programs, child protection, and services for women and children

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

Isolation in any form – geographical, social, and cultural among others - makes it more difficult for women to access services that can provide a pathway to safety. Women who are isolated, are therefore less likely to be in a position to seek support, less likely to do so early and less likely to get services that are appropriate to their needs.

Recognition of the intersection of different forms of discrimination faced by women is critical. Factors such as Aboriginality, class, age, sexuality, ethnicity and disability intersect with gender to shape the experience and risk of family violence, as well as access to appropriate responses. Women's diverse backgrounds, contexts and life experiences demands a sophisticated, long term commitment to addressing the diverse and intersecting forms of discrimination faced by women and ensure an approach to both prevention and response that is accessible, inclusive and relevant. One example is a current gap in the evidence base around effective and culturally relevant prevention approaches for culturally and linguistically diverse communities in Victoria. This is an area that needs more attention.

We again refer the Commission to our submission to the Senate Inquiry in relation to these matters. [Appendix A]

We would also like to stress there is already much evidence and guidance in terms of what is required to improve responses, the issue is implementation of this knowledge in real terms. We postulate that the Praxis Safety & Accountability Audits may be one mechanism for further aiding both process and implementation in regions. We note their conceptualisation of 'The Complexity of Risk and Safety' as a useful overview [Appendix H].

Question Twenty: Are there any other suggestions you would like to make to improve policies, programs and services which currently seek to carry out the goals set out above?

Question Twenty-one: The Royal Commission will be considering both short term and longer term responses to family violence. Tell us about the changes which you think could produce the greatest impact in the short and longer term.

Without accurate data, strong services and effective prevention is undermined. There is currently no shared framework for collecting or interpreting data. At present there are many organisations and bodies interested in collecting data in relation to family violence. This is a complex area and would benefit from consistency in collection, analysis and interpretation.

The Victorian Family Violence Database, which ceased reporting in 2010, was an example of a useful analysis. As part of the family violence reform process, KPMG also undertook benchmarking in 2009, which also ceased. We note both may be worth revisiting. With the proliferation of place based initiatives who have adopted a data focused approach; it would be timely to have a mechanism for interpreting family violence data across the state and regions. This would result in a consistent and coherent interpretation and could inform a framework for localised understanding underpinned by data integrity.

> "It is critical that the different types of statistics, and their different sources, are clearly distinguished so that debates about the future prevention of MVAW are soundly informed."[xvi]

The skills of workers addressing family violence have a significant impact on the safety of women and children and accountability of perpetrators. However, at present, there is inadequate certificate-level training available for workers with women and children experiencing violence, in contrast to men's services. In addition, although there has been funding available for men's services workers to access the Graduate Certificate in Social Science, Male Family Violence, there is nothing comparable for women's and children's services. Specialisation and expertise are a critical component in our systems. We note that specialist skills in the family violence field are attributable to more than training. The concept of 'practice in knowing' and knowledge exchange play a key role. [Appendix I] We also note ongoing workforce and organisational development is required to sustain and broaden current primary prevention activities, including skilled primary prevention practitioners.

Recommendations:

29. Establish a shared framework for data collection and interpretation; consider reinstating the Victorian Family Violence Database and benchmarking as an interim step in this process.
30. Build on early effort of CRAF work to embed training in tertiary qualification by ensuring family violence training is embedded across educational institutions and professions including a graduate certificate for practitioners working with women and children experiencing violence.

31. Develop a long term workforce sustainability plan for the specialist family violence sector.
32. Build a skilled primary prevention workforce, within existing sectors, and as specialists.
33. Establish clear definitions and standards for specialisation in family violence work and where this is situated in systems in conjunction with relevant peak bodies.

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[i] Department for Communities Government of Western Australia (2007) *Western Australian Safety and Accountability Audit of the Armadale Domestic Violence Intervention Project,* p. 138

[ii] Department for Communities Government of Western Australia (2007) *Western Australian Safety and Accountability Audit of the Armadale Domestic Violence Intervention Project,*, p. 138

[iii] Australian Bureau of Statistics (2013) *Defining The Data Challenge For Family, Domestic and Sexual Violence, Australia*, Commonwealth of Australia.

[iv] FARE (February 2015) *Policy options paper*, Table 2, p. 19

[v]Capaldi, D. et al (2012) *A Systematic Review of Risk Factors for Intimate Partner Violence*, USA: State of the Knowledge Project for Partner Abuse, Oregon Social Learning Center Abstract.

[vi] VicHealth (2007), *Preventing Violence Before it Occurs: A Framework and Background Paper to Guide the Prevention of Violence against Women in Victoria,* VicHealth

[vii] Ibid.

[viii] VicHealth (2011), *Preventing violence against women in Australia: a research summary*, Vic Health

[ix] VicHealth (2009), *Preventing Violence Against Women: A Framework for Action*, VicHealth

[x] Ibid.

[xi]Swift, K. (1995). *Manufacturing 'Bad Mothers': A Critical Perspective on Child Neglect*. Toronto: University of Toronto Press. 101.

[xii] Hoegger, R. (2003) 'What If She Leaves? Domestic Violence Cases Under the Hague Convention and the Insufficiency of the Undertakings Remedy ', *Berkeley Women's Law Journal,* 18(1)

[xiii] Humphries, C. et al (2010) ' Readiness to Change: Mother-Child Relationship and Domestic Violence Intervention', *British Journal of Social Work,* 41(1)

[xiv] Ibid.

[xv] Kelly, L. and Westmarland, N (January 2015) *Domestic Violence Perpetrator Programmes Steps Towards Change. Project Mirabal Final Report*, UK: London Metropolitan University & Durham University, p. 46

[xvixvi] Chung, D. (May 2013) *Understanding the Statistics About Male Violence Against Women*, Australia: White Ribbon Research Series – Paper No. 5.

Appendix A:

<u>Joint Submission to the Senate's Finance and Public Administration Reference Committee on Domestic Violence July 2014</u>

Response on behalf of the Eastern Metropolitan Region Regional Family Violence Partnership and Together for Equality & Respect

This response is prepared on behalf of the Eastern Metropolitan Region Regional Family Violence Partnership ("EMR RFVP") and Together For Equality and Respect, a regional initiative to prevent violence against women before it occurs. We welcome the opportunity to prepare a submission to the Senate Inquiry.

About us

The EMR RFVP is a partnership of organisations committed to working together to address family violence in the Eastern Metropolitan Region of Melbourne. Our goal is to provide an integrated and coordinated family violence response to support women and children's safety and accountability of perpetrators. Our membership includes representation from Victoria Police, the Magistrates Courts, women's services, men's services, child and family services, Child Protection, Aboriginal services, disability advocates and sexual assault services. Together, we work to continually refine an integrated family violence service system to meet our mission. Our work is premised on the evidence that most family and sexual violence is perpetrated by men, and women are most commonly the victims of family violence and sexual assault.

The mission of the EMR RFVP is to provide an integrated service response that prioritises:

- Safety for women and children;
- Accountability of those who use violence;
- Women's right to have control and agency over their lives and future;
- The independent rights and needs of the child; and
- Acknowledgement of cultural context.

Together for Equality & Respect (TFER): A Strategy to Prevent Violence Against Women in Melbourne's East 2013-2017 was developed in 2012/3 with the input, enthusiasm and commitment of a large number of contributors from the Eastern Metropolitan Region. TFER partners include Local Government, Community Health, Women's Health, Medicare Locals, Primary Care Partnerships and the Regional Family Violence Partnership.

This submission addresses all the terms of reference as detailed in the Inquiry.

a. ***<u>The prevalence and impact of domestic violence in Australia as it affects all Australians and, in particular, as it affects women living with a disability and women from Aboriginal and Torres Strait Islander backgrounds:</u>***

Prevalence and impact of domestic violence in Australia as it affects all Australians

The EMR RFVP recognises that family violence primarily affects women and children. We recognise Australia's commitment to United Nation's Convention on the Elimination of Discrimination against Women, 1979 (CEDAW) and the Declaration on the Elimination of Violence against Women, 1993 (DEVAW).

Women have the right to be safe in their most intimate relationships and in their homes.

The following evidence gave impetus to family violence reforms in Victoria:

- It is estimated that in 2002–2003 the total number of Australian victims of domestic violence may have been of the order of 408,100, of which 87% were women (Access Economics, 2004).
- It is also estimated that there were a similar number of perpetrators of domestic violence, 98% of which were male (Access Economics, 2004).
- Over two thirds of women have experienced violence since the age of 15 (Australian Bureau of Statistics, 2006) and a total of 39.9% of women (and 51.1% of men) have experienced some form of physical or sexual violence since the age of 15 (Australian Bureau of Statistics, 2006,)
- Intimate partner violence alone contributes 9% to the disease burden in Victorian women aged 15-44 years, making it the largest known contributor to the preventable disease burden in this group. (Vic Health, 2004).

The Australian Bureau of Statistics (ABS) released the **2012 Personal Safety Survey** (PSS). This survey follows up on the 2005 PSS, and the 1996 Women's Safety Survey. Some key findings are that: 1 in 3 Australian women (34%) have experienced physical violence [since the age of 15] and 1 in 5 Australian women (19%) have experienced sexual violence [since the age of 15]. These statistics have not changed since 2005.

Types of violence

Both men and women were more likely to have experienced physical violence than sexual violence. However, sexual violence was **four** times more common for women than men: 19% of women had experienced sexual violence since the age of 15 compared to 4.5 per cent of men. The ABS also found that since the age of 15, women were more likely than men to have experienced emotional abuse by a partner: 25% of women compared to 14% of men.

Information about the perpetrator

Since the age of 15, men were more likely to have experienced violence from a stranger than by someone they knew, while the reverse is true for women. Women were more likely than men to have experienced violence by a partner since the age of 15: 17% of women and 5.3% of men had experienced violence by a partner.

Location of where the violence occurred

When looking the most recent incident of physical assault by a male, the most likely location for a woman to be physically assaulted was in their home (62% of women compared to 8.4% of men). In 87% of cases this was committed person/people known to the woman.

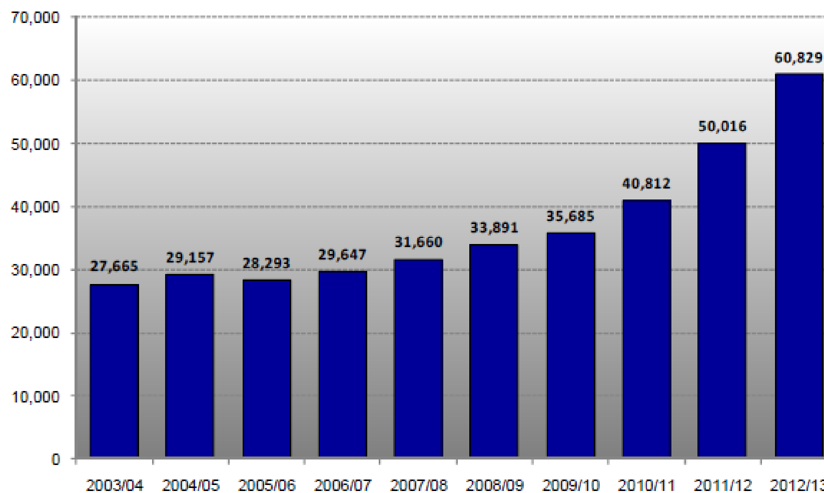
Men are more likely to be victims of violence from strangers and in public. Of the men who have experienced physical violence, 61% of these incidents occurred in a public place and in 73% of cases this was committed by person/people that were not known to the individual.

Reporting the violence and economic costs of family violence
An estimated 67% of women have not been in contact with the police after their most recent incident of physical assault by a male.

Additionally, family violence is recognised as a form of child abuse that impacts on children's development, safety and wellbeing. This impact occurs when children witness violence against mothers and other family members; when direct attacks are made on children; and when children act to protect mothers and/or siblings and are caught in the cross-fire. The absence of a safe and nurturing environment may also impact on children's psycho-social development[xvi]
It 2008-2009 it was estimated violence against women and children cost the Australian economy $13.6 billion and if no action was taken to address the issue this would rise to $15.6 billion in 2021-22 (KPMG Management Consulting 2009.) Violence against women and their children cost the Australian economy an estimated $13.6 billion this year. This is more than last year's $10.4 billion plan by the Australian Government to stimulate the economy in the face of the global financial crisis; more than the Government's $5.9 billion Education Revolution; and more than three-quarters of the initial budget allocation in 2008-09 of $20 billion to its Building Australia Fund.

Implementation of *Time for Action: The National Council's Plan for Australia to Reduce Violence against Women and their Children* (the Plan of Action) aims to reduce the levels of violence against women and their children by 2021. For every woman whose experience of violence can be prevented by the Plan of Action, $20,766 in costs across all affected groups in society are avoided.

Overall Victorian police crime statistics show an increasing in family violence incident reports as indicated in the table below:



Victorian trends are reflected in our region. Regional police data demonstrates that violence against women is unacceptably high. The number of family violence incidents reported to police rose by 60 per cent between 2008-2009 and 2012-2013.

i. Impact of family violence on Women living with a disability:

The World Health Organisation's *World Report on Disability* (2011) states that on all measures of social and economic wellbeing, people with disabilities are significantly disadvantaged by barriers to participation. People with disabilities have a higher risk of being exposed to violence, but it is known that women with disabilities are at significantly higher risk of violence than their male counter-parts and non-disabled women, and are more likely to experience this violence over a longer period of time, suffering more serious injuries as a result (VicHealth, 2004). An intersectional approach to violence against women with disabilities has increasingly been adopted as a way of understanding how interacting systems of discrimination shape the lives of women with disabilities (Healy, 2013). Women experience compounding barriers due to the intersection of gender discrimination, and further intersections (e.g., cultural and linguistic diversity). Domestic/family violence impacts on health outcomes (e.g., trauma) further complicate access to safety. The social model of disability recognises these barriers as part of society, not as part of the women or her children.

The *Voices Against Violence* Research Project was released this year. The project was completed in partnership between Women with Disabilities Victoria, Office of the Public Advocate and Domestic Violence Resource Centre Victoria. The project arose from an identified need due to a lack of information and knowledge regarding women with disabilities who experience violence. It sought to address the gaps of the knowledge given that women with disabilities experience higher rates of violence and that they encounter significant barriers in accessing appropriate services. The purpose of the project was to provide evidence based recommendations for legal, policy and service sector reform.[xvi]

ii. The impact of family violence on women from Aboriginal and Torres Strait Islander (ATSI) backgrounds;

Indigenous women are over-represented as victims of domestic violence, with victimisation rates estimated to be much higher than those of non-Indigenous women (Indermaur 2001; Mouzos & Makkai 2004; NCRVWC 2009a). In 2002, 20 percent of Indigenous women reported that they had been a victim of physical violence in the previous 12 months, compared with 7 percent of non-Indigenous women (Mouzos & Makkai 2004). Indigenous women are as much as 35 times as likely to sustain serious injury and require hospitalisation as a result of violence committed by a spouse or partner and are more likely to access emergency accommodation or refuge (Al-Yaman, Van Doeland & Wallis 2006). However, efforts to develop reliable estimates as to the extent of domestic violence in Indigenous communities have been limited by methodological issues (Mouzos & Makkai 2004; Schmider & Nancarrow 2007).

The likelihood that an Indigenous woman will be a victim of violence can be understood as resulting from a confluence of risk factors relating to alcohol and substance use, social stressors, living in a remote community, measures of individual, family and community functionality and the resources

available to the person (Bryant & Willis 2008). Indigenous women are more likely to report being a victim of physical or threatened violence if they are young, have been removed from their natural family, have some form of disability, have experienced a higher number of recent stressors and have financial difficulties (Al-Yaman, Van Doeland & Wallis 2006).

A key issue preventing Indigenous women from accessing counselling, legal and medical support services is the closeness and breadth of kinship groups. This can impact on an individual's anonymity and their decision to disclose offences for fear of social and physical repercussions, alienation and upheaval within the community and the family (WA Office for Women's Policy 2005). In addition, many Indigenous communities are not adequately resourced to deal with domestic violence issues, resulting in a lack of support for victims (Memmott et al. 2001).

In recognition that ATSI communities require culturally safe responses to family violence the Victorian Government established the Indigenous Family Violence Task Force ("Taskforce") in May 2002. The Taskforce engaged ATSI communities in extensive consultations to respond to the escalating level of family violence and to make recommendations in relation to culturally appropriate strategies to address the problem. The Indigenous Family Violence Strategy was released in October 2004 and the current report that guides this work is, *Strong Culture, Strong People Strong Families: Towards a Safer Future for Indigenous Families and Communities* (AAV-DPCD, 2008).

Through this, the State government has funded the implementation of a number of culturally and community specific family violence initiatives and the establishment of Indigenous Family Violence Regional Action Groups.[xvi] Indigenous community consultations in the Victorian Indigenous community have revealed continuing high levels of: partner abuse; elder abuse (physical, psychological and financial); youth abuse (assaults involving Indigenous and non-Indigenous young people); assaults between extended families as a consequence of drug and alcohol misuse; large numbers of Indigenous people presenting at court on assault charges; sexual abuse; child abuse and neglect. Family violence includes intergenerational violence and abuse, affects extended families and kinship networks. An individual can be both a perpetrator and a victim of family violence.

Current information on the incidence of family violence against Indigenous women is limited but estimated to be significantly higher than the general population. As referred to previously in this submission, family violence affects many Victorians including many Indigenous women who are in relationships with non-Indigenous partners.

Family violence also has a devastating impact on Indigenous men who experience higher levels of victimisation than is the case in the general community. National data suggest that between 1999-2001 Indigenous men were eight times more likely to be hospitalised for assault than non-Indigenous men (nationally, Indigenous women were 28 times more likely to be hospitalised as a result of assault than other women in the same period).

The Victorian Indigenous Family Violence Task Force identified communities' need to create safe ways to disclose child and sexual abuse in particular and that more research was needed to determine the scope of the problem.

Family violence is the single biggest risk factor for child abuse notifications to be substantiated in Victoria and is present in 64% of cases affecting Indigenous children. Indigenous children are around 10 times more likely to be victims of abuse with the highest proportion relating to emotional abuse.

Family violence and its implication in the abuse of Indigenous children as observers of violence, poses a serious developmental threat to the health and welfare of Indigenous children in Victoria. The 2006 census indicates that children under 13 years old make up approximately 32% of the Indigenous population in Victoria (compared to 16% of the non-Indigenous population).

As detailed in the Taskforce Final Report, the majority of perpetrators of violence against Indigenous people are men (both Indigenous and non-Indigenous) and that Indigenous male perpetrators often have experienced inequity, violence and transgenerational trauma that contribute to the current levels of Indigenous family violence.

In Victoria, 'Strong Culture, Strong Peoples Strong Families 10 Year Plan' notes the causes of family violence are located in the history and impacts of white settlement described above and structural violence of race relations since then such as: dispossession of land and traditional culture; breakdown of community kinship systems and Indigenous law; racism and vilification; economic exclusion and entrenched poverty; alcohol and other drug abuse; the effects of institutionalisation and child removal policies; inherited grief and trauma and loss of traditional roles and status All of these factors are seen as contributing to high levels of distress within the Indigenous community, which is often demonstrated through destructive behaviours such as substance abuse, self-harm and violence.

The EMR RFVP notes the importance of cultural partnerships to work together to develop language, joint services and projects which are inclusive, developing MOU's between Aboriginal and mainstream services to enhance services to the community and provide co-case management as appropriate and mainstream agencies developing cultural competencies. These elements are key foundational structures when responding to family violence in Aboriginal communities in our local context.

b. ***The factors contributing to the present levels of domestic violence***

International research demonstrates that violence against women has its roots in gender and power inequality; in the lack of equality in relationships between men and women in our society, in the entrenched gender stereotypes and patriarchal structures which women face on a daily basis, and in the inequalities in power and control that women experience throughout their lives. These gendered issues of power and control are reinforced through a complex web of cultural and social norms and structures that perpetuate unequal relationships. (VicHealth 2007, Office of Women's policy 2010, Centre for Health and Gender Equity).

As identified above violence against women is a pervasive, serious and prevalent issue in the Australian community, however it is also preventable.

Risk factors that are associated with individuals' experience of family violence in the Eastern region reflect the diversity of our communities. These factors mirror the evidence across Victoria on factors associated with family violence, but not necessarily causing it.

In many ways though, these can be seen broadly as the ways in which women and children are isolated – either through language, economic circumstance or disability – or for whom services are not easily, or safely accessible. The Eastern Metropolitan Region population is diverse, and has a vast range of communities from different economic backgrounds.

Where clients appear to be economically secure, family violence can go either unnoticed or unacknowledged. As a result, there is a collusion of silence about family violence. In such situations, victims of family and domestic violence live two lives where their 'public face' does not reveal the reality of having money for simple amenities such as bus fares – where financial abuse within the relationship is an issue - or struggling with large debts brought about as a result of the relationship. In these situations, children are also less likely to tell other people about the domestic and family violence at home. If victims from these backgrounds are working, they are less likely to disclose to their workplace the reality of their experience of domestic and family violence.

For women from low income families and communities, access to services is restricted, and opportunities to identify and intervene to support her to be safe are fewer. The financial impact of speaking out can be an additional barrier for women from low income families. There are also issues in seeking support for women who are wary of authority, such as Aboriginal women, newly arrived migrants, and women with disabilities. The intersection of previous experience, racism and discrimination compounded with experiencing family violence render seeking support from police and other government agencies a difficult task. For some women seeking help exacerbates the daily risks they manage when experiencing family violence.

c. ***The adequacy of policy and community responses to domestic violence***

Over many decades, responses to family and domestic violence have clearly changed. Domestic violence was once seen as a private family matter, and women were expected to suffer in silence and not dishonor their family by airing dirty laundry. Violence was rarely reported to the police, and the few women who did seek help were often treated with scorn.

Women and girls are the most common target of domestic and sexual violence which commonly leads people to think of violence as a "women's issue." "Domestic violence", "Men's Violence against Women" and "Family Violence" are all now named as a public issue, a human rights issue and a community responsibility. Family violence reforms are occurring on international, national, state and local levels with strong advocacy and leadership from the women's sector. Violence against women and girls is being named as a community concern where government and the community sector need to work together to enhance women and children's safety in their homes and hold perpetrators of family violence responsible and accountable for their actions.

Overseas and Australian research indicates that the most effective solutions involve a whole of government, coordinated community response. This community coordinated response should include

a strong police and judicial response, and well-targeted human service responses, including housing for women, children and men. All services need to work together to actively respond to family violence.

Violence against women received significant attention at the national level in 2010 with the release of the *National Plan to Reduce Violence against Women and their Children 2010–2022* (the National Plan, 2009). [xvi]
One of the national violence prevention priority areas is strengthening linkages between the tiers of government to enhance and systematise the community response to violence against women.

Victoria State Context
In December 2001 the Victorian Office of Women's Policy (OWP) released *Key Directions in Women's Safety: A co-ordinated approach to reducing violence against women*. In 2002, the *Women's Safety Strategy* (OWP, 2005) then set out policy directions to address violence against women, including family violence, sexual assault and workplace violence.

To facilitate development of new responses, state-wide committees comprising senior cross-government departmental staff and sector representatives were established, including the State-wide Steering Committee to Reduce Family Violence (SSCRFV) The work of the SSCRFV culminated in a report, *Reforming the Family Violence System in Victoria Report* (SSCRFV, 2005), that served to guide the family violence sector in its work to enhance women and children's safety and wellbeing and hold perpetrators accountable for their violence.

In 2005, the Victorian government then began a full-scale statewide family violence systems reform. The Department of Planning and Community Development co-ordinated the whole-of-government approach to the integrated family violence service system via the Office of Women's Police Family Violence Reform Unit. This family violence initiative was the first of its kind as it attempting to develop a statewide integrated service system to enhance the safety of women and children and increase the accountability of perpetrators.

In early 2010, the government committed to a 10 year plan*, A Right to Safety and Justice: Strategic Framework to Guide Continuing Family Violence Reform in Victoria 2010-2020*. This policy pursued system reform that would respond effectively to victims of family violence, reinforce the accountability of perpetrators and create change in Victorian communities to not tolerate family violence and abuse.

The Victorian government led collaboration across five government departments to institute new policies, resources and initiatives for an integrated response, which requires agencies to work together at the local and central policy level.[xvi] Also, as previously mentioned, the Victorian Government also established the Indigenous Family Violence Task Force in May 2002 in recognition that ATSI communities require culturally safe responses to family violence.[xvi]

Following the November 2010 election, the current state government developed *Victoria's Action Plan to Address Violence Against Women and Children: Everybody has a Responsibility to Act 2012-2015,* which set out a raft of initiatives in the areas of primary prevention, early intervention and responses.

While important strides have been made in acknowledging root causes and developing collaborative and seamless service systems, the EMR RFVP notes there is further work to do. Work must be pursued at every level of government and from a whole of government perspective. This includes policy and legislation decisions, funding decisions, governance structures that support and enable whole of government approaches, funding for collaborative service provision, support for cross sector information sharing, data collection and analysis, and cross sector workforce development. This must be underpinned by a commitment to evidence based policy, and to invest in and develop specialist capacity to address the complexities and sensitivities associated with family violence, and the associated experiences of sexual assault, homelessness, trauma and so on. The effort required is generational and only then will we see the outcomes we are working towards.

Community responses

One of the programs within the EMR is the Media Advocacy Project (EMAP). Within this program women who have experienced family violence and/or sexual assault are provided with training and support to become advocates for change. This program aims to raise community awareness of the impact of family violence and sexual assault and to ensure women's voices inform the discussions about how society can change to reduce the prevalence and impact of family violence.

It has been an extremely successful project and women from this program call for the following:

"Real, genuine, strong and practical support from the legal sector for women who are victims of violence"

"A change to social stigma – sometimes it is easier to live with the violence than deal with the social stigma – that's not right"

"Family consultants and judges need to be trained properly to see through lies, to read evidence, to not ask the victim of the violence numerous times how I contributed to the violence. I'm re-traumatised by the court system. I have no faith in justice. I have no faith that women who have left violent men will be protected by the law and that the law won't sanction violence against women."

"The system/s will improve when women feel free to speak up about domestic violence without being condemned, ignored or disbelieved. Let us work hard to create a culture of awareness of domestic violence issues, and acceptance of and assistance for, its victims."

d. ***The effects of policy decisions regarding housing, legal services, and women's economic independence on the ability of women to escape domestic violence;***

To support women to leave violent family situations, policy decisions related to housing and legal services must be applied using a gender lens. That is, policy decisions must be constructed ensuring that the participation, needs and realities of women are met for the purposes of achieving gender

equality. Applying policies through a gender lens recognises that society requires equal, respectful relationships between women and men to have happy healthy families and communities. Applying policies through a gender lens also recognises that generally, domestic violence is about power and control by men over women to maintain male privilege and entitlement.

However, for Aboriginal communities there exist additional complexities in their understanding of family violence. The impacts of inter-generational trauma of past government policies, forced removal of children and colonisation further fragmented the family structure. The intergenerational impacts of colonisation and trauma have created a significant proportion of traumatised women and men. Most Aboriginal women do not want to involve police, welfare or government departments due to past historical intervention by these authoritative institutions and stolen generation issues. All policy decisions must encompass these understandings to ensure programs and services are delivered in a holistic approach to healing and cultural sensitivity.

Policies that affect women's ability to achieve economic independence impact directly upon women's ability to leave violent relationships. In the majority of cases where women are the primary caregivers in a relationship, it is common for a woman to have left the workforce for a period of time. As a result, it becomes increasingly more difficult for women to return to the workforce and/or they can only return on a part-time basis due to family commitments. This already places women in a less advantageous position in relation to being able to obtain financial independence. Even in cases where women are able to leave the relationship, there are concerning issues related to current welfare payments, particularly restrictions to sole parenting benefits and reductions in eligibility for Newstart payments. These greatly compromise women's ability to obtain financial independence to support herself and any children to leave from a relationship of domestic violence.

Apart from employment, safe housing is an absolute priority for women to leave violent relationships. It is very common for victims to become homeless as a result of domestic and family violence. Women often leave the family home to ensure the safety and protection of their families. If a woman is already employed or seeking employment, homelessness can adversely affect her ability to obtain or keep her employment.

Community legal centres and family violence

Community legal centres (CLCs) have a long history of understanding the dynamics of family violence and advocating for the protection of people experiencing family violence. Many community legal centres in Victoria operated duty lawyer services at their local Magistrates' courts well before the State-wide integrated response to family violence commenced. Furthermore, CLCs played a pivotal role in advocating for changes to the legal system to protect people experiencing family violence. The work of community legal centres informed a great deal of the reforms which led to the enactment of the Family Violence Protection Act 2008.

Apart from the history of CLCs in protecting people experiencing family violence through the legal system, community legal centres are also strongly linked in with their communities and local partner organisations who share mutual clients. CLCs undertake legal education, community development and law reform activities as informed by their communities to empower communities to know about

their legal rights and responsibilities. CLCs also engage in preventative community development work in relation to family violence.

As CLCs are free and often don't have a means test (to be provided with a first advice session), they are an accessible, sensitive and professional source of legal advice for people experiencing family violence. It has been recognised by the *National Plan to Reduce Violence Against Women and their Children* that one of the key strategies in ensuring that justice responses are effective is to improve access to justice for women and children. Obviously, the ability to access legal assistance is a significant factor in ensuring that this access to justice is met. We refer to and endorse the submission of the National Association of Community Legal Centres and Women's Legal Services Australia, particularly in relation to the detrimental and adverse impact upon people experiencing family violence in light of the Commonwealth Government's funding cut of $43.1 million for legal assistance services over four years from 2013-14.[xvi]

e. ***How the Federal Government can best support, contribute to and drive the social, cultural and behavioural shifts required to eliminate violence against women and their children; and***

In order to change the cultural conditions that allow violence against women to occur, appropriate evidence-informed responses need to address the underlying determinants such as unequal power between women and men and adherence to rigid gender stereotypes. Promoting equal and respectful relationships is critical to women being able to live free from violence. Building greater equality and respect between women and men can therefore reduce the development of violence-supportive attitudes and beliefs, and deconstruct structural gender norms (VicHealth 2006). Preventative action to address these determinants must include a settings approach, because violence occurs within the everyday settings of people's lives. Whilst family violence by definition largely takes place within the context of the family, the societal values and norms that enable family violence are created throughout the community. This means action needs to take place where people live, work and play.

Together for Equality & Respect (TFER): A Strategy to Prevent Violence Against Women in Melbourne's East 2013- 2017 is an example of a regional integrated effort toward primary prevention of violence against women. TFER was developed in 2012-2013 with the input, enthusiasm and commitment of a large number of contributors from the Eastern Metropolitan Region. TFER partners include Local Government, Community Health, Women's Health, Medicare Locals, Primary Care Partnerships and the Regional Family Violence Partnership. Adopting an evidence-based approach TFER is based on the VicHealth Framework to guide the prevention of violence against women and the Ottawa Charter for Health Promotion. The Strategy describes a uniting vision to prevent men's violence against women in this region and emphasises the importance of a shared approach to working together to prioritise, coordinate and integrate efforts.

TFER outlines a commitment to increasing capacity and political will within organisations to prevent violence against women by:

- Prioritising equal and respectful relationships as core business;

- Promoting equal and respectful relationships;
- Contributing to the evidence base;
- Investing in workforce development; and
- Strengthening partnerships.

The Federal Government can contribute to this effort by:

- Acknowledging that family violence is entrenched within Australian society and that any change will require a long-term, multi-partisan commitment and a consistent approach across all sectors of Australian life. Real change therefore will require interdepartmental agreement and integrated action. TFER represents the beginnings of such an approach on a local level.
- Support the integration of evidence based primary prevention education into the national curriculum.
- Making an ongoing commitment to resourcing the Foundation to Prevent Violence against Women and their Children (The Foundation) and the Australian National Organisation for Women's Safety (ANROWS), setting targets and monitoring progress
- Ensuring that roles of The Foundation and ANROWS include:
    - A focus on primary prevention as well as development of strong service system responses
    - Building a coordinated approach across Federal, State and Local Government jurisdictions
    - Focusing on settings based approaches that are a most natural 'fit' nationally, such as through further work build standards and practice around portrayal of women in the media including online.
    - Adopting workplace initiatives across government funded workplaces to prevent violence against women; review public procurement guidelines to require greater commitment to and demonstration of gender equality
    - Building the evidence base to support efficient and effective approaches
    - Fostering intersectoral collaborations
    - Recognising that to be effective, preventative action is required at all levels of our society, including at the local government and community level-and providing funding to support this recognition

Taking this approach will help see an Australia that those most closely impacted by family violence want. [xvi]

Other projects and initiatives that Government can support are detailed in Appendix A.

f. ***Any other related matters.***

Children do not escape family violence unaffected. They are traumatised by the experience. It terrifies them. It destabilises the foundations of their development. It undermines the strengths of their relationships. [xvi]

The EMR RFVP identified, commissioned and funded the development of the *Safe and Secure* guide to support and strengthen responses to children and young people affected by family violence. The Australian Childhood Foundation wrote and developed it.

In addition, a limited literature review was undertaken to help locate the development of the guide within the current legislative, policy and research context. The major themes of the review are identified in the list below.

- Family violence has been a major contributor in the growing number of child abuse notifications that statutory child protection systems across Australia have received in the past decade. It is therefore increasingly considered a major risk factor for children suffering significant levels of trauma in their family.
- Recent changes to legislation relating to family violence have highlighted the growing understanding of the impact of family violence on children and an increasing awareness of the need to prioritise the safety of children over contact with either or both parents.
- The knowledge base associated with the neurobiology of trauma and attachment disruption is viewed as an important explanatory framework for understanding how family violence affects the development of children and young people.
- There is a general consensus that support offered to children affected by complex trauma associated with family violence should adopt a phased-based or sequenced model of intervention, initially focussed on stabilisation and safety, symptom management, and improvement in basic life competencies.
- Experiences of family violence directly and indirectly undermine the relationship between mothers and their children. Children are best supported when there is a focus on strengthening the mother-child relationship in the aftermath of family violence, with a particular focus on building relational attunement and shared meaning making.
- Interventions which emphasise a mother's responsibility (either deliberately or inadvertently) for protecting and supporting children whilst not holding the perpetrators of violence accountable for their actions and inactions are ineffective and further serve to disempower women.
- In the literature, male perpetrators of family violence have had their identities as fathers rendered invisible resulting in insufficient attention placed on the importance of the father-child relationship in family violence situations and resourcing ways to safely incorporate the contribution fathers can make to children's well-being and welfare.
- There is a strong view that responses to Indigenous families where family violence is present should include a consideration of the impact of colonisation, and cultural dislocation, resource the broader familial or cultural context and adopt a community healing approach.

We thank the Committee for the opportunity to respond to this very important Inquiry.

APPENDIX A

A range of new initiatives are underway to improve services responding to family violence at Ringwood Magistrates Court. In late 2011, ECLC and its partners launched **Steps2Safety,** a video outlining the key steps in the family violence intervention order process in Victoria. The video is available at www eclc.org.au/steps2safety. With the support and sponsorship of the EMR RFVP, the video was translated into five community languages in order to access communities from CALD backgrounds. The video is accessible by anyone in Australia and is applicable to all Victorian Magistrates courts which have family violence lists.

These improvements have been driven by strong consultation with women who have experienced the Court system and the agencies working at the Court. An early issue identified was a lack of separate waiting areas for people attending the Court, extending the fear of violence and lack of safety to the actual Court experience. With the active support of the Court, the Police Family Violence Liaison Officer, agencies and the project, a separate waiting space has now been established at the Court for vulnerable women and children.

The Project's Vision has been to instill trust and confidence in the most vulnerable of victim/survivors that their safety and support needs will be upheld through their interaction with the legal components of the family violence system.

Its aim is to improve the response of legal and support services to victim/survivors of family violence in a coordinated and integrated manner, through the partnership and collaboration of key agencies working at the Ringwood Magistrates' Court.

In 2012, the project commenced with a consultation phase that successfully identified the integral issues for victim/survivors of family violence through their experience of applying for an Intervention Order:

- Limited access to information
- Limited support
- Risks to safety and privacy
- Limited legal response
- System issues
- Agency issues

The project also identified some key elements to an effective legal response. These all informed the recommendations for improving the Court experience for victim/survivors of family violence.

Much of the success of the FVIP can be attributed to the strength and commitment of the partnership of each of the key stakeholders in improving the legal experience for victim/survivors of family violence. This has created a more integrated response that is focused on the support and safety of victims of family violence through the Intervention Order Process.

In particular this has led to:

- The establishment of the Protected Persons Space (a separate waiting area for applicants of Intervention Orders)
- Morning Co-ordination Meetings on family Violence Court Days (that identify high risk cases and responses)
- Increased information available to Court users
- Increased information available for service providers
- Regular training opportunities for community agency workers about Court and the Intervention Order process.
- Koori Court Support Worker role

Of the victim/survivors consulted:

- Almost all reported that they were 'Very Well' supported through their Intervention Order Hearing, with one reporting being 'Well' supported.
- All reported that they were very impressed and reassured with the level of support that they received and would never have expected such a response.
- All reported a high level of service from each of the IOSS services.
- All reported that they had been linked into the appropriate services at Court and had received appropriate referrals and information about relevant services beyond the Court day.
- Most reported that they could not think of anything that could have possibly improved their experience.
- All reported that applying for an Intervention Order was the right decision and that they felt safer as a result.

This is in very stark contrast to the feedback that was received through the initial consultation in 2011, where of the victim/survivors that were consulted:

- All reported that they felt extremely vulnerable because they had very limited (if any) information about Intervention Orders, the Court system and the legal process.
- Very few had been provided with a referral to an additional service with most reporting that they would have liked this to have happened.
- Most reported that they felt that the process did not appreciate the risks to their safety, forced them to justify their fear and exposed them to further danger.
- Most reported that they found the experience extremely overwhelming and distressing and did not want to even think about ever returning to Court.
- All the victim/survivors that were consulted felt completely overwhelmed by the legal information and the negotiation process that took place at the Court and reported negative comments made by Magistrates and/or the lawyer that did not exhibit an acceptable understanding of family violence.

- Most victim/survivors reported a feeling of powerlessness in regards to the 'system' which they did not feel appreciated the way family violence impacted them or their children.

Whilst many improvements have been made to the legal experience for victim/survivors applying for an Intervention Order at the Ringwood Magistrates' Court, it is clear that there are some areas that still require much improvement. Of the victim/survivors consulted:

- Almost all reported that they had received limited support, information and referrals at the application stage of their Intervention Order.
- Some reported that some court processes had led them to feel unsafe.
- Some reported that the long waiting times made the experience difficult and often workers were too busy seeing multiple clients to be able to update them on what was happening.
- There were a couple of cases where they felt unprotected by the process where the perpetrator had been able to use the 'system' as a means to continue their violence.
- There were a couple of cases where they had a negative experience with the Magistrate.

This has been an extremely successful project thus far and the funding is due to expire in January 2015. It is our submission that the Government look to the FVIP as a 'best practice model' to roll out across states and territories to empower communities about the legal system in relation to family violence. We also recommend that the Government support states and territories to operate collaborations like the FVIP and house the project co-ordinators within the justice system.

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Appendix B:

PREVENTING AND RESPONDING TO FAMILY VIOLENCE WITHIN THE MATERNAL AND CHILD HEALTH CONTEXT

Key Partners

YRCLC
Management
Project Co-ordinator
Community Lawyer
Partnerships

EDVOS
Management
FV Advocate
Childrens' Programs
Partnerships

MCC
Management
MCH Nurse teams
Enhanced MCH
Parenting Educators

YRC
Management
MCH Nurse teams
Enhanced MCH
Parenting Educators

Shared Vision

To prevent and respond to family violence within the Maternal and Child Health Context by improving the responses of maternal and child health, legal and support services in a co-ordinated and integrated manner, with a focus on mothers engaging with MCH services.

Objectives

1. Increase the capacity of MCH services to respond to women and children experiencing family violence.

2. Demonstrate a successful advocacy health alliance model that focuses on the prevention and early intervention of family violence.

3. Identify key learnings and recommendations to be considered for the prevention and early intervention of family violence for women and children through an advocacy health alliance.

Actions

Consultation & Partnership

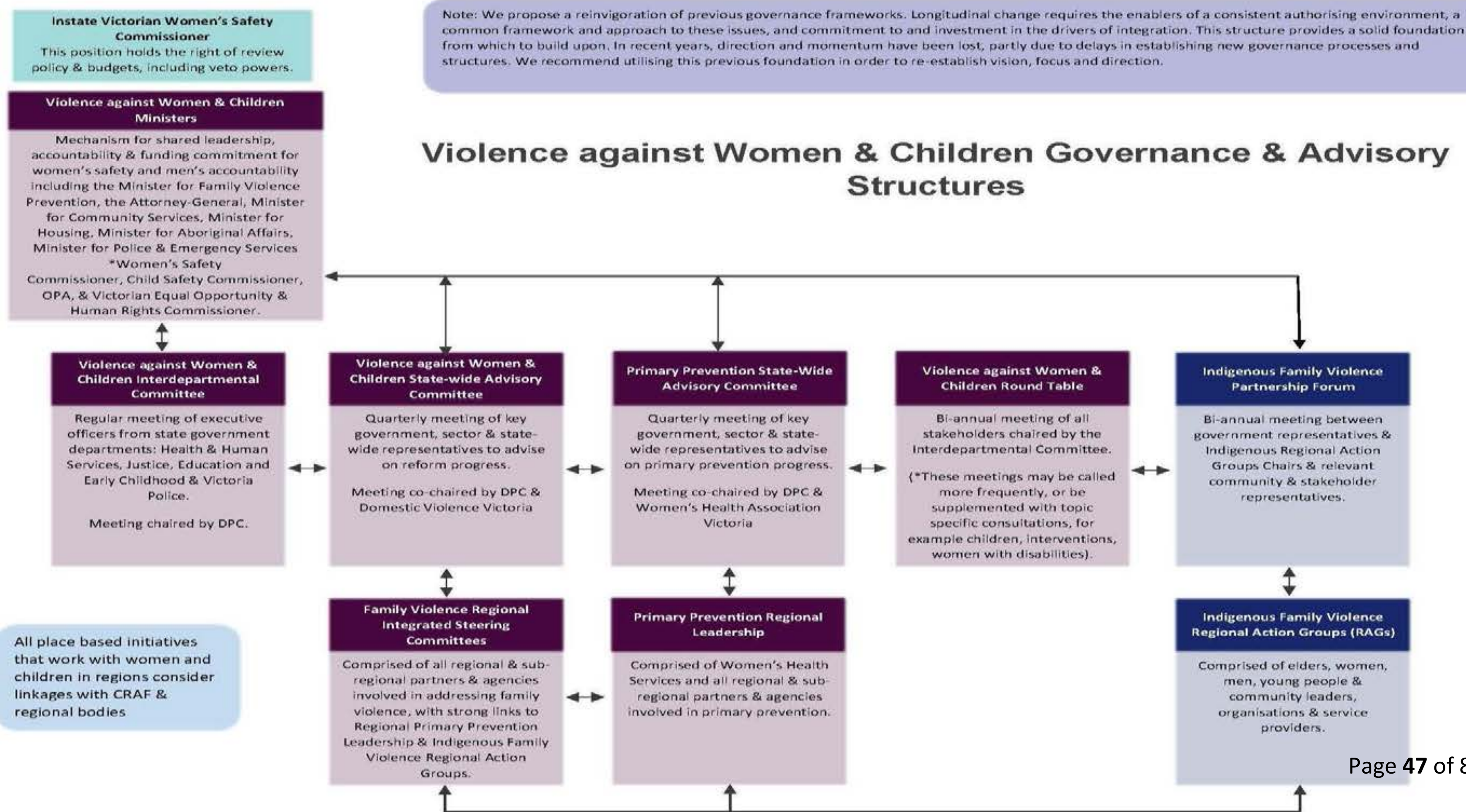
Education & Capacity-Building.

Pilot integrated family violence clinic in MCH

Improve referral & co-ordination

Engage & inform broader service system

Appendix C:



Appendix D:

Safe and Together™ Model Practice Tool

Mapping Perpetrator Pattern Exercise

Complete each step in the mapping process:

Step 1: Describing the Perpetrator's Pattern of Coercive Control and Actions Taken to Harm the Children (1st & 2nd Critical Components)[1]

- **List the specific behaviors related to the perpetrator's pattern of behavior on a separate piece of paper/white board.**
- **Also list what is unknown about his behavior as well. Develop a plan for gathering information to fill significant gaps.[2]**

Step 2: Evaluate the significance of this information for worker safety

- **Are there any indicators of danger to worker's physical safety from the perpetrator?[3]**

No ☐ Yes ☐ Unknown ☐ More information needed ☐

If, yes, what are those indicators? If yes, develop safety plan for worker's involvement with the family.

---

[1] *Types of behavior*
Include violence, threats, intimidation, financial, emotional and sexual abuse, undermining the other person's parenting, using children as weapons against the other person. Physical and emotional abuse, and neglect of children are part of this pattern as well. Include violent behavior and threatening behavior to others outside the family in this list including gang involvement, behaviors towards interveners (police, social workers), other violent criminal behavior, sanctioned violence as part of work/career e.g. martial arts, military service, law enforcement.

Scope of information
Consider the following related to scope of information: Full range of behaviors during presenting incident: Before, during and after; Pattern in current relationship; Behaviors in prior relationships; Other relevant behavior, e.g. violence in other settings; Indirect and direct actions towards children includes both abuse and neglect.

Sources of information
Consider the following related to sources of information: Child welfare records; Criminal background check; Interviews: Adult Survivor, Child Survivor, Perpetrator; Collateral contacts: Family, Friends, Providers, Adult Probation/Court.

[2] What is not known about the perpetrator's pattern? What's most important to learn? What is the plan to gather this information?

[3] Things to consider:

- Does the perpetrator have any known history of threatening or harming others outside the family?
  - Response to law enforcement & CPS
- What does the adult survivor say about his likely reaction to CPS involvement?
- Is the situation escalating?
- Does the perpetrator own or have access to weapons?

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Appendix D:

Step 3: Mapping the perpetrator's pattern onto the child safety and risk[4]

- **Does the perpetrator's behavior pattern represent a threat to child physical safety?**

No ☐ Yes ☐ Unknown ☐ More information needed ☐

- **Has the perpetrator's behavior interfered with the children's basic needs being met?**

No ☐ Yes ☐ Unknown ☐ More information needed ☐

- **Does it appear that the perpetrator's behavior pattern has caused or exacerbated trauma related issues for the children?**

No ☐ Yes ☐ Unknown ☐ More information needed ☐

- **Has the perpetrator's pattern created significant disruptions in the children's educational and relationships with family and friends?**

No ☐ Yes ☐ Unknown ☐ More information needed ☐

---

[4] Things to consider: Child safety and risk assessment

- Physical safety
  - Physical abuse of children: Has the perpetrator physically abused these children? other children?
  - Violence or threats of violence towards partner that create child safety concerns, e.g. driving dangerously
  - Neglect that creates safety issues: Has the perpetrator's behavior led to the children being placed in unsafe situations e.g. left alone for long periods of time without supervision.
- Interference with basic needs being met
  - Interference with partner's parenting: Has the perpetrator's coercive control interfered with the other parent's ability to discipline, guide, care for the children?
  - Impact on immediate and overall functioning and stability of household, e.g. safe, stable housing or educational disruptions
  - Interference with food, medical care: Has the perpetrator patterned interfered with adequate food and/or medical care?
- Connecting children's emotional, behavioral and other issues to perpetrator's behavior
  - Trauma related symptoms and issues
    - Aggression
    - Depression
    - Developmental delays
  - Educational and social problems related to violence leading to relocation
  - Disruption in relationship with extended family

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Appendix D:

Step 4: Enhancing the partnership with the adult survivor using perpetrator mapping[5]

Answer the following questions:

- **Using the perpetrator's pattern as a starting point, list the ways the adult survivor has actively worked to promote the safety and well being of the children.**
- **Specific describe the statements that can be made to validate the adult survivor's protective efforts and talk to her, in a non-blaming way, about next steps related to child safety and well being.**

Step 5: Engagement and case planning with the perpetrator[6]

- **Level of acknowledgment of pattern of behavior**

  None Low Medium High

- **Level of responsibility for pattern of behavior**

  None Low Medium High

---

[5] Contextualizing adult survivor decision-making: We cannot understand the adult survivor's decision making, particularly her protective efforts and safety planning without understanding the perpetrator's behavior. Statements can be made to her like: "I'm assuming you've been taking steps to make things better/keep yourself and your children safe in the face of your partner's behavior. I want to learn more about these efforts." Building a meaningful and effective partnership with adult domestic violence survivor are built on an understanding of the perpetrator's pattern. Building a partnership with the adult survivor requires the ability to identify the perpetrator's behavior, not her behavior and choices nor the relationship as the source of the child welfare concern. This foundation allows you address child safety and risk without blaming the adult survivor and is more likely to lead to collaboration: "Given that we've seen no change in his pattern, we remain concerned for you and your children." "It's not fair but given that he remains dangerous and we've tried everything in our power to address his behavior with him, we want to work with you to develop a plan that keeps you and your children safe."

[6] One of the main areas of focus in interviewing and critical for any family centered practice approach: Can he talk about what he did? What is his understanding of the impact on his children, partners, himself, family functioning? What is he willing to do to change this behavior and address its impact on the family? (Levels of acknowledgment and responsibility)

Case planning should focus on setting behavioral case planning goals for the perpetrator. Case plans should describe what expected to be different in perpetrator behavior. The identified pattern of behavior forms the baseline for change and services help support behavior change. Some changes do not require a service, e.g. maintain utilities for children's home. Information sharing about perpetrator's pattern with providers can enhance effectiveness of treatment. Providers need information about perpetrator's pattern from child welfare for accurate assessment, treatment and progress reporting.

The perpetrator's behavior pattern is needed to measure change. In addition to reports from the provider, child welfare should use information from provider, family members to assess behavior change.

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Appendix D:

- Does the case plan identify specific behavior change goals?

  No ☐ Yes ☐

Has information about the perpetrator's pattern been provided to his the relevant service providers?

• Children's Service Providers	No ☐	Yes ☐	N/A ☐
• Adult Survivor's Providers	No ☐	Yes ☐	N/A ☐
• Perpetrator's Providers	No ☐	Yes ☐	N/A ☐

What sources of information about being used to evaluate perpetrator behavior change? (check all that apply)

• Substance Abuse Provider	No ☐	Yes ☐	N/A ☐
• Mental Health Provider	No ☐	Yes ☐	N/A ☐
• Batterer Intervention Program	No ☐	Yes ☐	N/A ☐
• Adult Probation/Criminal Court	No ☐	Yes ☐	N/A ☐
• Interview with Adult Survivor	No ☐	Yes ☐	N/A ☐
• Interview with Children	No ☐	Yes ☐	N/A ☐
• Interview (others)	No ☐	Yes ☐	N/A ☐

Step 6: Practice

Answer the following questions:

- How does information around the perpetrator's pattern impact any issues related to his mental health and substance abuse treatment?
- Is the perpetrator's pattern outlined in case planning meetings and in supervision?
- Is the pattern clearly documented in the case file?
- For any neglect filings, has the behavior pattern and its impact on the children been clearly outlined?

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Appendix D:

Step 7: Safety and Confidentiality

Answer the following questions:

- Has the worker been transparent with adult survivor and children about limits of confidentiality/plans to protect information?
- Has the worker asked the adult survivor to help assess the impact child welfare involvement will have on her and the children's safety?
- Is information that might increase danger/sabotage safety plans been clearly mark?
- Has the worker safety planned with the adult survivor about how to minimize the negative impact of the intervention with the perpetrator?

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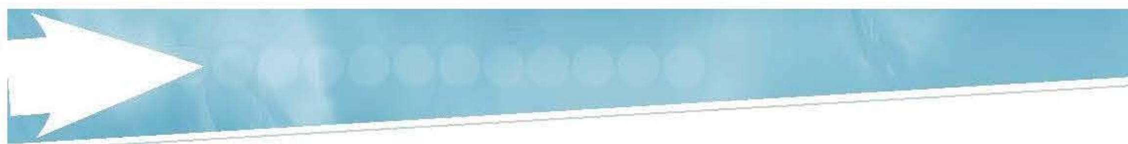
Appendix E:



5.4 Recommendation Four

Produce a set of guiding principles on how to account for the unique aspects of domestic violence in policy development, case-management procedures and resource allocation in the Magistrate and Family Courts, child protection system and related human service providers.

Suggested actions to assist in the achievement of this goal:

1 Form an interagency working group to write a document (hereafter referred to as the Framework for Philosophical Agreement Monograph), which each participating agency in ADVIP can endorse, that:

a articulates a series of agreed-upon premises that intervening agencies will use when intervening in cases involving domestic violence

b provides common definitions for terms used across agencies

c articulates understandings about domestic violence that agencies can agree upon and use as assumptions in the design of policies and intervention practices

d provides guidelines for the ways in which agencies can apply these assumptions and concepts to everyday work routines

e articulates a process for continually revisiting and updating this document as experience, new knowledge and changing social conditions require.

Appendix E:

2 ADVIP's Interagency Safety Committee should organise the working group and ask key intervening agencies to provide representatives.

3 ADVIP's Interagency Safety Committee should appoint co-chairs from the government and non -government sectors (at the level of district manager) to oversee the work of the group and to provide leadership in obtaining endorsements of the its products from intervening agencies.

4 Incorporate into this Framework for Philosophical Agreement Monograph a series of agreements on the premises of interventions and interagency work. Each of the statements below came from discussions about current intervention practices. They are recorded here not as a statement of fact but as examples of the kinds of statements that an interagency group should determine if there is to be agreement:

   a Interventions must be adapted to the level and context of the abuse.

   b Interventions should, whenever possible, put the onus of controlling an offender's behaviour on the offender and on services, not on the victim.

   c Child protection intervention should be careful not to undermine the factors that contribute to a child's resilience.

   d Interventions on behalf of children in cases where the mother is being abused should strengthen the mother–child relationship and actively seek to undo the harm done to the relationship.

   e The belief that abused women who are unable to stop an offender from abusing children are themselves practicing a form of neglect should be reconsidered and altered.

   f 'More jail' does not equate to 'more justice', but the failure to impose consequences on abusers contributes to increased violence.

   g Intervening in an offender's use of violence is not the same as intervening in his/her relationship. The primary goal of intervention should be to stop the violence.

   h Relationship counselling for couples should not be associated with stopping abuse.

   i Victims are often made more vulnerable to abuse by the intervention itself.

   j Prosecution policies that depend on a victim wanting to testify will not work in most domestic violence cases.

   k Police should have some level of discretion to avoid arresting a suspect in cases of very low violence.

   l Mediation should never be considered a tool to stopping the abuse as freedom from violence is a right.

2 Incorporate into the Framework for Philosophical Agreement Monograph a section that defines terms that are used in the intervention process but which are not always understood in similar ways across disciplines and agencies. Further, this section should recognise that certain terms are used within certain legal processes (and are fixed in legislation or rule for that legal process) but are used differently in other settings. For example, 'domestic abuse' has a very specific meaning in a restraining order hearing but a broader meaning in a refuge women's group. The following terms are suggested for inclusion in the definitions:

Appendix E:

a victim safety

b offender accountability

c systems accountability

d victim input

e predominant aggressor

f mutual abuse

g victim responsibility

h domestic violence/abuse

i uncooperative/cooperative victim

j post-separation violence

k advocacy

l effective interventions

m social life-risks that increase vulnerability and which might be used by an offender to control a victim

n intervention-generated risks that decrease the safety of victims.

2 Facilitate a process for the establishment of common understandings of the dynamics of domestic violence. This process should incorporate the following steps:

a Research and discuss the competing theories about the causes of domestic violence that lead to different intervention approaches.

b Avoid trying to apply one theory to all acts of violence within an intimate relationship, as this approach leads to misguided interventions.

c Account for the ways in which each intervention is affected when domestic violence involves the use of physical and/or sexual violence, intimidation, and the accompanying tactic of abusive control, which the dominant party uses to establish control and power over the victim.

d Account for the fact that victims of ongoing abuse, violence and intimidation frequently use violence in retaliation. In such cases, interventions cannot treat both parties in the same way without also increasing the dominant party's power over the victim of ongoing abuse.

2 Apply these common understandings to daily work practices. Some ways in which they could be applied are suggested below:

a Develop guidelines for policy makers on the use of language in intervention policies[49].

b Discuss proposed interventions and new practices with focus groups of victims and advocates to assess the ways in which a given practice might influence the safety of a wide range of adult and child victims of abuse.

49 Appendix Fourteen: Developing Policies and Protocols for Responding to Domestic Violence Cases

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Appendix E:

c The working group should make suggestions to each intervening agency on the specific applications of a proposed principle to core aspects of their case-management responsibilities.

d When making suggestions for a change in practice, the working group should use the categories of the eight audit trails to ensure that proposals fully embed new practices into the work of a given agency.

3 ADVIP should organise a process by which to change the agreed-upon assumptions, definitions and understandings as circumstances require. As part of this process:

a ADVIP should continue to serve as a facilitator of quality assurance, as it did in providing leadership in the Audit process.

b ADVIP should organise annual discussion sessions with key policy makers and practitioners to review the assumptions in the Framework for Philosophical Agreement Monograph and the Accountability Monograph in order to continually update these important documents.

2 Provide each member agency in ADVIP with assistance to craft policy and procedural guidelines consistent with the collective goals, common understandings and assumptions of ADVIP's membership.

3 Assist agencies to build into case-management practices underlying assumptions, concepts, language and theories that reflect the nature and dynamics of domestic violence.

4 Provide ADVIP members with ongoing training in the analysis of case-management practices, embedding attention to the dynamic of domestic violence in policy and practice, and implementing change within an interagency effort.

5 The Framework for Philosophical Agreement Monograph should be linked to the Accountability Monograph. The working groups should have overlapping memberships, and they should be organised to review the other group's work and processes.

Appendix F:

The Praxis Safety and Accountability Audit

Praxis International has developed and pioneered the use of the Safety Audit process as a problem-solving tool for communities that are interested in more effective intervention in domestic violence cases. The Safety Audit is tool used by interdisciplinary groups and domestic violence advocacy organizations to further their common goals of enhancing safety and ensuring accountability when intervening in cases involving intimate partner violence. Its premise is that workers are institutionally organized to do their jobs in particular ways—they are guided to do jobs by the forms, policies, philosophy, and routine work practices of the institution in which they work. When these work practices routinely fail to adequately address the needs of people it is rarely because of the failure of individual practitioners. It is a problem with how their work is organized and coordinated. The Audit is designed to allow an interagency team to discover how problems are produced in the structure of case processing and management.

Philosophical Overview

When a woman who is beaten in her home dials 911 for help, she activates a complex institutional apparatus responsible for public safety. Within minutes, her call for help is translated into something that makes her experience something that institutions can act upon. Her experience has become a domestic assault case.

Over the next twenty-four hours, up to a dozen individuals will act on her case. They hail from as many as five agencies and represent four levels of government. Over the next year, the number of agencies and people who work with her case—and therefore her safety—will more than double. 911 operators, dispatchers, patrol officers, jailers, court clerks, emergency room doctors and nurses, detectives, prosecuting attorneys, law enforcement victim specialists, prosecutor's victim specialists, child protection services workers, civil court judges, criminal court judges, family court judges, guardians ad litem, family court counselors, therapists, social workers, probation officers, shelter advocates, children's advocates, legal advocates, and support group facilitators at the local shelter may all become involved in a chain of events activated by her original call for help.

In the past twenty years, every state and hundreds of communities have initiated criminal and civil justice reforms in order to improve victim safety and offender accountability in that chain of events. Laws have been changed, policies written, procedures revised, and training conducted. Domestic violence coordinating councils, task forces, and response teams have been formed. Are communities now safer for domestic violence victims and their children? Are offenders held accountable for violence and coercion? Have our good intentions and reforms helped or hurt?

The Audit helps answer these questions from the standpoint of battered women and their children. While the Audit team is compelled to ask questions from the standpoint of women who are battered, the team itself is made up of practitioners in the system and domestic violence advocates and experts. It is a way to look at how a woman's experience is retained or disappears in the handling of the case and whether or not safety and accountability are incorporated into daily

Appendix F:

routines and practices of workers who act on the case. Because it is structured to reflect the actual experiences and job functions of those who intervene in domestic violence, it engages workers in the system in a practical, useful change process.

The Audit is not a review of individual performance or effectiveness, but a close look at how workers are institutionally coordinated, both administratively and conceptually, to think about and act on cases. The Audit team uncovers practices within and between systems that compromise safety. The team examines each processing point in the management of cases through interviews, observations, review of case files and an analysis of institutional directives, forms, and rules that shape a worker's response. The team's analysis provides direction on specific changes in technology and resources, rules and regulations, administrative procedures, system linkages, and training. The analysis also accounts for how, in attending to the safety of the victim, institutions account for diverse social status factors that affect safety and accountability–for example, race, class, addiction, employment, literacy, immigration status, language, and sexual orientation.

Methodology

The Safety Audit uses a local team to look at how work routines and ways of doing business strengthen or impede safety for victims of battering.[1] By asking ***how*** something comes about, rather than looking at the individual in the job, an Audit discovers systemic problems and produce recommendations for longer lasting change. The Safety Audit is designed to leave communities with new skills and perspectives that can be applied in an ongoing review of its coordinated community response.

The Safety Audit is built on a foundation of understanding 1) institutional case processing, or how a victim of battering becomes "a case" of domestic violence; 2) how response to that case is organized and coordinated within and across interveners; and, 3) the complexity of risk and safety for each victim of battering. To learn about victims' experiences and institutional responses, the Audit team conducts interviews, including victim/survivor focus groups; observes interveners in their real-time-and-place work settings; and, reads and analyzes forms, reports, case files, and other documents that organize case processing. Over a series of debriefing sessions, the team makes sense of what it has learned in order to articulate problem statements, support them with evidence, and frame the kinds of changes that need to occur.

Since the Safety Audit focuses on institutional processes rather than individual workers, there are no systematic sampling procedures. Instead, interviews, observations, and text analysis sample the work process at different points to ensure a sufficient range of experiences. Interviews and observations are conducted with practitioners who are skilled and well-versed in their jobs. Their knowledge of the institutional response in everyday practice and their first-hand experience with

[1] Praxis International, Inc., (651) 699-8000; www.praxisinternational.org. Over forty communities nationwide have used the Safety and Accountability Audit to explore criminal and civil legal system response to domestic violence, the intersection of domestic violence and child abuse, and the role of supervised visitation and exchange in post-separation violence.

Appendix F:

the people whose cases are being processed supply many of the critical observations and insights of the Audit.

Safety Audit data collection and analysis pay attention to eight primary ways that institutions standardize actions across disciplines, agencies, levels of government, and job function. These "Audit trails" help point the way to problems and solutions.

1. Rules and Regulations: any directive that practitioners are required to follow, such as policies, laws, memorandum of understanding, and insurance regulations.

2. Administrative Practices: any case management procedure, protocols, forms, documentary practices, intake processes, screening tools.

3. Resources: practitioner case load, technology, staffing levels, availability of support services, and resources available to those whose cases are being processed.

4. Concepts and Theories: language, categories, theories, assumptions, philosophical frameworks.

5. Linkages: links to previous, subsequent, and parallel interveners.

6. Mission, Purpose, and Function: mission of the *overall process*, such as criminal law, or child protection; purpose of a *specific process*, such as setting bail or establishing service plans; and, function of a worker in a *specific context*, such as the judge or a prosecutor in a bail hearing.

7. Accountability: each of the ways that processes and practitioners are organized to a) hold abusers accountable for their abuse; b) be accountable to victims; and, c) be accountable to other intervening practitioners.

8. Education and Training: professional, academic, in-service, informal and formal.

In a Safety Audit, the constant focal point is the ***gap*** between what people experience and need and what institutions provide. At the center of the interviews, observations, and case file analysis is the effort to see the gap from a victim's position and to see how it is produced by case management practices. In locating how a problem is produced by institutional practices, team members simultaneously discover how to solve it. Recommendations then link directly to the creation of new standardizing practices, such as new rules, policies, procedures, forms, and training.

Appendix G:

"Towards a Coordinated Community Response in FDR: A model to pilot FDR for families where past or current family violence exists" Known as "Coordinated Family Dispute Resolution"

Angela lynch
The Women's Legal Service Inc. Brisbane

Background

- The Coordinated Family Dispute Resolution (CFDR) model aims to provide a safe practice approach to FDR in matters where there is past or current family violence.
- The Women's Legal Service (WLS) Brisbane was commissioned by the Federal Attorney-General's Department in 2009 to develop a model.
- CFDR is currently being piloted in 5 locations around Australia – Brisbane - Telephone Dispute Resolution Service (Relationships Australia); Perth – Legal Aid Office; Hobart (Relationships Australia); Newcastle (Inter-relate) and Western Sydney (Unifam).
- Each pilot is being evaluated by AIFS.

Appendix G:

What are AIFS testing?

- The objective of the pilots is to test and evaluate a multidisciplinary approach to Family Dispute Resolution (FDR) within a framework that supports a focus on safe process and outcome for families where there is or has been a history of family violence.
- In particular, does the model achieve safer and more sustainable outcomes for children and their families?

Key elements of the CFDR

- 1.CFDR uses a multi-disciplinary, integrated, collaborative and case-managed approach.
- 2.CFDR is informed by the significant body of literature in the field on dv and mediation, and draws on the Duluth model approach to collaborative and coordinated professional relationships to safely assist families where there is a history of, or current, family violence.

Appendix G:

Key elements continued

- 3.Similarly to Coordinated Community Responses (CCR's) to domestic and family violence – victim safety, perpetrator accountability, systems accountability and responsibility are paramount.
- 4.Specialised family violence risk assessments and risk assessment generally are built into every step of the process.

Key elements

- 5.All professionals are required to be trained in the model and positively embrace its philosophy eg. Non-adversarial approach; gendered analysis of violence
- 6.Flexible and adaptive to the needs of the family eg. Cultural issues.

Appendix G:

Key professionals and specialised roles

- **A Women's Legal Service or CLC** – to provide legal advice and representation to clients.
- **A DV Service** - to provide crisis response, support, counselling, information, and advice to women in the process. Conduct specialist risk assessment, participate in case management meetings and support women as they progress through the process.
- **A Men's Service** - to provide counselling, advice and support to men in the process. Conduct specialist risk assessment, participate in case management and support men as they progress through the CFDR process. Work with a gendered analysis of family violence.
- **An FDR service provider -** Coordinate the overall process, facilitate the FDR process, participate in case management, conduct the preparation workshops, conduct intake and final approval for client readiness to participate.

Options for other professional involvement

- Children's specialist workers;
- Immigrant women's support service workers;
- Aboriginal or Torres Strait Islander Services;
- Disability services.

Appendix G:

Pre-conditions

- Reliance on a high level of skill and experience of professionals involved – CFDR is not where you do your "on the job" training;
- All the professionals are trained in the philosophy and practical implementation of the model.

Rationale for model development:

- Despite existing requirements to consider issues of fv and the Best Interests of Children in the Family Law Act, the family law system can still leave victims of violence and children vulnerable to ongoing violence and abuse.
- Clear support for the principles of CFDR and keeping women and children safe from fv can be taken from the *Time for Action Report*

Appendix G:

Rationale continued

- Existing models of FDR and focus on the creation of a 'level playing field' can ignore the power differentials between perpetrators and victims.
- A specialised model is required to respond to a complex issue – contextualising the behaviour and identifying patterns of abusive behaviour rather than treating them as 'separate incidents of abuse'.

Facing the practical reality:

- Although victims of family violence may seek exemption from FDR many still participate.
- Many want to participate or at least try FDR to try to resolve the dispute.
- Some women are attracted to the positive aspects of FDR – cheap, relatively easy to access, private, can 'give them a voice' to tell their story.

Appendix G:

Victims of FV may end up in FDR because:

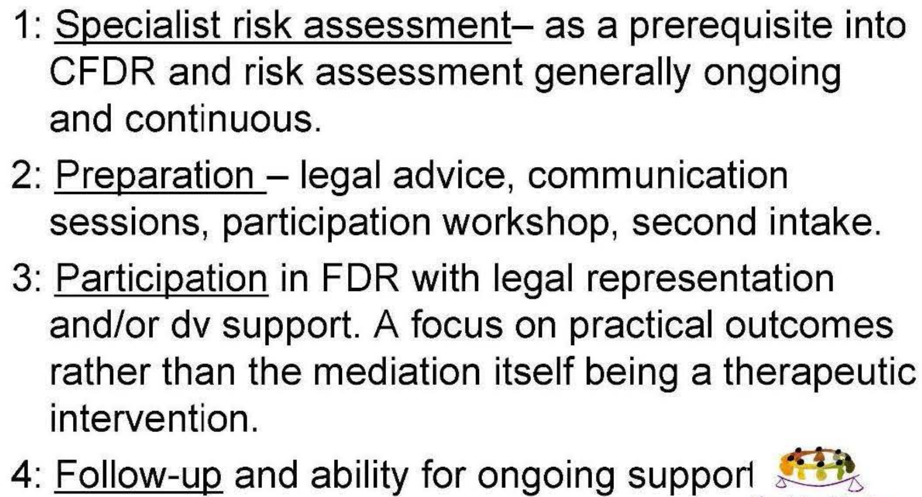
- There are varying skills in identifying FV and determining when to it is appropriate to screen a matter out of FDR.
- Even when a matter is screened out the courts may make a decision to send the matter back for FDR.

CFDR is not always appropriate

- CFDR is not intended to substitute an FDR process for use when a court exemption is necessary and appropriate.
- For some matter involving FV, participation in the process itself may be dangerous or the risk of reaching an unsafe agreement may be too great.

Appendix G:

Key Safety Elements of CFDR



Children's involvement

- The involvement of children will only be undertaken after careful analysis of safety implications.
- A children's practitioner can be asked to join the case management meetings.
- Will require extensive experience in working with children and fv.
- There is provision for direct/ indirect engagement and counselling.

Appendix G:

Perpetrator accountability (Taken from AVERT)

- Accountability prioritise the safety of the victim and children and invite the perpetrator to notice and take responsibility for promoting safety.

- Accountability is not the same as exclusion or rejection of perpetrators.

Continued

- Accountability practices actively avoids colluding with the violence while still engaging supportively with the individual concerned.
- Accountability practices also aim to help people who have used violence to change their behaviours through greater appreciation of the impact of their actions.

Appendix G:

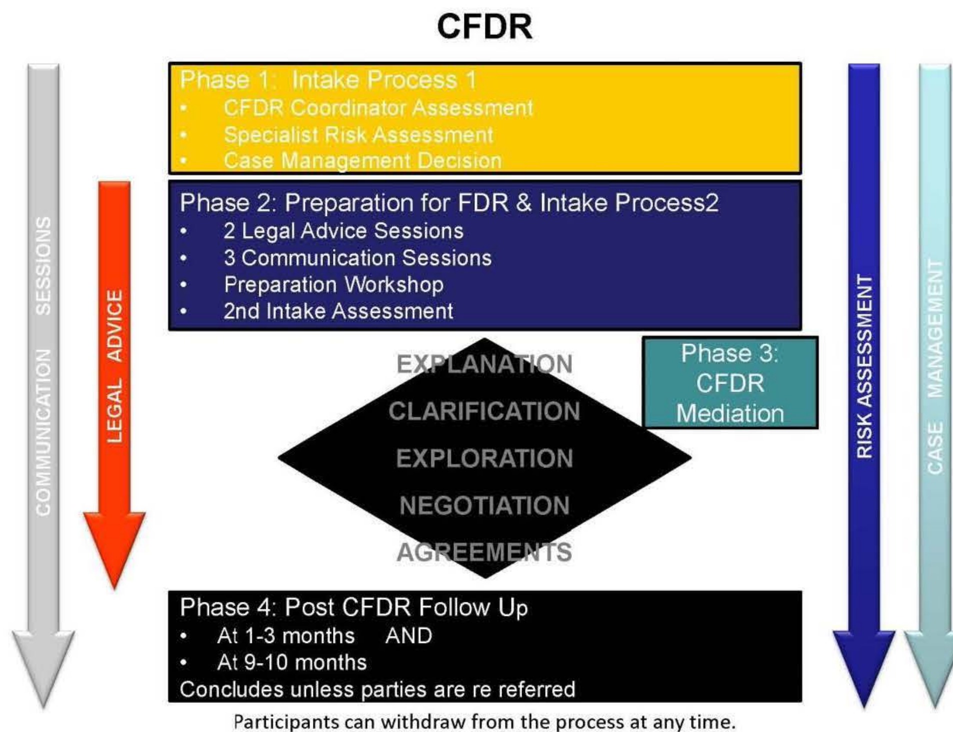
Real expertise is required

- Engaging with people who use violence is an important prevention strategy that characterises sharing the responsibility for social change, rather than simply blaming individuals. At the same time, practitioners must ensure that support and engagement are not confused with excusing perpetrators or holding victims responsible for the violent behaviour. This requires clarity from the practitioner.

Future??

- We hope that CFDR or parts thereof do improve practice and safety of families involved;
- That there is increased awareness in the community about how fv professionals can “value add” to decision-making in the family law system.
- That there is a move towards a more coordinated approach in family law system.

Appendix G:



Participants can withdraw from the process at any time.

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Appendix H:

For each woman and her children, what risks are generated by...

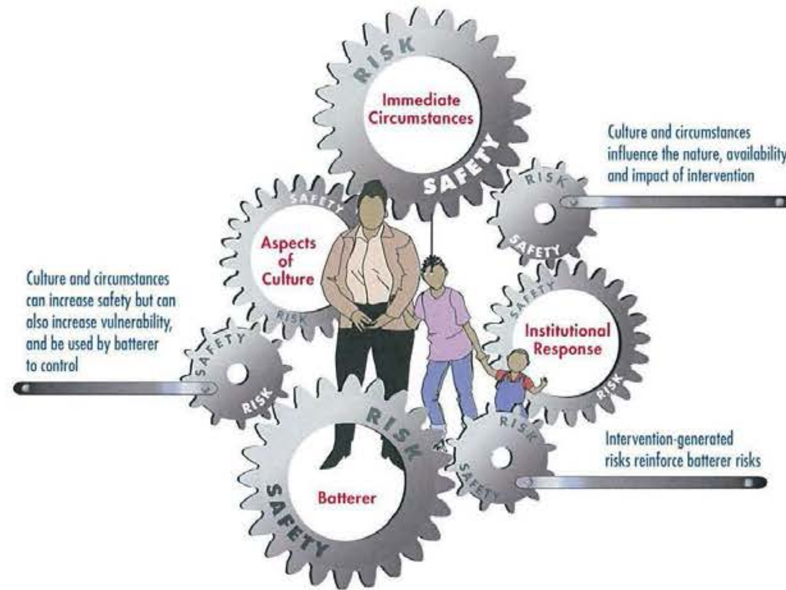

Figure 9: The Complexity of Risk and Safety [4]

Immediate Circumstances

- Immigration status
- Limited English proficiency
- Poverty
- Lack of skills or education
- Professional or social position
- Abilities
- Mental illness
- Age
- Sexual Identity
- Alcohol/drug use
- Rural isolation
- Dependence on adults
- Other

Aspects of Culture

- Race
- Nationality
- Cultural Norms & Standards
- Childhood Socialization
- Community Practices
- Belief Systems
- Ethnic Pride
- Language
- Class
- Religion
- Other

Batterer

- Physical Violence
- Sexual Violence
- Psychological cruelty and manipulation
- Economic abuse
- Damages her relationship to children

Institutional Response

- Imposition of dominant culture response or adaptation to cultural needs
- Promotion of victim autonomy or use of coercion
- Anticipate or ignore unintended consequences of intervention (e.g. arrest, deportation)
- Enhance or further damage victim's relationship with children
- Make battering visible or ignore it in custody and visitation
- Other

What is the Risk?

- **In the immediate situation?**
- **Of retaliation?**
- **Of ongoing abuse & violence?**
- **Of unintended consequences of intervention?**

[4] Figure 9 has been developed from several sources, including *Safety Planning with Battered Women: Complex Lives/Difficult Choices*, by Jill Davies, Eleanor Lyon, and Diane Monti-Catania (Sage Publications, 1998); *Assessing Social Risks of Battered Women*, by Radhia A. Jaaber and Shamita Das Dasgupta (Appendix B); and the Battered Women's Justice Project Criminal Justice Center.

Appendix I:

TRAVERSING THE MAZE OF 'EVIDENCE' AND 'BEST PRACTICE' IN DOMESTIC AND FAMILY VIOLENCE SERVICE PROVISION IN AUSTRALIA

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UNSW Australia *

SUMMARY

This paper considers how 'evidence' is constructed and translated into 'best practice'. It contends that the experience and understanding of practitioners within domestic and family violence (DFV) services constitute important contributing knowledge for the evidence-base. However, practice wisdom alone is not sufficient, since other forms of knowledge also play an important role in optimising outcomes. Ultimately this paper promotes the engagement of DFV practitioners in formal research and evaluation, not only to substantially inform the evidence but also to critically examine the effects of their interventions against all manner of valid evidence, in a recursive process of knowledge translation. It is suggested that a critical, reflexive engagement with formal evidence is ultimately the defining feature of 'best practice' in the continuous drive towards an effective response to violence against women.

Key Points

- 'Evidence-based best practice' (EBP) is an important concept for the development of effective responses to all forms of violence against women, including domestic and family violence. However, what constitutes 'best practice' and 'best evidence' can be highly contested.
- The accepted 'evidence' ultimately influences practice by shaping policy, the service system, funding, intervention models and service evaluation.
- Traditionally, quantitative research methodologies grounded in the natural sciences (with the randomised control trial as the ideal model) have tended to dominate understandings of what is accepted as the 'best' or 'gold standard' evidence. However, criteria for gold standard evidence are not easily implemented in the complex arena of DFV practice and do not fully encompass the importance of the worker-client relationship.
- The diverse and trustworthy forms of knowledge that contribute to reliable evidence in DFV work, include not only quantitative findings but also qualitative studies, descriptions of lived experience and practice wisdom.
- In particular, practitioner knowledge and professional judgement can play a critical part in generating formal, valid evidence to underpin best practice.
- Rigorous evaluation, built in to program design and partnerships with researchers to investigate experience and test current evidence are critical to the ongoing development of best practice.

* Prepared for Australia's National Research Organisation for Women's Safety (ANROWS) as part of the transition of Clearinghouse functions from UNSW to ANROWS.

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Appendix I:

INTRODUCTION

Domestic and family violence (DFV) service provision is a complex field within which victims' needs for safety, recovery and ongoing support are influenced by multiple, changing factors (Laing, Humphreys and Cavanagh 2013). An adequate response to these needs can often involve workers from a broad range of professional and occupational backgrounds informed by different values and disciplinary traditions. It can also require collaboration between a number of different sectors with different priorities and roles (Breckenridge and James 2013; Healy and Humphreys 2014). Policy and practice responses within DFV therefore demand skilful, nuanced interventions across multiple, integrated service systems and professional cultures. To successfully navigate this complexity, workers are commonly urged to deliver what has come to be known as 'good' or 'best' practice, informed by the 'evidence'. Australia's overarching policy framework, the National Plan to Reduce Violence against Women (VAW) and their Children (COAG 2012) strongly emphasises "evidence-based best practice" (18, 30) as a means to enhance the effectiveness of the overall response to VAW. This echoes earlier, important work emerging from the Australian Government's Partnerships Against Domestic Violence (PADV) program (Kirsner et al 2001) and builds upon many developments since. A range of best practice models, guides and standards are now widely promoted, serving to underline this notion.[1] While this paper focuses specifically on domestic and family violence, the questions and concerns about 'evidence' and 'best practice' can be raised in relation to other areas where women experience gendered violence including for example, sexual assault.

It is perhaps a basic professional expectation, not to say common sense, that DFV policy and service delivery should be based on reliable evidence that confirms particular interventions are necessary, appropriately sensitive to critical concerns and actually 'work' to keep women and children safe.

However, what specifically constitutes good or best practice; which evidence justifies this assessment; and by whose authority, can be highly contested (Lamont 2000; Larner 2004). The purpose of articulating and promoting certain approaches as 'best' practice is often not only to provide a beacon for continuous improvement but also as a means to regulate unproven or poor practice. Proponents can thereby optimise outcomes, allocate resources efficiently and actively prevent harm. It is argued here that what becomes accepted as 'evidence' significantly affects DFV practice through shaping policy, the service system and service evaluation and therefore its influence should be understood and critiqued. In a sophisticated service system that is committed to women's and children's safety and where resources are limited, it is important to examine the seemingly ubiquitous presence of 'evidence-based best practice' through a full understanding of how different types of evidence are used and gain status. It is also critical to ask how the accepted evidence actually translates into day to day 'best practice' through not only skill development but also regulatory processes such as outcome-based funding agreements and evaluations.

- This paper explores 'evidence' and 'best practice' in domestic and family violence service provision in order to provide practitioners with:
- A definition and critique of evidence-based 'best' practice , including the political, economic and ideological appeal of knowing 'what works'
- An understanding of the contested nature of 'evidence' and the helpfulness of widening the evidence base to ensure that different types of evidence inform and construct effective responses to victims of DFV
- Reflections on the ways in which evidence may be accessed and translated into best practice responses and strategies
- Concluding thoughts as to how as a sector, DFV workers can contribute to the ongoing development of evidence-based best practice.

1 For example Government of Western Australia 2000, Queensland Government 2002, Grealy et al 2008, ADFVC 2011, New South Wales Government 2012.

Appendix I:

DEFINING AND CRITIQUING EVIDENCE-BASED 'BEST' PRACTICE

Notwithstanding their popularity within the DFV literature, the terms 'good practice' and 'best practice' are frequently not well defined. Along with 'emerging practice', 'frameworks of excellence', 'practice standards' and other similar concepts their meanings tend to be assumed and the various terms employed interchangeably. In addition to this lack of clarity, some researchers and practitioners have taken issue with the word 'best', suggesting it implies a static end-point, inviting a 'one size fits all' approach, rather than a set of responsive interactions capable of evolving to meet the changing needs of individual women (Lamont 2000, Laing et al 2013, and Ife 2010) and advances in knowledge. Despite this criticism there are those who maintain that the concept of best practice can still be useful as an aspirational goal, provided it is not intended to suggest 'perfect' practice, without qualification or continuous review (Hill and Shaw 2011). In developing a best practice model as "a critical mechanism for promoting victim safety", Lamont (2000: 2) makes the point that the political, philosophical and methodological diversity of the DFV sector can lead to significant disagreement about what may be judged 'good' or 'poor' practice. She advises that without shared knowledge and ownership of the criteria used to assess this, there is unlikely to be any meaningful translation of what has been learnt, into direct service delivery. Moreover, while the intention to provide evidence-based best practice may be worthy, some authors caution that various incarnations may well be driven by particular ideological positions or economic agendas that are obscured by claims of objectivity (Rycroft-Malone et al 2004). In this paper we use 'best practice' as an umbrella term to refer to all attempts to apply formal research evidence to define, specify and direct DFV practice for optimum health and wellbeing, thus remaining consistent with 'The National Plan to Reduce Violence against Women and their Children 2010 – 2022' (the National Plan).[2] Through a discussion of the issues we invite questions about how evidence for best practice is understood and translated into service delivery. Ultimately we urge a critical engagement with accepted evidence, including the generation of practice-led evidence through formal evaluation, to ensure that different types of knowledge inform and construct effective responses to DFV.

2 The National Plan can be accessed at http://www.dss.gov.au/our-responsibilities/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children

AN UNDERSTANDING OF THE CONTESTED NATURE OF 'EVIDENCE' AND THE HELPFULNESS OF WIDENING THE DFV EVIDENCE-BASE

According to Webb (2001) the idea that best practice can be achieved through following evidence derived from rigorous research methodologies is "deeply appealing to contemporary technocratic culture" (2001, 58). He articulates a concern that in many ways evidence-based practice is viewed as a panacea for intransigent (and costly) social issues and within the field of human services it has bypassed appropriate critique. Speaking from a UK social work perspective, Webb suggests there are hazards in relying too heavily on dominant forms of evidence that emerge mainly from the quantitative research models and experimental or randomised trial methods championed by medical science. He infers that a strong orientation towards these types of evidence can ignore the complex decision-making that occurs in social work contexts, through discretionary, professional deliberation and that this focus might actually hinder best practice. Thus, alternative forms of knowledge such as workers' practice wisdom and interpretive enquiry into lived experience can be sidelined or assessed as less credible. Webb's concern about the way in which a dominant quantitative orientation excludes or marginalises a broader range of evidence is echoed throughout the human services and in particular within the therapeutic and DFV literature (for example, Larner 2004; Bowen and Zwi 2005; Carson, Chung and Day 2009; and, Laing et al. 2013).

The widespread use of the term 'evidence-based practice' can be traced to the formation of the 'Cochrane Collaboration' established in Britain in

Appendix I:

1993.[3] Continuing today and wielding significant influence, the Cochrane Collaboration focuses specifically on health and medical research, featuring systematic reviews of treatment interventions as well as promoting the search for 'gold standard' evidence, based on the implementation of clinical trials. The subsequent Campbell Collaboration, founded in 2000, transposed this model with minimal adaptation, to focus on the social sciences.[4] Understanding the influence of Cochrane and Campbell is important for DFV practice because they provide a context for the ways in which academic and public debates about 'evidence' have developed. In particular, they frame contemporary perceptions of what more generally has constituted credible and robust evidence.

The Cochrane Pyramid in Diagram 1 is one of many visual depictions of the Cochrane taxonomy. The pyramid demonstrates a hierarchy of evidence from 'gold standard' at the top of the pyramid, privileging quantitative methodology and research processes such as systematic reviews, meta-analyses, evidence guidelines and summaries and randomised control trials (RCTs), cascading down to the base of the pyramid where qualitative and clinical literature is noted as also constituting a form of evidence, albeit less 'scientific'.[5]

In the glossary of Cochrane reviews, 'gold standard' evidence is recognised as "the method, procedure, or measurement that is widely accepted as being the best available, against which new developments should be compared" (Cochrane Collaboration www.cochrane.org/cochrane-reviews accessed 20 January 2014). This definition could conceivably include a wide range of evidence, but in reality reflects Cochrane's assumption that the 'best available' evidence is only able to be assessed by rigorous quantitative research methodology. Greeno (2002) suggests that within a hierarchy of possible quantitative research designs, the randomised control trial (RCT) is the most rigorous approach and therefore more likely to be reliable in producing the best evidence to underpin treatment choices. In strict scientific terms an RCT conforms to a 'classical experimental research design' where there is a 'treatment' group and a control group. Participants are randomly assigned to either group (referred to as double blind allocation).[6] A 'treatment' or intervention outcome must be defined and measured both before treatment commences and after treatment is completed, so that change

3 "Cochrane is an international network of more than 31,000 people from over 120 countries, working to help healthcare practitioners, policy-makers, patients, their advocates and carers, make well-informed decisions about health care, by preparing, updating, and promoting the accessibility of Cochrane Reviews - published online in the Cochrane Database of Systematic Reviews, part of The Cochrane Library". Text taken from About Us - http://www.cochrane.org/ accessed 15th January 2014

4 *www.campbellcollaboration.org/www.cochrane.org/cochrane-reviews.*

5 The Evidence Base Pyramid is taken from Health Services Library – University of Washington http://libguides.hsl.washington.edu/ebptools accessed 15th January 2014.

6 Double blind treatment refers to patients or a client being randomly allocated to one of two groups – one which receives the treatment in question and the other group known as a 'control group' receives no treatment. The patient or client does not know (is 'blind' to) which group they are allocated to. Obviously this research design is used extensively in medicine and particularly drug trials to prevent a placebo effect.

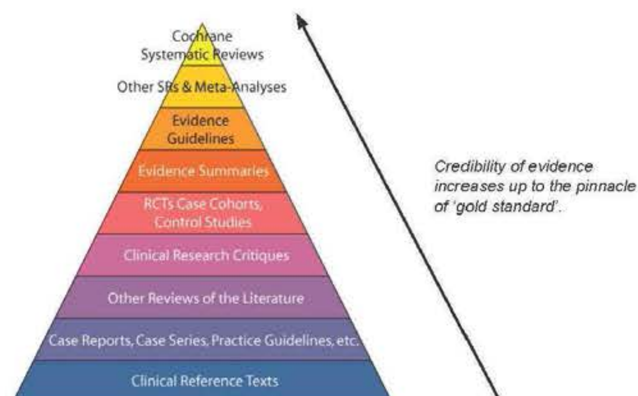

Diagram 1

Source: Health Services Library – University of Washington http://libguides.hsl.washington.edu/ebptools

Appendix I:

can be measured over time (Greeno 2002). This method has assumed pre-eminence, as the most trusted means to produce gold standard evidence (Rycroft-Malone et al 2004).

To establish evidence as 'gold standard' however, requires more than a single randomised control trial. Within the Cochrane and Campbell field of thought a more complex process of verification is required, involving systematic reviews and meta-analyses. Larner (2004) suggests there are three defining requirements of 'gold standard' evidence:

(1) The approach has been shown to work using double-blind treatment and control groups with replication by at least two independent studies

(2) The approach has been translated into a 'treatment manual' allowing other practitioners to follow guidelines or frameworks which standardise interventions into recognisable and replicable steps

(3) The treatment has been applied with particular client populations and problems, and both specific and universally agreed outcomes have been named for the treatment or intervention (Larner 2004, 18).

These stringent criteria underscore that 'evidence' is not only concerned with what we know but also in large part, how we know it and by whose authority. This has implications for what is ultimately deemed 'best practice' and how the success of individual practices and service responses are measured, sometimes becoming circulated as benchmarks and tools for learning.

While a reliance on quantitative methods, including randomised control trials, systematic review, and longitudinal studies clearly offers important insight into a range of issues, it can also present a somewhat narrow and limiting perspective on the diversity of experience and practice, most particularly in the DFV sector (Glasby et al 2007). Researchers frequently note that quantitative methods provide answers to very particular questions such as 'how many' and 'how much' but may fail to capture the 'how' and 'why' of intervention (Bryman, 2008; and Sprenkle and Piercy, 2005). Questions regarding the extent of a 'problem' and demonstrations of measureable change over time as determined by outcome studies, can certainly contribute to our understanding of what 'works' and for whom. However Carson et al (2009) argue that to solely rely on or privilege quantitatively informed methodological approaches does not accurately capture and reflect the lived experience of women experiencing DFV, or do justice to the complexity and skill of the practitioner response. While these latter studies are preferred by many DFV researchers for the philosophical reasons just stated, arguably the credibility awarded to the evidence they produce positions their findings at the margins of knowledge. The gold standard criteria on the other hand, reflect a positivist approach (Campbell 2002) meaning they explicitly claim to confirm 'facts' and causal relationships through the 'objective', value-free testing of observable phenomena.[7] While this approach is less concerned with complex, 'how' and 'why' questions related to the social sphere (Larner 2004), it remains centrally located as the basis of credible, 'scientific' knowledge.

A number of authors agree that identifying and discerning what constitutes valid and reliable evidence in domestic and family violence service provision can be problematic (Laing et al 2013; Ferguson 2003; Jones et al 2008; UN 2008). Implementing RCTs and meeting the limited criteria required to establish gold standard evidence is extremely hard for most DFV services or DFV researchers (Larner 2004; Bowen and Zwi 2005; and, Carson, Chung and Day 2009). As with many welfare and therapeutically-oriented services, responses to DFV do not always lend themselves easily to quantitative inquiries. In particular:

- DFV interventions in a real world environment do not translate easily into a step-by-step fixed process or procedure that can be tested and repeatedly applied by different practitioners in exactly the same way. 'Manualising' DFV intervention is difficult because an effective response frequently requires spontaneous action and collaboration between various services at different points in time.

7 In sociology 'positivism' is based on the philosophical assumption that observation of social life can establish reliable, valid knowledge about how it works. Methodologically, social theories are built in a rigidly structured and linear way to best establish a base of verifiable 'fact'. See Larner (2004, 30) for further discussion of what he terms the imposition of 'an unrealistic positivist-science model' on practice.

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- Randomized control trials (RCTs) are more suitable for medical interventions where a specific drug or treatment outcome can be isolated and pre-determined. RCTs standardize the intervention, allowing for little if any, negotiation of what might be considered a uniquely successful outcome between practitioner and client.
- Variables within DV circumstances and interventions often intersect and change over time making it difficult to specify a precise range of desired outcomes prior to the client's engagement with a service. Moreover, to do so would be inconsistent with facilitating women's sense of agency and control over their life choices which many DFV workers consider to be 'best' practice with their clients.
- Related to the above, the role of on-going perpetrator violence and harassment even after women have left a violent relationship frequently influences 'treatment outcomes' for women independently of or despite potentially 'best practice' interventions.
- There are ethical problems with implementing the 'double blind' treatment approach in that not providing an available treatment can place women and children in significant danger. Greeno (2002) addresses this concern by suggesting that instead of 'no treatment' control groups, clients may be allocated to a 'treatment as usual' group. However, providing a potentially less than optimum 'usual' treatment without the client being aware of the alternative, still raises ethical concerns.
- Overall, an important research focus for DFV is to ask why and how certain practices are effective rather than merely which intervention causes what outcome. These are interpretive investigations requiring a qualitative research approach.

Simply put, the means by which we gain the 'best evidence' to guide 'best practice' derive from a mainly medical model underpinned by a positivist philosophy and methodological preference for quantitative research, that does not readily match the reality of DFV sector experience. In spite of this mismatch, this model of 'best evidence' has arguably been positioned as the most valid approach to firstly defining what 'works' in DFV and secondly measuring the success of polices, services and specific interventions. Webb's comments (mentioned earlier) about the appeal of such evidence to government and funding bodies are salient here (2001). The requirement to measure what is effective in terms of cost and successful outcomes is now built into funding agreements and outcome evaluation is a contractual expectation at both the organisational and program level. There is no doubt that quantitative evidence of effectiveness and successful outcomes can helpfully contribute to our understanding of 'what works'. It is important to recognise however that the service system and individual responses are then shaped by this particular type of evidence that can be used as a benchmark and source of evaluative criteria for policy-making and funding. While it is necessary and valuable to assess the effectiveness of what services do and scrutinise claims of credible evidence derived from research, this potential preoccupation with quantitative methodologies can exclude or marginalise other forms of qualitative knowing. It can also overlook the role of professional judgement in the moment of practice (Plath 2006).

Rycroft-Malone et al. (2004) describe and distinguish between the two types of knowledge derived from evidence that are equally important to professional practice:

(1) Propositional or codified knowledge - formal, explicit and derived from research utilising particular methodologies and concerned with generalizability.

(2) Non-propositional knowledge which is implicit, informal and derived from an individual's practice experience and may be referred to as practice wisdom, craft or art.

Until recently and in alignment with Cochrane, propositional knowledge appears to have achieved higher status through the evidence-based debate. However, in real-world service delivery, research evidence interacts with clinical experience, contextual and organisational factors, the lived experience of the client and the practitioner/client working relationship. The ways in which these particular elements contribute to outcomes in DFV can be overlooked. With this in mind, Bowen and Zwi (2005) propose 'evidence-informed' or 'evidence-influenced' as terms that more aptly capture a process which is context sensitive and considers the use of all of the best available evidence - including practice wisdom. The use of these terms acknowledges that every situation/context in the social world is in certain respects essentially unique and requires intelligent

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assessment to craft a new targeted response to a specified real world problem, with awareness of evidence from other contexts.

Plath has argued (2006) that in the 'evidence-based' approach, research findings are often rigidly translated into practice through mechanistic systems that are unhelpfully generalised across all clients. In this case, flexible and tailored responses become harder to achieve. She attempts to address these concerns by allocating greater agency in the process to the practitioner which accords with an 'evidence-informed', less deterministic approach. Synthesising a range of definitions from the literature she describes evidence-based practice as:

> "[T]he conscientious, explicit and judicious use of current best evidence in making decisions regarding the welfare or care of individuals, service users, clients and/or carers" (Plath 2006, 58).

Plath's definition recognises 'current best evidence' as an important element within a broader process of deciding what and how to deliver services. In other words the evidence is taken into account as the major (but not only) factor in the translation of knowledge into 'best practice'. This requires practitioners to apply judgement, as they respond to clients within their particular service context. It is within this critical exchange between client and worker that 'what works' is constructed and this consideration extends the concept of evidence, positioning client experience and workers' practice wisdom as important sources of knowledge. Writing about therapeutic interventions, Larner argues that this change of focus is necessary to move away from what he terms 'evidence-obsessed' to a more scientifically 'open' approach that is appropriate for clinical work (2004, 28).

Broadening the evidence-base to incorporate the importance of the client-worker relationship and to include practice wisdom in this way, requires acknowledgement that evidence is a social as well as scientific process, emerging in complex human interactions that occur through practice. This type of evidence has been referred to in the literature as 'practice-informed evidence' or 'practice-informed research' underscoring a recursive relationship between practice and evidence (for example, 'What is practice-informed research?' http://promising.futureswithoutviolence.org/advancing-the-field/researc-informed-strategies/; Lueger, 2002; Bowen and Zwi 2005). These ways of thinking thus challenge the dominant position of quantitative research as the only credible, 'objective' knowledge and allow for evidence to be derived from a variety of sources (Rycroft-Malone et al. 2004).

THE WAYS IN WHICH EVIDENCE MAY BE ACCESSED AND TRANSLATED INTO BEST PRACTICE

Exploring the process through which evidence is translated into practice draws attention to forms of knowledge other than gold standard evidence or findings derived from mainly quantitative inquiries. In this process the many and varied ways in which we come to understand what 'works' in DFV practice emerge more clearly into view. Bowen and Zwi (2005, 0600) propose that conceptualising an 'evidence-informed' (rather than rigidly evidence-based) approach can help researchers, policy makers and presumably practitioners better navigate the use of a broader range of evidence. To achieve this they developed an evidence-informed pathway termed 'framework for action', in which they emphasise practitioner reflection and responsiveness to both policy and practice context as key elements for understanding and deciding how best evidence should be acted upon in each unique circumstance. The authors identify the importance of practitioner decision-making and contextual factors in the evidence-informed pathway by developing a process which has been termed "adopt, adapt, and act" (2005, 0600). Taking this thinking into account it can be assumed that both 'practice-informed evidence' and 'evidence-informed practice' have a part to play in the translation of knowledge, to achieve best practice.

Bowen and Zwi's emphasis on practice reflection resonates with other literature proposing a critical reflexive approach as intrinsic to evidence translation. In this context, reflexivity requires DFV practitioners to continually review the effects of their day to day interventions upon clients and the effective adaptation of these to best meet individual needs (for example, Laing et al 2013). A critical reflexive approach is therefore an ongoing process by which practitioners consider the use of all forms of evidence. This process requires active self-questioning and the review

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of current accepted models of intervention in the light of new formal evidence and individual client circumstances. These types of strategies can be enabled through supervision, specialist consultation, peer review and professional development forums, all of which underscore the need for leadership and organisational cultures that promote learning and analysis. DFV workplaces can, and frequently do, support reflexivity and a learning culture by creating a context for service evaluation, promoting an interest in all forms of formal evidence and facilitating the consideration of practice wisdom alongside (but not in the place of) other evidence (Healy and Humphreys 2014). Moreover, there is a demonstrable recognition by DFV workers of the value of external sources of knowledge such as reports, newsletters and other grey literature which can encourage this critical reflexive disposition as indicated by their extensive use of the Australian Domestic and Family Violence Clearinghouse amongst other knowledge hubs.

Humphreys (2002) suggests there is a significant challenge in translating good intentions into 'good' or 'best' practice in DFV. In Australia and internationally, DFV policy and research literature provide a plethora of models, frameworks, principles, standards and guides to instruct and in some cases regulate workers in an attempt to standardise or 'fix' operational definitions and the application of evidence-based best practice.[8] A key purpose of these tools is to maximise accountability in service provision (Lamont 2000). Here, principles, standards and approaches are introduced as a list of specific, desired responses to victims' needs and used as criteria for judging and enforcing a minimum acceptable response. Perhaps the clearest illustrations of this 'standards' approach are the formal units of competency that constitute part of nationally recognised vocational qualifications,[9] or minimum standards for men's behaviour change programs, enforced across various states and jurisdictions (for example NSW Government 2012). These standards are sometimes used to direct funding and for the official accreditation of individuals, qualifications or programs. Thus, they regulate what is funded and what type of practice is permissible within certain occupational and professional roles.

Some researchers suggest that when used well, standards, principles and guidelines may function to help structure interventions and assist workers to consider how and why they might intervene (Breckenridge and Ralfs 2006). Their explicit purpose is to reduce or prevent otherwise harmful interventions and potentially support more thoughtful and transparent collaborations with other service providers in the DFV sector. When used poorly however, they can be implemented in rigid 'utilitarian' manner and applied as a definitive measure of the efficacy and success of workers' professional actions and behaviours (Watters & Ingleby 2003, Hill & Shaw 2011, Jones et al 2008). Laing et al (2013) suggest that over-reliance on strict guidelines can sometimes lead to simplification of the complex and fluid nature of DFV service provision. This perspective is echoed by White et al (2009), Munro (2011) and Jones et al (2008) who suggest that rather than strengthening practice, adherence to overly strict (and possibly simplistic) guidelines can in fact lead to poorer practice, undermining the importance of professional judgement in the provision of support. The suggestion being that total and possibly uncritical adherence may reduce practice to a series of instructions, rather than encourage a critical responsiveness to the evolving needs of clients. When used in this way, these tools have the potential to obscure the importance of the worker/client relationship and ignore the context-specific circumstances within which workers engage with victims of DFV, leading to less than optimal results.

Not all practice is wise

Ignoring or minimising the value of knowledge informed by the experience and wisdom of practitioners and clients is at best a lost opportunity (Glasby & Beresford 2006, Glasby et al 2007). More worryingly, if it means that flexible, responsive practice is forfeited due to the narrow implementation of 'gold standard' evidence, it is possible that significant risks could arise for client wellbeing. With this in mind, a wide range of disciplines and service contexts now accept practice wisdom, craft or art as offering valid and critical contributions to the development of evidence-based practice (Plath 2006). However,

8 See for example Domestic Violence Victoria 2006; Grealy et al 2008; Family Court of Australia 2013; Ganley & Hobart 2010; Healey et al 2013; Humphreys & Stanley 2006; and, Legal Aid 2012.

9 For example CHCDFV816B – 'Safety planning with people who have been subjected to family and domestic violence' or CHCDFV812B – 'Assist user of violence to accept responsibility for their family and domestic violence and abuse', accessed online at http://training.gov.au January 31st 2014

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advocacy for practitioner-led evidence does not seek to position this as superior knowledge, nor presume an 'either-or' choice between practice-based and research-based evidence. It would be manifestly irresponsible to assume that all practice is by definition 'wise', or necessarily keeps pace with changing lived experience and understandings of human behaviour. Practice should therefore be open to rigorous evaluation of its qualitative effects, outcomes, cost-benefit considerations and capacity to adapt in the face of new findings. The methodological device of 'triangulation' (Denzin 2009, Bryman 2008) is particularly important in research and evaluation, to enhance the trustworthiness of findings, thus supporting the production of robust evidence and strengthening the evidence-base overall.[10] It is therefore the active and intelligent use of evidence, informed by different knowledge bases, derived and validated through different methodologies and then interpreted and applied in the particular moment of intervention, that can produce 'best practice'. This recursive relationship and iterative process are arguably at the heart of finding and successfully implementing what 'works'.

The production of credible evidence, even when it reliably incorporates practice wisdom, still does not guarantee effective translation into best practice. Knowledge transfer can be a challenge occurring only through significant, directed effort within an ongoing process that builds over time, influencing thinking and behaviour in a continuous cycle. This involves active sifting and assessment of current evidence, vigilant implementation and conscious practice reflection. The integration of formal evaluation strategies within program design provides helpful tools for practice reflection, supporting knowledge transfer and the generation of practice-informed evidence. However, a range of issues such as the technical and scientific complexity of much research, seemingly contradictory evidence, feeling unsure of how to assess the validity of knowledge claims and the practical obstacles caused by lack of time and financial resources, can impede or interrupt this process for many practitioners. Consequently, despite the reservations outlined above, research syntheses, grey literature, guides, tools and frameworks and a host of other dissemination strategies now form a critical interface with 'the evidence' as it is produced.

CONCLUDING THOUGHTS – A CYCLE OF EVIDENCE PRODUCTION AND REFLEXIVE PRACTICE

Domestic and family violence is a complex field with the potential for serious harm or death to occur if risk is overlooked or mismanaged. Best practice policy and service responses based on the best possible evidence are critical to the prevention and minimisation of this harm. While formal evidence is crucial, there has arguably been a bias towards 'gold standard' criteria that dictate what particular kind of evidence is accepted as credible and therefore helpful. In reality, the 'gold standard' does not always fit the DFV practice context and more diverse forms of knowledge are necessary to create robust evidence, capable of underpinning a relevant and flexible response.

The DFV service sector has a strong, demonstrable commitment to practice development, which privileges the lived experience of women and children affected by DFV (Breckenridge 1999; Humphreys and Stanley 2006; Laing et. al 2013). Alongside this advocacy and innovation, a range of structured programs have focussed on translating formal research evidence into best practice tools and guides.[11] These best practice tools support an effective response, providing accountability measures that in many cases mitigate poor practice and direct funding.

However, best practice tools and guides do not in and of themselves ensure best practice. A process of knowledge translation and review is necessary to make the evidence 'work'. A continuous recursive cycle of practice-informed evidence leading to evidence-informed practice is therefore vital. Ultimately, a critical reflexive approach that involves the meaningful participation of practitioners in professional development, formal evaluation and research partnerships will ensure

10 Simply put, in research (including evaluation) triangulation is where more than one research methodology and/or data source are used, to check 'findings' and create a more complete picture of a particular phenomenon.

11 These include large scale programs such as the previously mentioned PADV program, the Commonwealth funded DFV and sexual assault clearinghouses and the Family Court 2009 (updated 2013) but also include smaller State-based projects such as NSW Government AGD 2012.

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continuing 'evidence-based' innovation in the DFV field.

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to Reduce Violence against Women & their Children