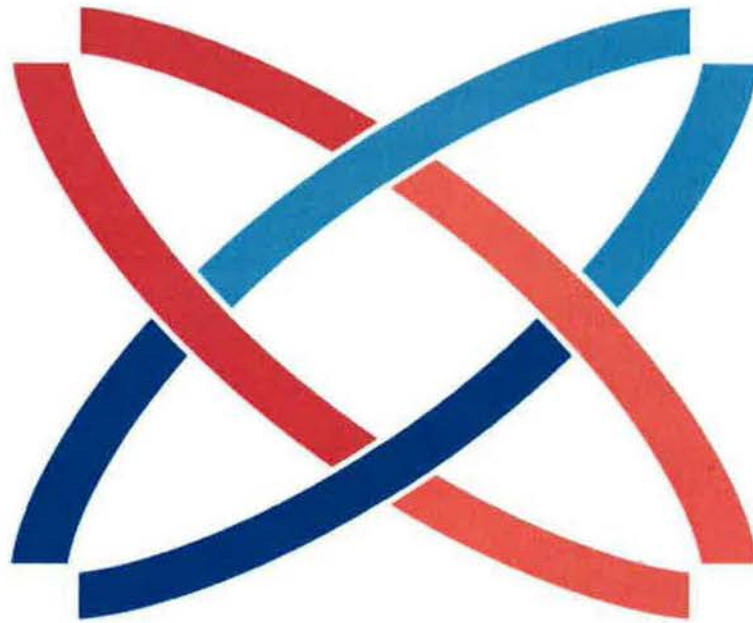


Royal Commission into Family Violence



INTEGRATED FAMILY VIOLENCE PARTNERSHIP

SOUTHERN MELBOURNE

Building Safety Together

Submission

May 2015

The Royal Commission into Family Violence

Executive Summary

This submission is the joint perspective of members of the Integrated Family Violence Partnership of Southern Melbourne. It details the Partnership's knowledge and experience of the family violence system and reform process thus far; highlights the strengths and inadequacies of the current system; and makes recommendations for improving prevention, early intervention and responses to women and children experiencing family violence.

The Partnership recognises that despite the improved landscape of family violence responses due to Victorian reforms over the past decade, the flow of violence has not yet abated, at grievous human and financial cost. Indeed, research suggests that attitudes towards women are becoming more, rather than less, permissive of violence. Agency goodwill has been the real driver of much of the reform, and in the continuing face of overwhelming demand and under-resourcing, is unsustainable.

We are convinced that gender inequality, interacting with a host of exacerbating factors, is the overarching cause of family violence. We believe that there are fundamentally four systemic issues preventing a meaningful reduction in the occurrence and prevalence of family violence: the need to properly address gender inequality as the root cause; the need for brave leadership by government; the lack of funding to adequately meet demand; and the need for further integration, coordination, including the implementation of sophisticated data management and sharing technologies, and legislative and programmatic reform.

This submission further sets out a number of short and long term recommendations for reducing the likelihood of, and improving outcomes for, women and children experiencing violence, under a vision of 'zero tolerance' for family violence in Victoria.

Introduction – Our Partnership

The Integrated Family Violence Partnership, Southern Melbourne, is pleased to make its submission to the Royal Commission on Family Violence.

Membership of the Integrated Family Violence Partnership, Southern Melbourne (the 'Partnership') comprises the organisations receiving Government funding to deliver integrated family violence services for women, children and men within the DHHS Southern Melbourne Region of South Division. The partnership also includes associate members from key related sectors. It is a voluntary alliance between these service providers.

The Partnership has met regularly since 2005 with a commitment to implement the Government's family violence reform agenda. It aims to strengthen cooperation in order to maximise the capacity for integrated responses to family violence. A recent DHHS boundary realignment in 2014 has seen a change in the catchment area for which the Partnership is accountable: from 2015, the Partnership's Area comprises the Cities of Casey and Greater Dandenong and the Shire of Cardinia (Southern Melbourne).

The Southern Melbourne Region has one of the State's highest rates of family violence, as reported to Police; in 2009-10, 4,329 incidences of family violence were reported. By 2013-14 this number had risen to 7,066, with the City of Casey rated the highest with 3,572 incidences, the City of Greater Dandenong eighth with 2,133 reports, and Cardinia Shire reporting 1,181 incidences. On average in this region, 19 family violence incidents were reported to police each day. Children were present at 7 of these occurrences.

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The aims of the Partnership are to implement the Government's family violence reform agenda that seek to:

- Provide a collaborative and integrated service-system response to family violence that is sensitive and appropriate for people from diverse backgrounds.
- Improve the safety and wellbeing of women and children by strengthening interagency coordination in areas of planning and service delivery including prevention, early intervention, crisis, response and recovery approaches.
- Where possible, co-locate family violence organisations; placing different services in the same building will facilitate access to the full range of services, and increase organisational capacity to align goals and responses
- Deliver high quality services for the safety of women and children experiencing family violence, and hold to account men who use violence against a family member. These services incorporate the following service delivery components:
 - Preventing violence against women and children
 - Early intervention
 - Family violence crisis services
 - After hours assistance
 - Legal response
 - Emergency accommodation for victims and perpetrators
 - Family violence outreach services
 - Intensive case management
 - Holding men who use family violence accountable and responsible for their violent behavior
 - Partner safety contact linkages
 - Men's case management
 - Women's counselling and support programs
 - Children's counselling and support programs
 - Adult male victims counselling and support programs
 - Transitional and long term housing and accommodation and information
 - Linking to the private rental market
 - Community Corrections linkages

This submission sets out the Partnership's views and responses to the questions posed in the Royal Commission into Family Violence Issues Paper of 31 March 2015.

1. Are there other goals the Royal Commission should consider?

The Partnership welcomes the goals set out in the Issues Paper. It advocates, however, that a number of additional goals also be considered to aid the Royal Commission in executing its mandate of eliminating family violence.

These additional goals are:

- (i) To explore gender inequality as the underlying cause of family violence

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- (ii) To review the family violence service system, including integration and service gaps across government
- (iii) To consider prevention and response separately and to explore the dynamic effect of continually shifting money to the response end of the continuum at the expense of prevention or vice versa
- (iv) To assess underfunding as a critical barrier to service integration and reform
- (v) To examine the issue of privacy as a key barrier to the sharing of data and service integration. Collaborative practice provides the capacity to only pass on what information is needed to provide a service
- (vi) To reinforce the need for on-going research and evaluation in order to build the evidence base for 'what works'.

2. The Royal Commission wants to hear about the extent to which recent reforms and developments have improved responses to family violence, and where they need to be expanded or altered.

The Partnership believes that the reforms and legislation passed in Victoria over the last decade have had a positive impact. This is evidenced by:

- The significant increase in raw reporting suggesting that women now feel more comfortable in reporting, and have increased confidence that police will take the matter seriously and respond
- The shift in the narrative from family violence being a private matter between couples inside a home to being an individual crime and a political and community concern. Violent behaviour is beginning to be understood to be illegal. These shifts have been influenced by legislation, policing and enforcement, and media exposure.

There remain, however, a number of areas in which the reforms need to be continued, expanded or altered. The most significant of these include:

(i) Inadequate allocation of resources to meet demand

The reforms have not been adequately resourced to cater for increased demand on service provision. Expectations for the quality of care and number of services have been raised, but cannot be met. Through information and awareness-raising women have been empowered to speak up, but the services cannot adequately support them when they do. For example, in our area:

- The Magistrates Courts are equipped to hear 25 family violence matters a day, but are drowning under the weight of approximately 60 matters a day, every day.
- Women's services received 5,134 FaxBacks from police in the 2013-14 financial year, 42,783% over their funded targets.
- The Men's Active Referral Service covering the Southern Metropolitan Region received 5,619 FaxBacks for the same period. This was 1,800% over their funded targets.

In the face of inadequate resourcing, agency goodwill has been the driver of much of the reform. This is not sustainable and cannot continue to meet the unrelenting demand.

(ii) Lack of attention to prevention

As expected, the number of reports rose dramatically during the reforms, but reports continue to increase almost a decade later, suggesting that the flow of violence has not been stemmed. More work must be done to prevent violence in the first instance.

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(iii) No common framework

Despite the reforms, there is still no common framework or even language amongst the different services. This results in tension, gaps and duplication of effort.

The CRAF training was an excellent initiative, but should have been delivered to a broader range of professionals, be repeated to equip new staff coming into the sector, and be adjusted to provide refreshers for existing staff over time.

(iv) Focus on short-term inputs rather than outcomes

Reforms have tended to focus on shorter-term inputs rather than adopting a longer-term, outputs-based approach.

Election cycles and the politicisation of family violence issues have led to the funding of emergency response systems, rather than building prevention and early intervention strategies with better long-term prospects. Family violence is a pervasive, “wicked problem” that needs to be independent of election cycles. A long-term, bipartisan approach is likely to yield far better outcomes.

(v) Lack of evaluation and an evidence-based approach

While significant reform has been undertaken and financial investment made into the system, the results have not been properly evaluated. This has made it difficult to assess whether the reforms are impacting in the way they were intended.

(vi) The issue of children

Statistically, reporting data reveals that one third of all family violence incidents involve children, but the true figure is thought to be much higher. Children are often seen as separate to the violence, even if they have actually witnessed the violence occurring.

The impact of family violence on children is also underreported, as are the cumulative harm effects. We also know a disproportionate number of children in the juvenile criminal justice system have been affected by family violence. There has also been an increase in young people as offenders of family violence, but there is inadequate legislation to deal with this.

Family violence professionals have tended to focus on men’s violent behaviour and the needs of women, whilst the children involved have received less attention.

Whilst the reforms have urged the system to strengthen the bond between mother and child, little funding has been directed to this. Therapeutic services have been targeted at individuals, while couples and families and have not been able to focus specifically on children’s needs and the mother-child bond. This is fortunately beginning to change. For example, an Animal Assisted Therapy program in the region run by women’s family violence services has delivered outstanding outcomes for children suffering with Post Traumatic Stress Disorder as a result of witnessing or experiencing family violence.

Integration issues between family violence and the child protection system remain a significant barrier to effectiveness. Child protection services need to shift to a family systems approach and to be able to assess the level of risk to the child and to the mother, as neither can be properly addressed in isolation from the other.

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Previous reports such as the Burdekin Report (1993) and the Vulnerable Children's Report (2012) made a number of strong recommendations about children and family violence, but there is little evidence of these being implemented.

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

(i) Law Reform

Legislative reform affecting both the Family and Magistrates Courts has had a positive effect. The Family Violence Protection Act (2008) is a strong piece of legislation that is improving and continues to have a positive effect.

The implementation of specialist family violence courts has been a major reform. This reform needs to be progressed by further strengthening the role and capacity of specialist family violence magistrates and to roll out the specialist family violence courts across the state.

(ii) The VicHealth Framework for the Prevention of Violence against Women

The VicHealth Framework for the Prevention of Violence against Women (2007) has been successful in placing the issue of family violence on the public's radar.

(iii) The Victoria Police Code of Practice

The Victoria Police Code of Practice has improved cultural attitudes towards family violence within the police force itself, and has developed a uniform State-wide response to family violence.

(iv) The Common Risk Assessment Framework

The introduction of the Common Risk Assessment Framework and the training programs in 2008 had a significant impact. The CRAF training now needs to be continually rolled out for new staff, to refresh the skills of existing staff, and used consistently across sectors and settings in Victoria.

(v) The Indigenous Family Violence Strategy and the Indigenous Family Violence Partnerships

The indigenous family violence ten-year plan, *Strong Culture, Strong Peoples and Strong Families: Towards a safer future for Indigenous families and communities* (2008) created a sound strategy for indigenous family violence. Importantly, it provided for a partnership approach to address Aboriginal family violence in the short, medium and longer term.

(vi) Regional Family Violence Integrated Partnerships

The implementation of regional and sub-regional family violence partnerships - of which this Partnership is one - to drive an effective integrated response to family violence has been a successful part of the reform process. Creating Regional Integration Coordinators and a partnership Chair in all regions and sub-regions has greatly contributed to this success.

It is the Partnership's view that integrated regional partnerships are key to achieving successful

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outcomes in family violence. We advocate that further strengthening and resourcing them be a priority recommendation of the Royal Commission.

(vii) Leadership

Where the State Government has assumed a strong leadership role in family violence, significant momentum and reform has flowed. The effectiveness of those reforms were assisted by strong governance arrangements with clear accountabilities, a 'lead agency' Department with a clear mandate to coordinate responsibilities across government, appropriate resourcing, and a focus on vulnerable communities. The reform efforts have been effectively supported by Ministers who acted as champions in 'leading from the front' to overcome barriers and drive change. The structure in Victoria under the former Department of Planning and Community Development along with the Victorian Community Council Against Family Violence are excellent templates for future approaches. It is the Partnership's view that this type of leadership at the Ministerial and departmental levels is critical to driving family violence reform. Regrettably such leadership appears to have dissipated in recent years and is lacking at the present time.

(viii) The sexual assault after hours service model

The CASA enhanced after hours service provides women with a face-to-face response to allow them to consider their options. It could be extended to all CASAs. The reason for this is that after hours services already exist and it is more efficient and cheaper to leverage off existing services. The counsellors are skilled at dealing with traumatized people in crisis situations.

4. 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.

The Partnership has undertaken a number of initiatives on family violence for the general community. These are:

- The 'Ask Someone' app and website (www.asksomeone.org.au) has been designed to help victims of family violence in any form, as well as those who have used violence against a family member, seek free, professional support and information 24/7
- The 'Tell Someone' website (www.tellsomeone.org.au) was designed to educate people with mild intellectual disabilities (or cognitive impairment), their families, and communities about family violence. It provides information for people on what they can do if they have experienced family violence and where they can go for help. It also informs their families and carers about how they can help
- Pavement art in high foot traffic areas, such as 'Family Violence is a Crying Shame', which invoked Picasso's famous weeping woman
- The Think Safe, Act Safe website (<http://www.thinksafeactsafe.org/>) and cards, which provide advice for men who have used violence against their family to assist keep their family safe.
- Raising awareness of respectful, non-violent relationships to trade apprentices at TAFE during White Ribbon week
- Ladies Only Mornings for women who wish to know more about family violence Intervention Orders, police procedure, women's services and keeping safe
- Infographic poster on local family violence statistics, and where to get help
- Collaboration with Sisterhood on the public forum, 'A Call to Action on Family Violence'

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- Collaboration with Senior Rights Victoria and a local chemist, dispensing medication for a large retirement village and nursing home to raise awareness of Elder Abuse
- Safety planning for women in an Easy English format that has been translated into other languages to make it accessible to women regardless of their literacy levels.

None of these initiatives has been properly evaluated. The lack of resources means there is little prospect of campaigns and initiatives being properly evaluated. There is also limited technological capacity for comprehensive monitoring the impact of campaigns.

The Partnership considers the approach taken by the former Department of Community Development and Planning, where an evaluation component was a requirement to receive funding, to be an excellent model. This maintained a high quality of programs and ensured good outcomes. The VicHealth evaluation template has also been a useful model for measuring effectiveness by ensuring uniform quality benchmarks for assessment.

5. If you or your organisation have been involved in observing or assessing programs, campaigns or initiatives of this kind, we are interested in your conclusions about their effectiveness in reducing and preventing family violence.

The Partnership can comment on a number of initiatives for the community about family violence. These include:

The White Ribbon Campaign has successfully raised awareness about violence against women in the community since 2004. However, whilst significant funding has gone into the program, there has been no evaluation to measure its impact in reducing family violence. The most recent attitudinal survey suggests that there has been an increase in attitudes supporting violence against women. There have also been credibility issues regarding some of the ambassadors. These issues have undermined the key message of the program and damaged the brand.

Local councils have been delivering the CHALLENGE family violence program - a three-year project funded by the Department of Justice modelled on the principles of White Ribbon. Local mentors support and train community leaders to challenge attitudes and sexist behaviours, promote respect and non-violence towards women and children, and to develop and implement a broad social marketing campaign including an Accord, and White Ribbon events. It is being evaluated.

6. What circumstances, conditions, situations or events, within relationships, families, institutions and whole communities, are associated with the occurrence or persistence of family violence?

The fundamental cause of family violence is gender inequality - the manifestation of historically unequal power relations between men and women. This includes social attitudes and norms, definitions of masculinity that promote beliefs that men are inherently violent and stereotypes that portray women as weak and inferior, and subordinate to men. Prevention efforts have focused on gender inequality as the source of the problem, but there is insufficient research to be able to say which aspects of gender inequality are more potent than others in preventing violence.

While the Partnership believes there are a number of other contributing factors that compound the occurrence and persistence of family violence, they hold significance as instigators for violence *only* when interacting with gender inequality. These include:

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- Social and economic factors, with poverty being a major contributor
- Pregnancy and the arrival of a new baby
- Gambling
- Natural disasters
- High growth areas. Early intervention services are unable to keep pace with the growth of cases in these regions.
- Drug and alcohol misuse, especially ICE

7. What circumstances and conditions are associated with the reduced occurrence of family violence?

(i) Gender equality and a 'zero tolerance' approach to violence

Promoting gender equality and the introduction of a 'zero tolerance' approach to violence against women is needed in the community if family violence is to be reduced. The World Health Organisation's (WHO, 2009)¹ research found a very clear correlation between societal respect for women and women's empowerment and lower rates of family violence. The WHO advocates broad education, community programs and media interventions aimed at attitude transformation. Teaching gender equality, emotional coping mechanisms and male sensitivity in schools from an early age can assist in developing men who do not use violence towards women.

For its incidence to be reduced and ultimately eliminated, family violence has to be seen as 'everyone's problem and everyone's responsibility' at every level of the community, with the community empowered to intervene. A broad range of service providers should be trained to identify family violence. For example, in our area Council workers and Sheriffs have been provided with the Identifying Family Violence CRAF training so that they are alert to family violence as they go about their roles in the community. Due to their proximity to communities, the actual work role of sheriffs and council staff can result in unintended consequences; an incidence of family violence.

(ii) Increased quality of life

Improving women's health, education, employment and financial stability appears to have a positive effect on rates of family violence.

(iii) Strengthening integrated support services for women

Improving integrated support services will help to keep women safe. 'Safe Steps' statistics show that only 20% of women have had any other contact with services. Similarly with L17 Police referrals, many women reflected that this was the first contact they had had with services.

Ameliorating the prospects of poverty and homelessness by improving early intervention services, triaging women at risk, and creating places where women can be safe, supports women to leave abusive relationships.

(iv) Holding perpetrators to account

¹ http://www.who.int/violence_injury_prevention/violence/gender.pdf

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Perpetrators need to be held to account, by breaches of Intervention Orders and parole being taken more seriously, and ensuring sentences are appropriate. Support also needs to continue post-prison so that the cycle is not perpetuated by men leaving prison angry and with no support.

Case management structures need to be strengthened for men to address mental health, homelessness and drug issues, and a range of other factors that contribute to recidivism. Many men attending Men's Behaviour Change programs have dual diagnoses and other complex issues that would benefit from wrap-around case management. The homelessness services that provide emergency accommodation for men removed from their home, under a condition on the Family Violence Safety Notice, have no funding for case management. Women and children may be able to stay safer in their homes during this critical period if men were supported with case management.

(v) Programs for perpetrators and their children

There has been some success in preventing repeated violence in at-risk families where perpetrators were able to recognise their triggers and reduce their violence towards their children. However, these same perpetrators were often unable to relate lessons of non-violence to the treatment of their partners.

(vi) Mandatory reporting of family violence

The introduction of mandatory reporting of family violence for frontline services would help reduce the incidence of family violence. If, for example, school nurses, teachers, emergency workers and GPs identifying high levels of anxiety or injuries had a protocol in place, interventions would happen earlier. It should also be a requirement that women being treated in hospitals for suspicious injuries are given options as to what they can do and where they can go to be safe. This work has commenced at hospitals in the Partnership's region; but further work is needed.

(vi) Broader dissemination of information between service providers

Improved information management and data sharing would be key to ensuring that at-risk families do not slip through the cracks. Maintaining knowledge of perpetrators' L17 referrals, women's and children's medical histories, and previous service and support history would help to assess risk, prevent overlapping of services and limit inefficiencies. Providing clear frameworks within which to work could prevent both the occurrence and escalation of violence.

(vii) Rethinking the role of child protection

Family violence is a whole-of-community issue, and children at risk need to be identified early. Broadening the approach and language of child protection to 'keeping children safe' would facilitate more flexible systems and responses to children exposed to family violence. The use of the term 'child safety' may enable service providers to feel more comfortable to intervene if a child's health and safety were at risk.

It may be necessary to shift some of the risk assessment focus away from a mother's protectiveness and onto men's responsibility and accountability for family violence. When a mother is acting protectively and leaves a perpetrator, Child Protection services withdraw their involvement; this is in spite of the fact separation is a high-risk time which carries a heightened threat of perpetrators killing women and children. This is very the time that Child Protection needs to be further involved, as it one of the few agencies that has a statutory mandate to protect.

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(viii) Focus on longer-term prevention

A much stronger focus by Government on longer-term prevention and better use of evidence-based data would contribute to a reduction in family violence.

8. 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.

From the Partnership's perspective, there are a number of gaps and deficiencies in the current responses to family violence. These are set out in the table below, along some suggestions to improve the current responses.

GAP OR DEFICIENCY	ISSUES	SUGGESTIONS FOR IMPROVEMENT
Data and knowledge management	Currently no capacity to adequately share information across service providers e.g. on Intervention Orders (including across borders and internationally); Intervention Orders are not included on police checks; Working with Children checks do not include data on overseas convictions or Intervention Orders; international police checks are extremely difficult to obtain from some countries; Family Court Orders are not visible to Victoria Police; and family violence services have no capacity to record L17s under the current SHIP database.	Design and implement an appropriate data sharing and knowledge management system.
Information sharing	Privacy legislation is out-dated and acts as a barrier to preventing occurrence and recurrence of family violence. It is a significant stumbling block to RAMP implementation across the State.	Change legislation to allow information sharing.
Magistrate Courts	The understanding of family violence is not consistent across Magistrate Courts. The specialist Family Violence Courts have worked well but non-specialist Magistrates are not skilled to the same level and may not share the same knowledge and understanding of issues.	Extend specialist Family Violence Divisions across the courts and increase family violence training for all magistrates.
Smaller Communities	Smaller communities often have no knowledge of services and options. Sometimes families are shunned and isolated if violence occurs as communities do not know how to respond.	Ensure messaging and support structures extend to all communities.
Media campaigns	Attitude change campaigns are not having the desired effect.	Improve campaign effectiveness by analysing successful campaigns, such as the Grim Reaper, Quitline and Drink Drive campaigns.

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		Monitor and evaluate results.
Counselling	<p>There is a huge demand for counselling services; counselling is seen as a 'catch-all' solution – placing the entire burden on counselling services is not effective; unaccredited practitioners are working outside of current partnership models and are not sharing relevant information.</p>	<p>Implement minimum standards across every aspect of the family violence system, tied to funding and accreditation.</p> <p>Support for a family violence workforce with specialist skills and expertise, to meet recognised standards of certification and continuous workforce development; and generalist services that meet minimum standards for responding to family violence.</p> <p>Consider adopting the CASA model .Counselling for family violence could sit with CASAs as it is part of the continuum of violence against women. The Counsellor/Advocates are skilled at dealing with trauma. Two of the CASAs have the family violence services attached. One has a refuge. CASAs are part of a Victorian statewide system and this would provide a systemic approach for family violence counselling. In addition it is a 24 hour counselling system which allows for after-hours responses face to face when required.</p>
Alternative Accommodation	<p>The system is currently predicated upon women leaving their homes to stay safe; while services aim to remove men from their homes, women still leave the home in greater numbers, while others may not leave to avoid becoming homeless.</p> <p>Women not at high risk who leave their homes are initially placed in emergency motel accommodation overnight. This leaves women feeling vulnerable and without support services. It is also a costly exercise.</p> <p>Long waiting lists for men to receive accommodation are increasing the chances of recurring violence. Men removed from their homes have nowhere permanent to go and are likely to return home to their partners.</p>	<p>Establish a Family Violence Multi-Disciplinary Centre (MDC) that has motel-like accommodation on site for medium-to-low risk women and their children escaping family violence. Women and children would be provided with immediate wrap around supports from police with family violence safety orders, forensic services if needed and family violence advocates.</p> <p>This would replace the current emergency motel accommodation and save significant funds in accommodation and taxi fares.</p> <p>Increase housing options for men, and provide more comprehensive case management.</p>
Safe long-term accommodation for women and children	<p>A lack of safe, affordable accommodation often forces women and children to remain with violent partners and fathers, or pushes them into inadequate alternatives such as rooming houses, as well as increasing the chances that they will be forced to become homeless.</p> <p>The cost of rental housing makes it unaffordable to many people. This has produced a backlog in THMs as an alternative safe accommodation.</p> <p>Government accommodation often means a 3-bedroom home, leaving single women or</p>	<p>Develop safe affordable long-term housing to meet the needs of families, and placing a greater emphasis on housing options for those who do not meet the traditional family composition. For example, providing smaller homes for single or older women, or significantly larger for those women with multiple children.</p> <p>Strengthen the Safe @ Home program responses.</p> <p>Establish a rapid rehousing program to assist women and children escaping family violence to be quickly rehoused with supports in place.</p>

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	those with multiple children without affordable options.	
Lack of Specialist Legal Services	The lack of specialist family violence legal services causes problems in women receiving legal representation problems due to conflict of interest issues.	Expand specialist family violence legal services especially women only legal services.
Withdrawal of Legal Aid funding	Women and children who have experienced family violence cannot always be funded by Legal Aid for a Lawyer to represent them in the Family Law Court. Victoria Legal Aid often requires victims of Family Violence to participate in mediation through Legal Aid before they receive funding to go to Court. While parties are legally represented in this mediation and they are not always in the same room this causes significant delays in court proceedings and further escalations the power imbalance; especially where the other party is able to pay for private legal representation and initiates Court proceedings and the victim has to represent themselves at court seeking an adjournment as Legal Aid will not fund them.	Genuine funding to support vulnerable women and children through the entire Family Law process. Cease using mediation as a cost saving measure.
Families Remaining Together	The system is currently not able to respond well to families who want to stay together and work through the violence and it forces families into silos. This is a complex and controversial area as some, particularly in the child protection field, would argue that it is not in the best interest of the children for the children to remain in these families. The desire to stay together may in fact be subtle control tactics by the man or extended family members. Time out can promote healing from the violence and families may chose or not to reunify.	Develop strategies to support families who want to stay together whilst lessening the likelihood of further violence. Increase the sophistication of the CRAF model to develop measures of dangerousness, and to consider initial separations with reunification contingent upon completion of therapeutic work. Explore models that look at an initial separation and reunification upon completion of therapeutic work and demonstrably changed behavior.
Organisational Culture	Organisational culture amongst family-violence related organisations develops independently, making it difficult to share information and initiatives across boundaries	Develop a shared approach, language and mechanisms to facilitate working across boundaries. Bring all the relevant agencies under one umbrella. Create a family violence system that is fully integrated and barrier-free across all sectors.

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Integration and Collaboration	<p>Collaboration between related services and supports still needs to be strengthened with, for example, migrant, refugee, indigenous and disability groups.</p> <p>Collaboration outside the family violence sector also needs to be improved. For example, alcohol is a significant trigger for the occurrence of family violence but there is currently no support for small-scale interventions such as alcohol prohibition.</p>	<p>Increase integration and collaboration across a wider, more diverse community response.</p>
Men's Behaviour Change Programs	<p>Long waiting lists for men to join a Men's Behavioural Change Program; the programs are limited and are often used in lieu of more nuanced responses; the programs have not been properly evaluated to ascertain their effectiveness.</p> <p>NTV protocols do not allow the sharing of information about perpetrators, behavior and risk.</p>	<p>Increase availability of programs, and ensure continuity of support.</p>
Genuine funding of specialist family violence services	<p>Under-funding services to meet the growing demand leads to unintended consequences, including triaging and watering down efforts to manage demand.</p> <p>It also creates expectations in the community about service provision that cannot be met.</p>	<p>As alcohol is considered a leading contributor to family violence consider placing an additional tax on alcohol outlets to specifically fund the Government's family violence reform agenda in the specialist services.</p> <p>Streamline Commonwealth and State Government funding arrangements to reflect the serious, complex, cross-sectoral and endemic nature of family violence. This requires a dedicated, guaranteed and recurrent family violence funding stream through Commonwealth and State Governments that is protected by legislation, for services across the family violence continuum – crisis support, early intervention, post-crisis recovery and prevention.</p>
Intervention Orders	<p>Intervention Orders are state legislation and limited to a state or territory's boundaries. This leaves women and children vulnerable to further family violence as families move about to avoid detection and legal outcomes. Police are also not aware of Intervention Orders in different states and cannot appropriately respond to family violence without the proper background information.</p>	<p>Develop a National database</p> <p>Include the option of an airport watch list condition on Intervention Orders.</p>
Children	<p>Children should be seen and acknowledged in their own right within family violence. Perpetrators often erode the mother-child relationship and it needs to be regained.</p>	<p>Create specialist case managers and therapists for children based within specialist family violence women's services.</p>
Adolescent violence in the home	<p>The number of adolescents who use violence in the home against their parents and siblings is increasing.</p>	<p>Develop accommodation options for adolescents as perpetrators of violence.</p> <p>Develop specialist service provision in the regions.</p>

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9. 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.

Fundamentally, the lack of integration does have a negative effect on the efficiency of intervention and services. This is particularly evident in the following four areas:

(i) Child Protection

Poor integration between the child protection and family violence streams causes frustration and conflict over safety and long delays through the court process.

The system additionally is not equipped to manage young people who are the perpetrators of violence towards their parent(s) or siblings. Parents may not want the young person to be removed. A more sophisticated, nuanced approach is needed for these families.

(ii) Triage

Services are overwhelmed by demand, and are forced to triage to deal with only the most severe cases. Cases that may have responded to early intervention miss out because of the pressures on the system often return as late-stage cases.

(iii) Legal and community services

Poor integration between the legal and community service streams causes a number of problems. For example, after a Court has issued an Intervention Order, there is no way for a woman to know if the Intervention Order has been served on the respondent. L17's and Intervention Orders not being provided to mandated agencies is another good example.

(iv) Multiple agencies and partnerships

The number of networks and partnerships contributes to poor coordination. There is no clear division of roles and responsibilities within regions and between related services. Services are not viewed or funded as part of a family violence continuum but rather in isolation, contributing to the creation of silos. There is a general lack of communication between services and no multidisciplinary work centres to facilitate cooperation. Relationships have improved but there are still fundamental barriers, such as information technology and privacy legislation. Partnerships must be strengthened or a new specialised family violence multi-agency system developed. Creating a hub for specialist family violence organisations would assist in sharing information and best practice and would prevent wasteful overlap in services.

10. What practical changes might improve integration and co-ordination? What barriers to integration and co-ordination exist?

Existing barriers to integration and coordination include:

- Rising demand for services
- Government 'silos' and competitive funding
- Short-term, output-based instead of longer-term outcome-based policies
- Lack of face-to-face relationships between organisations, government and community sector

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- Lack of community consultation and engagement
- Privacy issues relating to sharing of information
- Lack of modern IT services and databases
- Generalist services and private practitioners setting themselves up as 'expert family violence practitioners'

The Partnership recommends the following practical changes to improve integration and coordination:

- Ensuring that triaging is not based solely on the severity of a case
- Improved information-sharing across government departments
- Ensuring that family violence programs are funded for the longer term and not based on election cycles. This would assist in preventing worker expertise and knowledge drain
- Retain family violence specialist agencies
- Encouraging schools to work on positive gender equity models
- Electronic monitoring of perpetrators
- Incorporating no-cost CRAF training into hospitals and universities
- Legislation changes to facilitate information sharing

14. 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?

Current processes support behaviour change to varying degrees. Greater visibility and awareness of family violence at the community, national, and international levels has had an impact. The rise in reporting indicates that women are now more empowered to speak up. Progress in keeping children safe has been particularly strong on this front - techniques for empowering children to speak up when they experience violence have been very successful.

Further work is needed, however, particularly in the area of holding men to account, and to change their behaviour. Current problems in holding men accountable include:

- Lack of consequences for breaching Intervention Orders continues to support the myth that the system cannot keep women and children safe
- The shortage of group facilitators for Men's Behaviour Change. More training is also needed for those working with men who perpetrate violence. Greater investment in the workforce is essential
- Standards for Men's Behaviour Change programs are out-dated
- A failure of direct consequence: men are not always brought into these programs in a timely manner
- Overly diverse nature of programs: there are very few clearly defined mandatory obligations for perpetrator engagement
- Programs deal only in short term solutions, are not lasting and sustainable, and do not make clear post-intervention legal requirements of perpetrators
- Timely, frequent and consistent messaging on family violence is essential to enable the cultural community attitude shift, and this level of communication is currently not available. Mixed messages, unhealthy attitudes in pornography, music videos, even in car and alcohol advertising, are pervasive.

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16. 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 Partnership is able to point to some research in this area that may assist the Royal Commission. This includes:

- Peak body forums which are best practice in Glasgow, Scotland, look at other criminal offences to determine behaviours and provide a risk assessment
- Behaviour change and evaluation indicates there may be some positive evaluation outcomes if the focus is shifted to partner contact work but this requires more research
- There is evidence to suggest group sessions very effective and empowering. This is an area where there might be measurable attitudinal shifts
- 'What Works' Principle in relation to criminogenic needs indicates that we cannot focus on one offence; there is a broader range of issues to be considered
- Preventing at-risk individuals from purchasing alcohol, a trigger substance for violence, has been shown to have small-scale success as an early intervention strategy
- In the area of rehabilitative services, there is evidence that group work and counselling can provide empowering environments for change
- Partner contact work as an early intervention technique shows promise, but there is little or no data evaluating the outcomes of either technique. More comprehensive research into this area is needed.
- Making Rights Reality (MRR) was a pilot project at SECASA to encourage the reporting of sexual assault by people with a cognitive impairment and/or communication difficulty. It is still running at SECASA. The project was formally evaluated with a report from La Trobe University. A similar project for family violence would be useful.

17. 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?

Violence against women and their children affects all communities regardless of age, culture, social and economic status. Some sub-population groups, however, are at higher risk of either experiencing or perpetrating violence against women or their children (VicHealth 2007). These include:

(i) Women with disabilities

Women with physical and cognitive disabilities experience higher rates of intimate partner violence than those without disabilities (Brownridge 2006; Cohen et al 2005). There have been no incidences of deaf women accessing family violence services and there is concern as to whether they have the information to be able to reach out. Research has revealed that a shocking 90% of Australian women with an intellectual disability have been subjected to sexual abuse, with more than two-thirds (68%) having experienced such abuse before the age of 18 (Australian Law Reform Commission 2010; Victorian Women with Disabilities Network Advocacy Information Service 2007). Humiliation, harassment, forced sterilisation, denial of reproductive rights, neglect, denial of mobility and communication devices, withholding of food or medication, threats of institutionalisation, and restrictions to supports and social networks are all forms of violence experienced by women with

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disabilities. (Salthouse & Frohmader 2004; Women with Disabilities Australia, 2008). Women with a disability are often not taken seriously in all areas, and access to the service system is challenging.

(ii) Women from culturally and linguistically diverse communities

There is conflicting evidence as to whether CALD communities have a higher experience of family violence; however these communities do face greater obstacles in breaking the cycle of violence (InTouch Multicultural Centre against Family Violence 2010).

A report published in 1992 by the National Committee on Violence against Women identified that women from CALD groups are doubly victimised in that they do not belong to the dominant Anglo-Australian culture and they do not belong to the dominant gender in our society. Women may be unaware of services, or lack the confidence, independent income or language skills to leave a violent situation and access appropriate services.

Women from a CALD background experiencing family violence are certainly vulnerable. An already difficult situation is accentuated by language difficulties, unfamiliarity with service systems, social dislocation due to immigration, alienation from culture and community, grief related to experiences of torture and trauma and limited culturally appropriate services. Issues of stigma associated with family violence, lack of access to financial resources and a lack of family and community support may dissuade CALD women to seek assistance.

In many instances women from CALD backgrounds do not understand their rights or the Australian legal system and they do not trust authorities including police. Powerful barriers to disclosing family violence include shame, disgrace, a strong sense of obligation, self-blame and fear of deportation. The cultural clashes between the family's values and traditions and those of Anglo-Australian society may also have an impact on family interactions and may cause additional stress in their already difficult situations.

Mainstream services face serious challenges in effectively addressing family violence in immigrant communities. Multiple factors have contributed in creating these challenges, but primarily the differences in the conceptualization of violence against women between mainstream services and immigrant communities. Mainstream service providers, based on a model of individual rights, perceive violence and abuse against women as non-negotiable, and the safety of abused women is the priority in these situations. While immigrant cultures also see abuse as unacceptable, the approach tends to differ. Family violence against women is often seen as a family matter, which implies that only family can and should resolve it without intervention from anyone outside the family. There are particular challenges facing communities from collective societies. There is an expectation that personal needs will be subordinated to those of the collective. Women are expected to maintain harmony in order to uphold the family's status and reputation. In summary, there are many barriers that prevent women from CALD backgrounds from accessing services or assistance relating to family and domestic violence.

Dimopoulos et al. (2000) reported that women from immigrant backgrounds appeared to be less likely to receive appropriate assistance from services when they attempted to leave a violent relationship. Findings also indicated that women from immigrant backgrounds were more likely to be murdered as a result of family violence. It was therefore postulated that these women are at an increased risk of severe injury or death as a direct result of the delayed disclosure of a violent relationship.

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(iii) Aboriginal and Torres Strait Islander women

Victorian-based studies have identified that Aboriginal and Torres Strait Islander women experience rates of family violence between 5 and 45 times higher than non-indigenous women. This higher prevalence of violence is not part of Indigenous culture, but is understood to be the result of social and economic marginalisation, historical impacts of colonisation and disruption to Indigenous culture in Indigenous culture and identity (VicHealth 2007). Aboriginal and Torres Strait Islander women are 35 times more likely to be hospitalised for assaults relating to family violence than other women (Al-Yaman et al 2006).

There are also difficulties in engaging Aboriginal women in longer-term change. The closeness of the community, and beliefs that family violence is a family issue (extended kinship), create pressure to keep the violence in the community.

(iv) Younger women

For younger women, the risk of violence by a male intimate partner can be three-to-four times higher than the risk for women across all other age groups (Young et al 2000). In Australia, findings from the *Personal Safety Survey* show that in the 12 months prior to the survey, 12 per cent of women aged 18 to 24 years had experienced at least one incident of violence compared to five per cent of women aged 35 to 44 years and four per cent aged 45 to 54 years (ABS 2012a).

The National Crime Prevention (2001) estimates that one in seven (14 per cent) young women and girls in Australia (aged 12 to 20 years) have experienced sexual assault or rape.

A lack of youth supports, drug and alcohol use, school disengagement and family issues compound the problems.

(v) Pregnant women

Statistics show that women are more likely to experience violence when they are pregnant or have recently given birth. This is a critical, transitional life phase where gender roles and equality become increasingly relevant.

Pregnant women appear to be at higher risk of violence than other women, particularly from their partners. More than one-third of Australian women (36%), who have experienced violence by a previous partner, and 15% by a current partner, report that the violence occurred during pregnancy (ABS 2006).

(vi) Children

Children are especially vulnerable to family violence and are powerless to escape or alter their circumstances. The City of Casey in the Partnership's catchment has the highest number of L17 referrals to the family violence services including Child FIRST.

Other Contributing Factors

Other contributing factors are numerous and include:

- **Social and economic factors:** Women who have left and have no income are unable to maintain mortgage and rental payments. The current crisis response is to put women and children in

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motels for emergency housing. There is no wrap-around care and support, and the experience is very isolating. This often leads to desperation and a desire to return to the family home and/or the perpetrator.

- **Financial stresses, long term unemployment and intergenerational poverty**, especially amongst Australians of an Anglo Saxon background. Those living in growth corridors or new communities lack family networks and support
- **Geographical factors:** women and families living in rural and regional areas.
- **Service system factors:** Family violence worker judgment is subjective and may miss indicators of violence or of cultural unwillingness to participate or report violence. Within the service system, policies and procedures may not match and often perpetuate risk to the client's current situation. Police failing to act on breaches of intervention orders increases likelihood of recidivism.
- **Drug and alcohol misuse:** Ice is a particularly worrying trend, with both victims and perpetrators using the drug.
- **Gambling:** especially the 'pokies'.
- **Natural disasters.**

18. 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?

The barriers that prevent people in particular communities and groups from engaging with or being supported by family violence services include:

- Language
- Particular cultural issues and stigma associated with seeking supports
- The lack of extended family as support for many refugee and migrant families
- Housing and financial constraints
- The complexity of the system for obtaining Intervention Orders, reporting breaches etc.
- The fear of police
- The lack of CALD-specific men's behavior change programs

Ways to improve the family violence system to be able to respond to the diversity of people's experiences are proposed in the response to the next question.

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

The Partnership recommends the following approaches to improving responses to family violence in these groups and communities:

- More supports for victims of adolescent violence, and education for perpetrators
- Culturally appropriate men's behaviour change programs
- Community education with police and the community: involving community leaders in spreading the message around family violence
- Streamlined referral processes
- Up-skilling the family violence workforce
- Greater access to information and advice where women can access it such as libraries, childcare centres, maternal and child health centres, hairdressers, beauticians, pharmacies, GPs, supermarkets etc.

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- Greater on-line information and advice
- A wider range of accommodation including out of the State
- Family support case workers in Maternal and Child Health
- Social workers based in universal services
- More positive reinforcement/messages around women's strengths in family violence situations to challenge the stigma and encourage women to speak out
- Increase the duration of Men's Behaviour Change programs, as research shows that real change takes time. Currently there are pressures on the program to be shorter and shorter
- Improve the quality of Men's Behaviour Change facilitators as this makes a positive difference

20. 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?

The Partnership would like to make the following overarching suggestions to help address many of the issues outlined in this submission:

- Collaborative, integrated responses are key and need to be strengthened through existing partnerships or through the creation of a single multi-agency approach
- The system needs to shift from outputs to longer-term outcome-based policies, and funding needs to reflect this approach
- Developing a 'zero tolerance' strategy to address gender inequality and family violence is vital. This could be done by mirroring successful attitude changing campaigns such as TAC's drink driving campaign and the 'Superbowl' advertising in the U.S.; through general community and CALD-specific saturation; through utilising real people's stories; and creating consistent and frequent messaging throughout society including primary schools, high schools, workplaces and universities
- Strong leadership and a bi-partisan approach to family violence reform would make a significant difference to the authorizing environment and to increasing the capacity of the system to deliver the required outcomes.

21. 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.

The Partnership offers the following approach to undertaking the proposed changes in order to make the greatest impact on family violence in the short and longer term.

Short-term strategies

- Increase funding as a matter of urgency to enable services to meet the current demand and be able to provide high-quality services
- Develop collaborative, integrated responses and/or a multiagency approach. This should commence in the short term and be phased in over time
- Shift to a focus on outcomes, not inputs
- Develop a bi-partisan commitment to family violence reform and model brave leadership
- Invest in technology that will enable improved communication across family violence services, including the ability to capture and share data from the first point of contact through to resolution
- Legislative changes to facilitate information sharing
- Increase access for CALD communities to appropriate interpreters, and more training for interpreters on family violence issues

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Longer-term strategies

- Legislative changes to facilitate information sharing
- Increase diversity in Men's Behaviour Change Programs with interpreters and programs for CALD and indigenous communities
- Develop a more sophisticated response to differing social and family circumstances, such as the introduction of whole family counselling and therapy services
- Consider the co-location of family violence organisations. Placing different services in the same building would ensure ease of access to the full range of services, as well as increasing organisational capacity to align goals and responses
- Increase mass media and television campaigns drawing from international and national best practice and including better use of CALD and ethnic media outlets
- Develop more stringent rules for family violence counselling accreditation and ensure better monitoring of those offering counselling services
- Create better integration between family violence workers, public counsellors and private practitioners, including the use of forums and data sharing
- Develop alternatives to counselling such as group work, cognitive behavioural therapy, or psychotherapy. Clients can then be assessed to determine the most appropriate type of support
- Improve the recognition of elder abuse amongst the elderly living at home or in care. Develop a CRAF-style framework for those working with the elderly.
- Delineate family violence legal services from criminal defence legal services
- Develop greater support and powers for agencies to identify and remove perpetrators from homes
- Create more spaces for men removed from their homes. Safety for women is increased if services are integrated and the perpetrator is removed into accommodation with case management support.

Carolyn Worth

Chair of the Integrated Family Violence Partnership - Southern Melbourne, on behalf of the partnership

Date: 26/5/15