

BREIF INSIGHT INTO NEEDED SYSTEM CHANGE:

I was to attend a consultation however due to unforeseen circumstances on the day I was not able. I have compiled the below dot point document of systemic issues I would like the commission to take into account. These are the issues I hoped to raise in the consultation. I had not planned to write a submission. Therefor this document was created within a very short time frame and hope this can be taken into consideration. The issues identified have occurred within and beyond my experience, they are systemic issues and not once off mistakes. The below has been witnessed through personal or work experience. Many of the issues stated below have been written in the form of providing a recommendation (suggestion of reform). Each has been written due to their being significant systemic problems. To write all that was witnessed, along with evidence would be extremely time consuming and I was not able to do this at this time.

- **The below recognises the Victorian Family Violence Act. The term Family Violence refers not only to those connected by defacto relationships, genetic connection or kinship, but also includes carer roles (teachers, priests, professionals) and refers to those who have influence of power and are in care positions (significant other).**
- **The above definition provides significant barriers to those experiencing stalking, especially when they are choosing not have an offender as part of their family, hence seeking an order to keep the person away. However to obtain an order they are often ordered by the court to apply for a family violence intervention order rather than a personal safety order. It very traumatising to have to prove that the offender does fit into the definition of family. This limits some victim's ability to obtain interventions orders.**
- **The below information comes from a place recognising that many offenders of family violence have in fact been victims of family violence and need to observe those who have committed family violence against them face consequences. However it does not assume that the majority of people who have experienced family violence will commit family violence to higher degrees than those who have not experience Family Violence in their past.**
- **Additionally the below information has intentionally been gender neutral in relation to pronouns due to issues of systemic neglect/discrimination towards people from Queer GBLTI groups (more than two genders exist). Additionally there is a lot of barriers for girls/women to come forward who were sexually abused by women (especially if it was their mothers). This is also true for boys/men who were abused by women or men. The author recognises that research clearly indicates the majority of victims are females and the majority of offenders are male, however there are thousands of offenders and victims who do not meet these gender/sex roles.**

- **People from CALD backgrounds, Koori and other Aboriginal and Torres Strait Islanders face significant disadvantages in relation to Family Violence. They face significant levels of securitisation of their families and discrimination within mainstream services which often causes Family Violence, similar to the above mentioned cultural groups.**
- **Significant damage is caused by the definition of partner used in family violence research and used within counselling.**

“Partner means husband, defacto, boyfriend/girlfriend of longer than one month or father/mother of your child.”

It does not refer to the common assumption of consensual relationship and part owning or caring for mutual belongings. Often referring to a longer term stable relationship.

- Often the term partner is identified by the professional (often stated as ‘your partner or ex-partner’ by researcher/counsellor) and integrated into the speech of the victim, regardless if the victim perceived the offender as a partner.
- Most people who are not a part of Family Violence get to choose when someone is documented as their partner, it is not timed bound by a month or the birth of a child, etc.
- It is psychologically risky to integrate the term partner into the mind set of victims, especially if the victim before the research and counselling was conducted identify the word partner to be a consensual relationship.
- Further long term community awareness programs and professional training is needed to educate professionals and the community about the psychological states “coerced - internalised” and “coerced compliant”.
 - With a focus on how and why these psychological states can play a role within the occurrence of family violence and sexual assault. These psychological states need to be taken into account during psychological assessments and determining people’s responsibility and accountability. Especially in relation to the assessment of the role of the victim’s
 - personal attributes and/or
 - behaviours and/or
 - ‘vulnerabilities’

And how the above is being assessed/documentated as contributing to the family violence and sexual assault.

- One of the most likely injuries from sexual abuse and family violence is psychiatric disorders
 - Clear need for Centre Against Sexual Assault (CASA) to provide an outreach service within psychiatric wards in Victoria. This should occur when any patient alleges they have been a victim of family violence, especially sexual abuse. Or when a professional within a psychiatric hospital has concerns.
 - Additionally patients should be able to request to see someone from Centre Against Sexual Assault (CASA) while a patient within a psychiatric hospital. A patient may not feel comfortable disclosing abuse to treating staff for various reasons.

- Centre Against Sexual Assault (CASA) can currently provide some training within Secondary Colleges (High School). There needs to be further support and encouragement for CASA and schools to take part in this training. Additional programme development should be provided to primary schools (age appropriate) and especially within Tertiary Studies (Tafe & University).
- Further regular community awareness programs informing the public that Family Violence and alcohol and other drugs issues do not only occur in low socio economic backgrounds.
- Further specific support programs supporting victims with disabilities (including psychiatric) escaping offenders who are from higher socio economic backgrounds and / or have a lot of resources and community influence.
- Most importantly needed is systemic change to minimise disadvantages that exist in the legal system towards victims who attempt / or who have provided statements about abuse committed by alleged offenders from high socio economic backgrounds.
- Victims with disabilities need better access to refuges and other sexual assault and family violence services, as well as legal support.
- Long term community awareness campaign about the well documented premature mortality rates of people with psychiatric disorders. Some medical research puts the rate at 10 - 15 years earlier than 'mainstream' population of Australia for people who have sustained a psychiatric disorder since childhood.
 - Long term training is needed for General Practitioners, hospitals and Specialists about the need not to ignore disclosures of physical complications by people with psychiatric disabilities when their cases are presenting time consuming, complex along with mental illness symptoms. Full assessment of physical health is needed along with treatment that moves beyond the sole use of 'psychiatric' medication and counselling in relation to complaints of physical complications.
 - Better access is needed for people with psychiatric disabilities to physical treatment of muscle, nerve, tendon and tissue issues; organ issues related to stress; MRIs in relation to long term issues of TBI/audio processing that may initially not have been diagnosed.
- Long term community awareness campaigns as well as professional training about the dangers of misdiagnosis in relation to psychiatric disorders. Specific information needs to be provided in relation to diagnosing a patient with one disorder when in fact they have a different disorder. Evidence needs to be provided specifying risk of causing serious psychological harm to individuals and families (beyond the difficulties of processing stigma).
- Further long term community awareness programs and professional training is needed about suicide and self-harm and its connection to family violence and sexual assault. There needs to be awareness about the fact that many victims who have physically self-harmed have reported that they felt at the time forced to do so (not all). Treatment and management of such clients' needs to take their experience into account.

- Greater support (long term program development) specifically for women with disabilities (including psychiatric) who are or were victims of abuse to have equal choice (as other women) during pregnancy to cease or continue the pregnancy and in relation to types of births and breastfeeding. Further professional training within outpatient centres and psychiatric wards (adult and mother and baby wards) to help support women who choose to breastfeed who have psychiatric / mental illness disabilities.
- Long term community awareness program and professional training about the need to provide access to and conduct different forensic physical examinations for victims of past sexual abuse compared to victims of recent sexual abuse.
- Support Police Sexual Offences and Child Investigation Teams to be able to collect multiple statements of long term history of abuse when occurred in families/relationships rather than focusing one recording one or two incidences of the many acts of sexual assaults/rapes/violence.
- Further community awareness campaigns and professional training supporting people with disabilities (including psychiatric) being able to choose who their carers are, especially young people.
 - Easier process for people with disabilities who have not had this support in the past to gain access to system processes through the Health Service Commission to record their choice within their medical / treatment records. Also to be able to have files amended - especially in context of the royal commission into institutional responses to child abuse.
- Further assistance for people who have their funds managed by state trustees to be able to complain and have their situation be reassessed.
- People who are 'wards of the state' to have easier processes to make complaints about treatment and past abuse. Further supports and access to legal representation to enable them to apply for processes like Victims of Crime Assistance Tribunals.
- Better referral system so that children placed in child protection are provided with legal representation and better support that makes applications to Victims of Crime Assistance Tribunals.
- Increased access to improved transitional properties and long term properties for people fleeing family violence, especially people with disabilities (including psychiatric).

-Remove automatic probation orders for family violence victims in transitional housing for longer than 3 months. This is an informal process that is conducted by services and corporations that manage transitional properties. There has been probono cases against agencies like HomeGround Services by Freehills Law Firm supporting tenants to remain in the property (refugees). Often people are put on a probation order after 3 months due to not finding a property, then a warrant after 6 months due to not finding a property. They are then asked to move.... There are many cases

undocumented. Often housing managers state they will use the orders but will not ask families to move. This however is not following their own policy guidelines, tenant acts, human rights charter, etc. No one should be placed on probation orders, or warrants, due to not being able to find housing. Clearly being placed on such orders reduces the chances of families or individuals ever being able to access private housing again. This is especially concerning when this is happening to families who are escaping violence through women's refuges. Who are then placed in transitional properties and then placed on these orders. They witness often no negative legal consequence which occurs to the offenders, but they are placed on orders, due to not being able to find housing within 3 and 6 months. Often refuge workers are claiming they cannot do anything and this is just how they system is. The answer is not to simply keep all women and children in their original homes. This is not suitable for many women and children. Refuge workers often are placing women back in homes, knowing they are not safe, due to the Government's policy of keeping women in their homes. Many women who have stated they do not want to go back to their previous home are being forced.

- Long term community awareness campaign along with professional training demonstrating:
 - Connection between family violence and homelessness
 - Training that recognises the representation of providing video surveillance in family's homes and health monitoring of victims as a solution to systemic issues that disadvantage victims is problematic.
 - Offenders need to face consequences and restrictions that focus on their actions
- Community awareness campaign along with professional training demonstrating the problems with representing professionals who work in services for victims and offenders (including bystanders) as being able to represent the voice and needs of victims and offenders can at time be problematic and can represent a conflict of interest.
 - When collecting information about the voice of victims and offenders (including bystanders), as well as documenting the needs of victims and offenders, there needs to be independent researchers completing in-depth interviews with victims, bystanders and offenders. Many systemic problems start in services and it can be difficult for people who work within these systems to acknowledge these issues in a timely fashion for lack of better words. Many significant examples of this have been provided through the Royal Commission into Institutional Responses to child abuse. Additionally holding interviews (seeking information about systemic issues) within counselling services, hospitals, community centres disadvantages those were experienced abuse/neglect/disadvantage in those locations. Making it difficult for those individuals to come forward.
- Further legal improvements and assistance within magistrate courts to enable women who are pregnant who are being abused to obtain an intervention order and at a later date with evidence, add the child to the intervention order once the child is born - without the child first having to have contact with the offending family member.

- Ensuring staff in Family Court are trained and clear policy in place which assures that the court needs to provide a service (free of charge) which arranges to serve court papers to alleged offenders, especially when victims have intervention orders in place against family members.

FURTHER BRIEF EXPLANATIONS:

- There are cases where women have been told even when they have an intervention to deliver the court papers to the offender (especially if they have not arranged legal representation). There was at one stage a Sherriff process - this is documented as being available in the past - but even at this time when according to documents available to the public stating this service was available - some people have been informed that they would have to deliver the paper their self as the service was no longer operating.
- I have attended professional training over many years (last attended after the introduction of the Family Violence Act about two years ago). Women's Legal mentioned at this time that they doubt they would be able to put the unborn child on the intervention order OR once the child was born be able to place the child on the order without it having contact with the family member and violence being witnessed by someone or significant physical evidence that the family caused the injury. Especially if the accused is the biological father of the child (newborns and toddlers obviously cannot speak for their self in relation to violence).
- If the mother has an intervention order and the child does not, the alleged offender (father) would gain access to the new born without the mother being present. It then becomes difficult to even witness the violence to be able to gain intervention orders. Physical injuries to a young child (especially newborn or toddler) which are not witnessed are difficult to prove who caused the injuries even at a magistrate level.
- This does pressure women to remain in contact with abusive fathers during pregnancy and into the early period of the newborn babies' life until evidence is collected that will satisfy courts. Many abusive fathers are aware of this predicament and are able to use this to ensure that women stay in contact to attempt to ensure that the baby will be ok. (EG forcing the women to be submissive in relation to sexual abuse while stating if she does so he will not harm the child, etc)
- This seems like a terrible loop hole considering if a pregnant women is abused, obviously the unborn child is also being abused...
- Additionally there is a history of family law court not being interested in taking into account claims of abuse that have not been supported by a criminal court finding or magistrate court order.

- Additionally issues arise in relation to if a father will not sign birth certificates and mothers seeking single parent benefits risk having their benefit cut off after a certain time period due to not have a known biological father signing the birth certificate. The women can take that biological father to court for blood testing but she risks using her limited legal aid money that she has been informed she will need for family court orders. The option presented is to lie on the birth certificate and to Centrelink and say she does not know who the father is. Offenders are aware that many women do not want to lie which could reduce their legal rights, they are also aware that the women has a limited amount of money provided through legal aid. Offenders again can use the signing of the birth certificate to force the women into a submissive position.
- Additionally women she be able to use legal aid funding with assistance to obtain