

## **Royal Commission into Family Violence**

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With a strong connection to our community and over 40 years of local health experience, Bendigo Community Health Services (BCHS) has a strong reputation in its understanding of local issues and that impact on health, safety and wellbeing of members of the broader Bendigo community.

Bendigo Community Health Services (BCHS) is a company limited by guarantee operating as a not-for-profit organisation. It operates approximately 50 discrete services and programs across the health continuum that are financed through fee for service arrangements, government program funding at local, state and commonwealth levels; and through rebates such as Medicare Benefits Scheme.

**The organisation's vision is:** Healthiest people. Healthiest communities. Excellence in service and innovation. The purpose of Bendigo Community Health Services is to work with individuals, and their families as well as communities, to strengthen their capacity and maintain and improve their health and wellness.

Our Values

- Integrity - We act in an honest and trustworthy manner
- Learning - We promote a culture that creates opportunities to share knowledge to inform our practice, service design and delivery
- Innovation - We celebrate and encourage a dynamic and creative environment
- Accountability - We honour our obligations, are responsible for our actions, and commit to delivering what is promised
- Respect - We embrace diversity and respond to clients, community, partners and staff in a manner that promotes understanding
- Excellence - We will aspire to excellence in all aspects of our work and support our people to achieve the highest quality outcomes for clients and community

BCHS is also a member of The Charter of Human Rights 1986 Act (Vic).

BCHS aims to:

- Promote healthy lifestyles and preventative practices, that lead to improvements in the health and wellness of the community
- Provide services which enable improved individual and community health and wellbeing
- Lead and coordinate an extensive range of primary and community health services and activities, including those provided in cooperation with other agencies and providers
- Commit to safety, quality and continuous improvement for all stakeholders

BCHS operates services that are universal, targeted as well as specialist, resulting in a broad platform responding to health and wellbeing. **Being identified as being 'universal' therefore** available for a range of health and wellbeing needs, BCHS is often a door that people, primarily women who are victims or survivors of family violence, are prepared to walk through to seek assistance, with some degree of anonymity and confidentiality.

Some recent data from 2014 provides a snapshot as follows:

- 50% of the families referred to our Family Support program identified having experienced family violence – either currently or historically

- Through the child health program there is regular presentation of children whose family have been exposed to violence resulting in trauma and need for specialist referral and support
- BCHS AOD clients report a significant level of family violence or trauma as part of their own childhood development experience, 18-27% of AOD clients are not living with dependent children, often due to violence related issues
- During a recent snapshot of BCHS counselling clients 36% of clients presenting disclosed having experienced family violence either in the past or currently
- Our child and adolescent counsellors work with children affected by family violence, **emphasising the often long term, and devastating impact on many areas of children's lives**
- Within our medical practice we have regular disclosures of both family violence and sexual assault. BCHS nurses follow up with patients, making safety plans and referrals to relevant support services
- Our Health Justice Partnership initiative, recognises that legal issues impact on health outcomes, and seeks to support clients to access a lawyer free of charge. Our onsite lawyer reports that the number of clients accessing the Health Justice Partnership service, who also experience family violence is high to very high
- Police referrals to the Centre for Non Violence (local specialist FV agency) was 1874 for female affected family members, however the same agency was only able to provide support to approximately 25 children and their 4 mothers/carers.

Over the past decade, there has been a growing trend of children and young people engaging in problem sexual and sexually abusive behaviours, generally aimed at younger children. Through the Sexually Abusive Treatment Service it is acknowledged that approximately 80-90% had a history of being exposed to family violence and that the trauma had been unacknowledged and not addressed.

Recent research shows that 93 per cent of males and 62 per cent of females in the sample reported exposure to pornography prior to age 18, the majority between the ages of 14 and 17 (APS, April 2015, Dr Russ Pratt MAPS MCCOUNP MCFP, State wide Principal Practitioner, Victorian Government Department of Health and Human Services).

The majority of BCHS child focussed services such as family support services, counselling, the Young Pregnant & Parenting Program, and the Early Childhood Intervention Services are engaged with survivors of family violence, and therefore seek to coordinate with local family violence specialist service.

As an organisation BCHS partners with specialist family violence services across a range of programs that are designed to assist women and their children experiencing family violence by strengthening the referral, support and care pathways for them across services.

The following section presents the key actions that BCHS would recommend for consideration by to the Commissioners. It is critical to emphasise the urgency of and the need for review and remediation in this area. It is well evidenced that the service system has been under-resourced, that communities have been under-resourced, and as a result, that the health, safety and wellbeing of many women and their children has been compromised. For the Loddon area, BCHS respectfully suggests:

## **Improve the justice and service systems responses to women and children who have experienced family violence**

### **Legal system**

- Establish a specialist family violence court response within the Loddon area.
- Provide Applicant and Respondent support workers at every court.
- Provide ongoing magistrate training – informing a more knowledgeable and informed response, across Family Law Court matters as well.
- Improve police responses through training, resourcing for FVA and FVLO positions, compliance and research into statewide data.
- Mandate training for solicitors/lawyers **about 'the voice of the child'** in legal matters, and **the primacy of children's safety**.

### **Service system**

- Support workforce development through funded training for universal service providers (GPs, community health nurses, allied health practitioners), to ensure women and children have a broad range of options through which to seek assistance, and be assured of an appropriate supportive response (such as Common Risk Assessment Training).
- Provide funding for comprehensive, ongoing, therapeutic responses to children affected by family violence, particularly strengthening the availability and application of trauma informed practice.
- Provide similar funding to adolescents and young adults who have a history of trauma through family violence in order to mitigate the risks of negative behavioural cycles of violence being normalised.
- Provide additional support to Aboriginal communities to implement the Indigenous Family Violence Framework so that measures that address family violence in their communities are culturally safe, and appropriate.

### **Early Intervention and Prevention system**

- Promote community awareness through policy settings and public/community education strategies that family violence is symptomatic of gender inequality and that Australian culture will not continue to support such inequities.
- Fund for community education across ages and stages that reinforces important messages over time, such as:
  - Pre-natal – fund programs as **Baby Makes 3**
  - Primary school - fund programs such as **Solving the Jigsaw**, an award winning, evaluated program for primary school students, where an opportunity to talk about many issues (such as relationships, violence, power over, drugs and alcohol, feelings) is provided.
  - Secondary schools – fund **Respectful Relationships** programs in secondary schools, to support personal development and challenge the portrayal of intimate relationships. Access to pornography is having a significant impact on **young people's perception of** what is normal. The portrayal of sexual aggression in such media (primarily perpetrated by men against women) is also normalised.
  - Work places - fund the **Take a Stand** initiative that impacts on community attitudes, addressing gender inequalities, and bystander behaviour.

### **Regional Coordination of Family Violence Responses**

- Increase the capacity of regional coordination to support the positive work and ensure that sharing of information and knowledge is beneficial, gaps are addressed and there is no duplication of services
- Co-location and coordination of relevant services similar to the Multidisciplinary Centres which are being rolled out across Victoria.
- Ensure that funding to address family violence is available to women and children escaping family violence but not exclusionary when there is a male victim trying to escape violence in the home.

In summary BCHS proposes that a more responsive, coherent and accountable response for communities in the Loddon area would be achieved when the Victorian Government committed to:

- Establish a specialist family violence court
- Improve legal/judiciary response : support victims, and hold perpetrators more accountable
- Expect to fund beyond political cycles given the entrenched and often intergenerational nature of family violence
- Invest real and genuine investment over time, across systems and communities.
- Build the capacity of universal services to respond
- Strengthen as a priority the capacity to provide a therapeutic response to children who have been exposed to family violence.
- Support for the coordination of services

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