

Summary

Family/domestic violence is one of the most corrosive and devastating experiences that women and children can experience in their lifetime. Research shows that domestic /family violence is the leading public health concern for women surpassing obesity, smoking and heart disease, (*VicHealth Australia's Attitudes to Violence against Women 2013 National Community Attitudes Towards Violence Against Women Survey – Research Summary, September 2014, publication number P.MW.184*).

The current interventions in Victoria are not too dissimilar from other comparable western capitalist countries in so far as they provide a fragmented service, with pockets of competence and best practice and areas where intervention is destructive and makes matters worse for the clients seeking assistance.

There are three overarching recommendations that I propose in this submission: the first is that the federal and state governments have a bi partisan approach to tackling domestic violence with some very long term commitments that traverse the political cycle and offer assurance to the non-government and government sectors. This ensures that they are supported in their efforts to combat domestic violence.

Secondly, that integration between domestic/family violence services and the justice sector are strengthened. Additionally, other layers of interconnectedness such as health, housing and income support have specialist legislation targeting clients that are experiencing domestic/family violence.

Finally, that domestic/family violence is understood as a specialist area of intervention therefore is delinked from the homelessness sector and from the generic social services and community health sector, so that resources and services are more accessible to clients as victims, but also those perpetrating domestic/family violence.

In this proposal I will be responding to the issues promulgated by the commission through a case study. The case study has been informed by my years as a frontline worker and as a professional domestic violence practitioner designing tertiary service responses and training staff to deliver these services. The case study is drawn from many years' experience of working with victims and perpetrators of domestic/family violence, and reflects a very typical client trajectory.

I will posit several scenarios of the client's journey to demonstrate how systemic responses have such an important impact on the clients' wellbeing, on their decisions to leave or stay and on the long term effects of victims including children, and how these barriers may contribute to victims being killed by their (ex) partners.

I will present the submission from the client's perspective to communicate the urgency of the issue.

The reference to statistics and research will not be extensive because the commission will have access to this data through the thousands of submissions that are received.

Submission

Case study

Sarah is a 27 year old woman. She's university educated and works in the marketing sector. She met a few men over the years and had a couple of long term relationships, while they've been nice guys, they haven't had all of the qualities that she's looking for in a man. Sarah meets Adam, a well presented nice, looking man who is running his own real estate business, he's also university educated and they have a lot in common. Adam's really friendly and gets on well with Sarah's friends and family, everyone thinks he's a really nice guy and a 'good catch'. She's excited that Adam may be the man of her dreams.

This is a defining moment in Sarah's life and she is feeling that her life is going to plan and everyone is pleased for her. She is especially pleased because she sees her friends starting to settle into long term relationships and her family have been wondering when she'll meet the man in her life, her brother affectionately makes fun at her saying that she'll 'end up on the shelf' if she's not careful. They both laugh at this but deep down Sarah is worried that she would end up a lonely woman.

What drives Sarah to concern herself with being married, or partnered by a particular age? What is the fear that lies behind this driver and behind her brother's ridicule of her and what does the gibe 'left on the shelf mean'?

Women as young girls in western culture are socialised into believing the goal of the romantic, usually heterosexual relationship. This romantic relationship encompasses a number of strict gendered ideals predicated on women being unequal in the private and public sphere. The way that these ideals and expectations are communicated are both simultaneously subtle and overt, women are in contradictory spaces, if a woman remains single she will often be financially worse off because on average women still earn less than men, she may be judged harshly for being 'childless' especially if she is a prominent public figure, and where women resist these ideals through remaining single, striving for equal relationships or wanting same sex relationships, she risks being judged and being 'left on the shelf'.

Recommendation

That the commission extends its goals to promoting gender equity. The relationship between gender inequality and violence towards women and children is high and is almost one of the defining causes of domestic/family violence. Adopting a long term bystander approach as a primary prevention strategy, (*VicHealth 2012. More than ready: Bystander action to prevent violence against women in the Victorian community. Victorian Health Promotion Foundation (VicHealth), Carlton, Australia*).

Gender equity being promoted by the commission debunks the sexist myths associated with women and girls stepping out of gendered norms both in private and in the public sphere, without ridicule and sensor. By promoting gender equity, changes to beliefs that define masculinity and femininity and creating a language and culture of respect and equality in both the public and private sphere.

Case study continued

The relationship with Adam is going well, he's really into her. He rings her most days just to let her know that he loves her and from time to time he sends flowers to her work place - Sarah's colleagues think that Adam's a good catch. Adam tells Sarah how amazing she is and that they should move in together, Sarah is not 100% sure because they have only known one another for two months but things have been going so well that it can only get better and she can move out if it doesn't work.

Adam convinces Sarah to move in with him. He owns his own apartment and Sarah is renting so why waste her money on someone else's property when she could be investing in her future through him in his property? This is logical and Sarah cannot argue the point, but in the back of her mind she feels uneasy, she likes her independence and has established a good life for herself and the apartment is hers even though she doesn't own it. Despite her reservations she gives notice and moves into Adam's place. There is no doubting how beautiful his apartment is and he has done well for himself.

6 months into the relationship things are going well, Adam loves Sarah a lot – sometimes she thinks that he's too intense with his love for her. He rings her a lot when she's at work wondering how her day is going and Adam is a little uncomfortable with some of Sarah's friends. He thinks that her closest friend is a bad influence on her because she drinks too much. Adam is concerned that this might have a negative impact on Sarah's career and by association, his. He puts pressure on Sarah and although she is reticent about reducing the amount of time she sees her friends, Adam does have a point about her drinking and Adam and Sarah are thinking of having a child soon and drinking during pregnancy is not ok.

They haven't had too many arguments, but Sarah does find herself giving in because Adam is always so logical it's hard to argue with him, besides Sarah's mother thinks that Adam is the best thing since sliced bread and she tells Sarah that he will be a great provider and Sarah is a lucky woman. The times where they have argued, Adam has yelled at her and he has said that he's smarter than her. There have been a couple of times where he has sworn at Sarah and told her to F... off' but Sarah knows that he is busy and he always apologises. While Sarah doesn't like being spoken to like this, most of the time the relationship is ok, so Sarah can let these small things go...after all there are difficult times in relationships aren't there?

A month later Sarah has found out that she is pregnant, Adam and Sarah are very excited and there is pressure on Sarah to get married. Adam really wants to be married and doesn't want his children to be brought up by parents that are not married and therefore not committed to one another. Adam has some very strong ideas about how to bring up children and Sarah does feel some comfort knowing that Adam will look after her and their children and not leave her to parent alone – that would be terrible. They get married and Sarah has a sense – that while she's not feeling that happy all of the time – that this is the best thing to do under the circumstances.

Adam is putting pressure on her to give up work now that she is pregnant and besides he is earning really good money. Sarah's mother thinks that's a good idea and that she should relax while she can because soon she'll never stop! Her friends are supportive of her but she sees less of them now and doesn't talk about the sense of loss of control that she is starting to feel in her own life.

4 months into the pregnancy and Adam has told Sarah that he will manage the money from now on. Adam reassures her even though the money is still technically both of theirs he believes that it his role to manage it, and when Sarah needs anything she just has to ask.

They argue more and the arguments are getting worse, Adam won't let Sarah go out without his permission and he is yelling at her most of the time, Sarah is having a difficult pregnancy and she blames herself for the new stressors in their relationship. Adam doesn't like the changes in her body and their sexual relationship is diminishing, Adam comes home late but will ring Sarah everyday making sure that she is at home looking after herself and the house.

6 months into the pregnancy Adam hits Sarah. She can't believe it, she knew that things were stressful but this is a new development, she's in a lot of pain and is not sure what to do. Adam is so apologetic, he said that he loves her so much and he can't understand why he did this, he has promised that he will never do it again and has taken some time off work to take Sarah away on a holiday so that they can repair their relationship.

Sarah wants to discuss this with someone but it's not sure where to go, she's worried about the baby so Sarah decides to go the doctor when they get back from their small trip

From a practice perspective, there are several responses to Sarah's situation however with dramatic differences in outcomes for her.

Service Scenario one poor outcome:

Sarah goes to the doctor and sees the practice nurse. Sarah has red swelling on her face. The nurse notices it but does not ask what has happened, there is no mandatory screening for domestic/family violence so there are no questions about the violence at home. Sarah doesn't feel comfortable telling the nurse because she is ashamed about what has happened so keeps this to herself and goes home.

Nothing happens and Sarah goes home feeling worse. Sarah and her baby are at high risk for further harm and lethality. (Family Violence Risk Assessment and Risk Management Framework and Practice Guide 1-3, Version 2, 2012).

Recommendation

- The Common Risk Assessment Framework, CRAF, was rolled out in 2008, this is an evidence based risk assessment and is an excellent tool. However, the funding to sustain the training on a long term basis wasn't maintained and therefore it became problematic to access. This training needs to be sustained and delivered to key professional groups annually
- There is some suggestion that it be rolled out via eLearning with no face to face or group discussion. It is a dangerous over simplification to deliver the training in this modality both because of the complexity of the topic but a lack of integration of adult learning principles.
- That screening for domestic/family violence is mandatory for all health professionals in Victoria. This will ensure that take up of the training will be maintained
- There will need to be ongoing professional development in this area; it is not a one off training.

Service Scenario desired outcome:

Sarah goes to the doctor for her visit and sees the nurse, there is mandatory domestic/family violence screening in Victoria for health professionals, the professionals know that one of the most dangerous times for women and children is when a woman is pregnant so they know to ask if abuse is happening at home.

The nurse notices that Sarah has swelling on her face, they are alone in the exam room so Sarah feels safe. The nurse asks Sarah if everything is ok at home. Initially, Sarah says no and then starts to cry, Sarah starts telling the nurse that Adam had hit her and that he had been treating her badly since she became pregnant and that he was very controlling. The nurse checked her other injuries and gave her information on the services available, she also told her that she could contact the police or the emergency services if she needed anything. The nurse asked if Sarah felt safe to go home or if she wanted to contact a crisis service while she was at the doctor. The nurse also has a lot of domestic/family violence educational material available that she gives Sarah so she can educate herself on what is happening in the relationship. Sarah decides that she wants to contact the crisis service to see what services are available. She would like to do this from the Doctor's rooms because she feels safer there, she rings the crisis domestic services.

Service scenario poor response

Sarah contacts the state wide crisis service to check out what her options are. She waits on the line for half an hour, someone then answers the phone. The worker asks her is she is feeling about the relationship and if she is likely to be followed, Sarah says she's not sure and that this is the first time that this has happened and that she just wants to talk so she can get more information on her situation. The worker tells her that this is a crisis service and unless she wants to get out and leave then they cannot assist. Sarah is told to ring back if it gets worse and when she wants to leave the relationship. The worker then gives Sarah the number for an outreach service in Sarah's area.

Sarah feels deflated and confused, she just wants to talk to someone not necessarily leave the relationship, Sarah still doesn't know what her options are.

Recommendation

- That there are best practise standards for domestic/family violence services that are tied into DHHS funding agreements which are outcome not output based. Agencies delivering domestic/family violence services are measured against these outcomes through their quality assurance assessments in the accreditation process
- Funding reports that are furnished to DHHS are outcomes based that are attached to service agreements that have explicitly stated the service outcomes expectations
- DHHS delink domestic/family violence funding model from the homelessness sector because their outcomes do not focus on safety, education and domestic violence support or perpetrator accountability
- Part of the accreditation process includes the professional development of staff to ensure that practice is current.
- Sustainable funding

Service Scenario desired response

Sarah contacts the state wide crisis organisation and the worker answers the phone and asks Sarah what is happening for her, Sarah says that she has been hit and that she wants to talk to someone and that she doesn't know what she wants. The worker tells her that she can have an appointment to speak to someone that same day or someone straight away if Sarah cannot wait. Sarah is happy to be rung back as long as it is before a certain time. The time is mutually arranged and they hang up. The worker rings her back and they discuss what is happening and the worker validates her experiences and goes over options with Sarah.

Case study continued

Sarah contacts the outreach service number that the crisis worker has suggested her, she is told that the service has a waiting list of 6 weeks and that she cannot speak to someone immediately because they are not a crisis service. Sarah asked if she can get access to another outreach service and she is told that the outreach services are regionally based so she can only access outreach services in her area and that outreach services outside of her area will not see her and will refer her back. Sarah doesn't feel too good about this because she wants to talk to someone soon and wants to see someone outside of her area so that she can be sure that she won't run into someone she knows.

Sarah feels a bit despondent because she just wants to chat and the services sector seems so complicated, why can't she just ring and have a chat with someone? Perhaps she could pay a counsellor but she cannot get hold of any cash from Adam so she might have a chat with her mother.

Recommendations

- Funding for agencies needs to be better targeted so that they are not pushed into demand management strategies that exclude clients coming in to their service.
- Specific domestic/family violence outreach services to be established and while based in the regions should not be limited to providing services to those from that region exclusively
- State-wide services working alongside regionally based services and being integrated are a must and need to be mandated through funding bodies
- Victims of domestic/ family violence fleeing their own areas for safety so should not be made to go back to their own regions for the following services: police stations to report incidences that happened in the area where the assault occurred, housing services or Centrelink services.

Service scenario desired outcome

Sarah is asked what area she feels the safest in and if she is ok to see someone from her area. Sarah is reluctant to stay in her own area because Adam knows so many local people and it might get back to him that she is getting help, she'd really like to set a time with someone close to her mother's because then she can easily pretend that she is visiting her mum without raising suspicion. The outreach service gives her the name and number of the service in her mother's region and Sarah rings them a makes a time to see someone in 6 weeks, the worker reminds Sarah to contact the crisis service or the police if anything changes.

Case study continues

Sarah takes home the educational material that the nurse has given her but is none the wiser about what is happening in her relationship. She knows it's bad and feels miserable and she's worried that she might lose the baby. The places she has rung cannot offer her much so that must mean that the abuse is not that bad. They've told her to contact the police but Sarah doesn't want to have to wait until it gets bad again. She doesn't know what to do so she does nothing and hopes that things will get better after their holiday.

Sarah and Adam go away on holiday and things go well. Adam was really sorry and promised to look after Sarah the way that she deserved to be looked after. Adam promises to get help and states that he's been so stressed and was worried about being a good husband to Sarah and a good father to their baby. Adam suggested that they go to couple counselling so that they could work on their communication problems. Sarah was elated, finally their relationship could get back to how it was, Adam seemed to be committed to making it work and they could make the relationship better, they both just had to try a little harder.

Adam suggested that Sarah find a counsellor for them to see, so when they got home Sarah did just that. Adam asked that Sarah not tell the counsellor that he had hit her because he felt some shame, Sarah agreed. They went to their first session and the counsellor asked them what their relationship was like and what was working well and the shared goals that they had. They both wanted to be good parents and have a settled home life so that they could provide a stable environment for the baby. Sarah was now 7 months pregnant and the birth was fast approaching. Adam acknowledged that he got angry and that he had a stressful job running his business but that Sarah didn't help because she seemed to be depressed and wasn't looking after the house. Sarah was concerned that Adam was becoming too controlling because he wasn't letting her have access to money, the counsellor asked if there had been any acts of physical violence and they said no, the counsellor gave them some exercises to do over the next week.

On the way home Adam started yelling at Sarah, why did she tell the counsellor about the controlling behaviour? It was none of the counsellors business, Adam 'lost it' yelled and screamed, swore and drove erratically. Sarah became really scared and was crying, she was scared that she was going to have an accident, she tried to calm him down, it didn't matter what she did he just kept yelling. They got home, Sarah ran inside to call the police, Adam came in after her and ripped the phone out of the wall, Sarah was screaming at this point and was terrified. Adam hit her again really hard he kicked her in the back while she was on the ground. Sarah was crying and screaming, Adam left her on the floor, about 30 minutes later she got up and went to her bedroom and then to the toilet. She was bleeding and was really worried that the baby was hurt.

Recommendation

- That where there is any couple counselling, mediation or any type of professional intervention whether voluntary or court ordered that it is mandatory for the first session of couple counselling that the professional meets with the woman alone so that the professional can assess how safe it is for the woman to attend any subsequent sessions. The male partner's presence at the meeting will inhibit disclosure of abuse and where there is disclosure the threat to the woman after is increased. Therefore the usefulness of the session is negated and the increase in harm is highly likely.

- Association of counsellors, mediation and other professional bodies have accreditation standards that encompass domestic/family violence standards

Case study continued

Sarah's screams alert the neighbours and someone called 000. The police arrived at the door and Adam answered, he said that all was well, it was just a domestic and that there was nothing to be concerned about.

The police adopted best practise models of policing, they insisted on coming in, there was a female and male officer. They told Adam that the female officer would have a word to Sarah alone and then if all was well they would go. Adam let them in, he didn't want to cause a scene.

The female officer called out to Sarah, Sarah was on the bed crying and bleeding, the officer then asked her if Adam had done this and she replied yes. The police officer rung for an ambulance and went into the lounge where the others were and told the male officer what she had done and Adam was arrested for assault and was taken to the police station, a safety notice was issued.

Sarah went into hospital and had an early delivery; the baby's health was compromised from being born prematurely. Sarah was a physical and emotional wreck.

Recommendation

- Assurance that all police attending domestic incidences have a female officer present and that all officers are seeing the woman separately so that she is safe to recall her side of events.
- Support the federal government's recent announcement for a public awareness campaign so that all people know that contacting the police on a woman or child's behalf can save lives. Domestic/family violence is not a private affair.
- Adoption of the pro social bystander approach at the tertiary level in the community so that intervention is a normative response

Case study continued

Sarah is in hospital and the baby is not well, the social worker based at the hospital is concerned for Sarah's wellbeing. Sarah's mother was contacted and was at the birth however the circumstances were understandably difficult. Her mother was very upset and couldn't make sense of why Adam had done this.

The social worker suggested that Sarah gets some counselling to assist and gave the numbers to the mother, the social worker also told the mother that she needed to keep an eye out for Sarah's mental health given that she had just been through a difficult time.

The baby was not in good shape and there was some concern that if she survived, then she may have brain damage because of the medical complications through being born prematurely.

Best practice approach

At this juncture it would be best practise to talk to Sarah and Sarah's family about Adam's behaviour and that it constituted domestic/family violence and that he was a danger to both Sarah and her baby. Before Sarah leaves the hospital that a domestic/family violence specialist outreach worker ought to come and talk with Sarah to go over options about her next steps.

The hospital would also need to have protocols to ensure their safety and information on her file stating that she had a safety notice and that Adam should not be allowed near the hospital with an alert system in case he came near her.

Recommendation

- Hospital social workers are trained in domestic/family violence responses or there are specialist domestic/family violence response workers based at all women's and maternity hospitals
- That hospitals have safety protocols where the ex or current partner has been abusive, and where there safety or intervention orders are in place.
- Police to come to the hospitals to take statements where there have been breaches and assaults.

Case study continued

The baby survives but has to stay in hospital for a while under observation but it's not feasible for Sarah to remain in hospital, she will have to have regular visits. She's staying at home with her mother, she's not feeling well and is depressed Sarah is deeply worried about her baby and she goes to see her every day. Sarah's family have never been confronted with this kind of behaviour before and they are really scared of Adam but don't know how to manage the situation. Sarah rings the domestic/family violence outreach services that she contacted earlier and told them what had happened, they said that they could put her on the waiting list if and she could come to them in their area. Sarah was reluctant to go back to the area where she was assaulted, she asked for the information on outreach services in her mother's area, the outreach worker told her the outreach service will tell her to go back to where she was living. Sarah gave up.

Sarah recontacted the state - wide crisis organisation, this time she got a worker who booked her in for an appointment and told her she doesn't have to leave to have contact with their service – Sarah was confused because that is not what she was told last time. Sarah has a chat with a worker who goes over her options of intervention orders and safety planning, talks about what the crisis service can do and the refuge system in Victoria.

The woman was really helpful but she didn't want to go into refuge because this meant, from what the worker told her, that she wouldn't be able to see her mother and that she would have to go miles away from her family and that the minimum amount of time in the refuge was 3 - 6 months. Sarah wanted safety and support but she didn't want to be away from her mother for so long and how would she know what she wanted in 6 months' time? It seemed too long.

In the meantime Adam was charged with assault and received a fine because it was his first appearance before the court and Adam was so remorseful, but no one knew that he had been

stalking Sarah outside her mother's house. The judge granted an intervention order against Adam with an expiry date for one year. Adam did not have to attend any behavioural change programs

Recommendation

- That the expiry date under the Family Proceedings Act is scrapped, this offers very limited protection for clients, the orders should be made final after a finite interim period of time so that the perpetrator has time to contest the order, where they don't then it should roll over and become final indefinitely. Where either parties want the order discharged they approach the court and apply for it to be discharged. (*Domestic Violence Act 1995, A Process Evaluation. Helena Barwick, Alison Grey and Roger Macky, April 2000. Commissioned by Ministry of Justice and Department of Courts, NZ*).
- Attendance at behavioural change programs are mandatory through legislation and are not subject to the individual magistrates' discretion.
- Where interim intervention and safety orders are issued all perpetrators are subject to a mandatory domestic violence actuarial risk assessment to assess their future use of violence.
- All victims (including children) who are named on the orders are able to access safety assessments and support programs paid by the state.
- All orders are relevant across all jurisdictions in Australia and include within the registrars powers, enforceable in New Zealand.
- That state wide crisis services are better resourced and there are tougher quality assurance measures to ensure a timely and appropriately consistent responses
- Refuge model in Victoria offers both high security as it does now and in addition has a more relaxed and realistic approach that supports women and children being close to their support networks or seeing them somehow and where safe women attending work, courses and other networks that increase her safety and make changes more sustainable
- More transparency and accountability in the domestic/family violence crisis response system and the longer term refuge system (they are two different things). For example the numbers of clients requesting refuge services and the number of beds available to clients, how many women and children are actually missing out and are refused a service

Case study continued

Sarah goes home to her mothers and Adam has gone home, there is no support for either of them and Sarah is on a waiting list for the outreach services because she doesn't want to go into high security refuge. All of Sarah's items are at her house and she is too scared to go near the house because of Adam, she'll have to think of how to get them. She needs to get to Centrelink to apply for a benefit but she is so tired from giving birth and she's feeling very depressed and cannot be bothered. She was told by the social worker that she has 7 days from the date of the 'crisis' to apply for the 'crisis' payment otherwise she is not entitled to emergency help.

Recommendation

- That the legislation for deadlines for applying for single parents benefit with Centrelink are more realistic where there is domestic violence. 7 days is unrealistic given the circumstances that many women have to contend with.

- Police or para police officers provide a basic police escort system where clients can get important pieces of personal information from their previous homes because it is unsafe to get it themselves and they often need important personal items .

Case study continued

Fortunately, Sarah has her mother's support – not all women have this. She is going to see the baby regularly and the baby is doing well, Sarah thinks that she will be able to bring her home soon.

Adam has gone back to work but he is fuming, he doesn't want people to know about what has happened and he cannot believe that there has been such an injustice to him. His contempt for Sarah and her mother is growing; Adam is ruminating on this all of the time. He goes past his mother-in-law's house most days on the way home from work and he thinks that he can get away with this because no one can see him. He's also going to get some legal advice to tie up all of his assets so Sarah cannot touch it and to get advice on seeing his child.

Sarah is feeling scared and is sure that Adam is stalking her but she cannot prove it. She's not sleeping and her mother is also very scared of Adam. Sarah is feeling very depressed, she is bringing the baby home soon but she is scared that she will not manage.

In the meantime Adam's rumination is getting worse and he is not able to concentrate on work, he is driving past his mother-in-law more often and has starting ringing Sarah on her mother's landline and cell phone. He is becoming more threatening when he's ringing; the baby is now home but is a restless sleeper so no one in the house is getting any sleep.

Sarah tells the police about the breaches, they say that they need more proof of the stalking behaviour but they will have a chat with him about the phone calls.

The police go to see Adam about the calls, Adam is a very plausible guy and the police give him a warning but don't arrest Adam. The police are aware that the assault on Sarah was vicious and that he is potentially a risk because of Sarah being pregnant at the time of the assault. The police decide to take Adam's case to the next high risk meeting in their region to see what support Sarah is getting, there is also a sense that because Adam is isolated from going to any programs that he might need to be monitored.

Adam is more agitated, he hasn't told anyone that he's hurt Sarah and he's ruminating more and more. He's spending less time at work and being focussed on the job so he's losing money. He blames Sarah for this and for ruining his life and is becoming increasing obsessive and blaming in his thinking.

The police have responded to Sarah's concerns and have gone to see Adam, they have placed him on the high risk group because the nature of the assault., However they did not charge and arrest him for the breach, which they should have, because clearly his behaviour is escalating and the wrong message is being sent to him regarding the efficacy of the orders.

From here on Adam's details will be discussed at the weekly high risk meeting between the police and the other key services in that region. However because the state wide domestic violence crisis

services has not been invited to the meeting there is no record of Sarah having accessed any specialist services in the regions, the members of the group do not know her story.

Recommendation

- That the state – wide domestic/family violence crisis services are automatically engaged in every high risk meeting with other professionals in all regions across the state.
- That political and professional competitiveness for resources amongst all of the domestic violence sector is addressed by the funding bodies in conjunction with the domestic violence peak bodies
- Reiteration that the mandated referral to men’s behavioural change programmes are completed at the point of coming into the justice sector through IVOs and Safety orders

Service scenario desired response

Adam is charged with breaching the Intervention Order. On the face of it the content of the texts are minor but the point is that Adam has contacted Sarah which is illegal. In addition the police are concerned that while Adam seems plausible there are a number of risk factors and they will complete a family violence incident report send this to the state wide domestic violence service but also Child Protection agency DHS.

The case will be brought to the RAMP meeting and despite political difference all relevant agencies, including the state wide domestic violence services will be invited because the focus is on the wellbeing of clients.

Case study continued

Now that the child protection agencies are involved, they make contact with Sarah and come and see her, the social worker undertakes an assessment of the child’s safety and wellbeing and the mother’s situation. Through their assessment they consider that Sarah has not acted protectively enough and still consider that she and the child are at risk from further harm. They insist that Sarah and the new born baby go to the refuge, Sarah is not keen to leave her mother and the baby is very young, the social worker insists and threaten to remove the baby from Sarah’s care if she does not leave.

Sarah is distraught, she has tried everything and to do everything right, she’s parenting well but why is she being punished for Adam’s behaviour? The social worker says that she cannot do anything about Adam’s behaviour and that Sarah needs to act.

Sarah rings the crisis service because she has no idea how to get to refuge, they tell her that she has to come into their service first and then she can go into refuge, Sarah has to get her things and go somewhere on the other side of the city so that she is safe and stay in a motel because there are not enough crisis beds. This makes Sarah feel sick, how will she get her support and what about all the things that she needs for the baby? Will the motel be ok?

The service gets her a taxi and gets her to the motel, because the service is telephone only she doesn’t see anyone, the worker is good and rings her and assures her that they will try to get

someone out to see her. The cost of food and the motel is covered and Sarah is grateful, the worker will put Sarah's name down for a refuge and when a vacancy comes up she will go into the refuge.

The worker tells her that the refuges all operate differently but a common point is that she will be in a high security model and that she cannot have visitors and that it is longer term and they will help her find another house.

Recommendation

- Child protection agencies have a better understanding of the dynamics of domestic violence and work with police to hold the perpetrator accountable for the abuse against the child. DHS staff have mandatory training on the interface between domestic/family violence and child abuse and that they are trained in recognising high risk situations where domestic/family violence is present
- They start engaging with the father and hold the same expectations for his parenting as they do for the mother so that the mother is not held responsible for his abuse.
- That DHHS place Sarah and her baby somewhere to protect her while advocating that the father's behaviour is addressed and where she will see someone and more supported by trained workers
- That the notion of protective strategies is potentially victim blaming and that DHS need to reconsider their assessment model for the interface between care and protection and domestic violence and offer more sustained back up and support for both the mother and the baby.
- That the mother is supported to be together with her child and that threats to remove children, unless in the most dire circumstances, is the last option not the first.
- That a sustainable state wide crisis service model with appropriate crisis accommodation is remedied, this is a matter of urgency and is not just a matter of putting money into the system. There are a vast number of high security refuge accommodation sites and other crisis accommodation sites for women and children that are underutilised or inefficiently utilised. A review is urgently needed. There are opportunities for the state-wide intake service to be under a much larger, more resourced umbrella organisation, where the service can have a purpose built/conversion of an existing residence for immediate crisis accommodation with face to face specialist support. A state wide outreach service is then available without the limitation of the regional model that is currently applied (influenced by the homelessness sector).
- All of the above is contingent on a level of collaboration and good will that is missing from the ultra - competitive and political model that exists in the broader domestic violence sector- both at the crisis, outreach and high security refuge model. The peak domestic violence body needs to have more influence in overseeing a sustainable model. They have the knowledge and can consult with the agencies, however, too many interests are invested in the individual agencies for the individual agencies to undertake a whole of sector review themselves
- Again the notion that domestic violence is a homeless issue drives a flawed intervention model. If the perpetrator was held accountable for this abuse and mother and child were made safe then she could move back home with safe supports in place and stay at home but this is often not a feasible option in the current system.

- That domestic/family violence is resolved once the client has a new house is dangerously naive and belies all contemporary academic literature on family violence intervention.

Case study continued

Sarah goes into a high security refuge, it's communal and miles away from her mother, her mother is not allowed to know where she is. While the workers and the other residents are nice and helpful it is not what Sarah wants, she is made to leave and make all the changes while Adam is at home. Sarah is getting legal advice about the IVO, the judge has put a time limit of one year on the order and a supervision order for the baby to see her father. The police are pressing charges against Adam in the criminal court because of the seriousness of the assault. Sarah cannot understand why Adam is allowed to see the baby given that the assault could have killed the baby.

In the meantime Adam's ruminating is getting worse and he is continuing to stalk Sarah's mothers' house, no one is keeping an eye on Adam, he's becoming pathologically obsessive and ringing Sarah and leaving messages. Adam has a lot of money, money that Sarah cannot get hold of, so Adam gets really good legal advice, Adam will seek to get the order dropped, protect his assets from Sarah so she cannot 'rip him off' and he believes he has a right to see his child and 'nobody can tell him otherwise'. – a father has rights.

Sarah is on a benefit and has her name on a housing list, the house won't be much because she doesn't have a lot of money. Sarah's really stressed and has stopped breast feeding because she is not producing milk, Sarah feels a lot of guilt because a good mother will breast feed her child. Sarah has to make arrangements to get the baby to the contact meeting point so that Adam can see it because this is court ordered, but the refuge have a rule that the perpetrator cannot see the baby while the mother is in refuge, Sarah has to see a lawyer to contest the court order.

Overall the responsibility for managing the abuse and her situation becomes the responsibility of the victim. This is not how the system response or individuals within the system intends it to be, but because of the lack of knowledge and integration within the system the net result is that the victim makes all the changes in the living arrangements, the victim has to pay to protect herself repeatedly over a long period of time and often fight to keep the children safe. The perpetrator for the violence and abuse will only have their behaviour monitored if they meet a threshold that is considered to be high (risk level see RAMP) or through individual judges' prerogative (sending to a program).

Sarah's story will go on for many years and she will have to fight for her right and her daughter's right to be safe. Adam's rumination and obsessive thinking and over developed entitlement is likely to increase over time. What is certain is that Sarah and her daughter will have a trauma response and there will be a long term impact on Sarah's wealth and access to resources. She may be dragged through the courts for years as Adam attempts to have access to his daughter. The chances of her getting a new home are difficult because there is not fast tracking processes for victims of domestic violence and more importantly Adam's abuse will not be addressed through a comprehensive and integrated mechanism. This will result in Sarah having to make all of the changes until Adam decides that the abuse will stop. The other outcome of course is that Sarah and her daughter have a probable chance of being murdered by Adam.

Please see diagrammatic examples of the victim's experience below and an ideal scenario in the appendix.

Recommendation

- Child protection agencies have a better understanding of the dynamics of domestic violence and work with police to hold the perpetrator accountable for the abuse against the child. DHHS staff have mandatory training on the interface between domestic/family violence and child abuse and that they are trained in recognising high risk situations where domestic/family violence is present
- They start engaging with the father and hold the same expectations for his parenting as they do for the mother so that the mother is not held responsible for his abuse.
- That DHHS place Sarah and her baby somewhere to protect her while advocating that the father's behaviour is addressed and where she will see someone and more supported by trained workers (*Domestic Violence Informed Child Welfare System, Safe & Together © 2014 David Mandel Associates*)
- That the notion of protective strategies is potentially victim blaming and that DHHS need to reconsider their assessment model for the interface between care and protection and domestic violence and offer more sustain back up and support for both the mother and the baby
- That the mother is supported to be together with her child and that threats to remove children, unless in the most dire circumstances, is the last option not the first
- That a sustainable state wide crisis service model with appropriate crisis accommodation is remedied, this is a matter of urgency and is not just a matter of putting money into the system. There are a vast number of high security refuge accommodation sites and other crisis accommodation sites for women and children that are underutilised or inefficiently utilised. A review is urgently needed. A state wide outreach service is then available without the limitation of the regional model that is currently applied (influenced by the homelessness sector).
- All of the above is contingent on a level of collaboration and good will that is missing from the ultra - competitive and political model that exists in the broader domestic violence sector- both at the crisis, outreach and high security refuge model. The peak domestic violence body needs to have more influence in overseeing a sustainable model. They have the knowledge and can consult with the agencies, however, too many interests are invested in the individual agencies for the individual agencies to undertake a whole of sector review themselves
- Again the notion that domestic violence is a homeless issue drives a flawed intervention model. If the perpetrator was held accountable for this abuse and mother and child were made safe then she could move back home with safe supports in place and stay at home but this is often not a feasible option in the current system.
- That domestic/family violence is resolved once the client has a new house is dangerously naive and belies all contemporary academic literature on family violence intervention.

Conclusion

While many of the family/domestic violence reforms in themselves are good in isolation, their power comes from integration, not consolidation of existing services. There is some excellent work being done but they occur in isolation.

Integration involves common understanding and knowledge about family/domestic violence and a commitment to confront each other's political and philosophical differences. One of the major gaps in the service sector both statutory and community sector is the lack of reciprocal information sharing, this occurs in an ad hoc manner that has the unintended consequence of agencies only ever having a limited perspective on the clients' experiences.

A comprehensive review of existing domestic/family services, the intersectionality of areas that assist the clients in being safe such as the Justice Sector, Centerlink, housing and Legal Aid, all need to coalesce with a common goal of making access to the support that's required easier not more difficult.

The case study highlights that practical assistance as well as policy reform. The cumulative effects of being either refused a service or having to jump over barriers will discourage women and children and make a very difficult situation seem hopeless and too big. Changes are required at the legislative, policy and practise level. Significant work is required in seriously addressing men's behaviour towards women and children because unless there is an enduring commitment to this domestic/family will never stop. Throwing money at crisis and outreach services will never end and will only escalate in costs, it becomes a bottomless pit of need that will never be met.

Please see

"A Summary of the Literature on Initiatives to Build Integrated Family Violence Systems" Safer, Family Violence Reform research Project" 2009.

Domestic Violence Informed Child Welfare System, Safe & Together © 2014 David Mandel Associates

<http://www.safelives.org.uk/>

Family Violence Risk Assessment: Review of International Research for New Zealand Police. Prepared by Melanie Brown Evaluation Services Organisation Assurance Group Police National Headquarters: 2011.

<http://www.justice.govt.nz/publications/global-publications/f/family-violence-and-the-pro-arrest-policy-a-literature-review-december-2006/3-the-new-zealand-police-family-violence-policy>





