GIPPSLAND
Centre Against Sexual Assault

# Submission to the Family Violence Royal Commission

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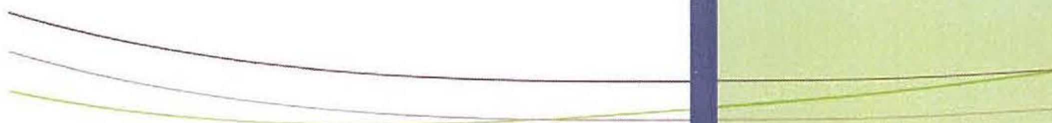

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## GCASA

Vision *To see our communities free of sexual assault and violence*
Mission *To enhance the safety and quality of life throughout the Gippsland region by reducing the incidence and impact of sexual assault*
Values: *The work of Gippsland Centre against Sexual Assault and its team members is underpinned by the values of*

- Empowerment
- Respect
- Dignity

Gippsland Centre against Sexual Assault (GCASA) is funded by the Department of Health & Human Services, Victoria. It is managed by an incorporated community-based Board and is funded to provide comprehensive sexual assault support services and sexually abusive treatment services across the Gippsland region (Health Region 5), which extends from Bunyip River to the NSW border at Mallacoota, and from the Great Divide to the sea, including Phillip Island. The primary offices are in Morwell and in Bairnsdale. Outreach sessions are offered in Orbost, Sale, Leongatha and Warragul.

The Agency operates within a framework that actively supports the protection of the rights, integrity, autonomy and dignity of women, men and children who have experienced recent or past sexual assault.

GCASA also provides support to their families, carers and other support networks that may include information, resources, counselling and group work. The Agency provides consultancy and professional training for other workers to increase professional knowledge about the incidence, causes and effects of sexual assault, and to develop skills in responding sensitively to people's needs and concerns. The Agency provides assessment and treatment for children demonstrating problematic sexual behaviour and to young people who are demonstrating harmful sexual behaviour.

GCASA works within the broader community in order to reduce the incidence of sexual assault and to improve general understanding and appropriate response. Community development activities to promote social inclusion within and across marginalised groups are an integral part of the organisation's mandate.

## Introduction

Gippsland Centre against Sexual Assault (GCASA) is pleased to be able to contribute the consultation process for the Family Violence Royal Commission. GCASA is able to comment in relation to direct service provision relating to sexual assault as part of the family violence continuum and observations as part of the wider service sector. We have also consulted with the GCASA Advisory Committee.

It is important to consider that although sexual assault occurs within, and outside of the family violence context, it is often discussed as being subsumed within, as a form of family violence. Although this is true some important points of difference need to be considered such as sexual assault co-occurs as the experience of violence increases on the continuum (Braaf, 2011), different barriers to disclosure due to the sexual nature of the crime and within the family context the children and young people are more often directly impacted by the violence.

There are two global points we would like to make; the importance of language and contextualisation of violence. We believe that a culture supporting violence can be legitimised through the often unconscious use of language. Victim blaming is an obvious example. We have made a conscious decision to ensure language reflects violence as an external event that does not define people. This is both from a victim and offender perspective. Examples include "people who have experienced sexual assault" and "men engaging in violence." This is consistent with psychological theories of identity constructs and supports wellbeing through implying opportunity for change and not labelling people through their experiences of trauma and violence.

It may be useful to consider the construct of family violence more broadly through a lens of social exclusion/ social inclusion, and, as well, recognise that violence occurs both indirectly and directly, and is often constructed within the strata of this country's culture.

In today's language of preference,
"Inclusion is characterized by a society's widely shared social experience and active participation, by a broad equality of opportunities and life chances for individuals and by the achievement of a basic level of well-being for all citizens (Amartya Sen, *Development as Freedom*, Anchor Books 2000)" (in RWB 2002 p 1)

The journal article 'Social Exclusion, Refusal and the Cycle of Rejection: A Cynical Analysis" (Scanlon & Adlam 2008) explores the issue of homelessness however, the points that are made may, as well, be applied to the issue of family violence.

James Gilligan is referenced, arguing that
"...societally we have a need for there to be victims of violence, power differentials and relative deprivation in order that 'we' can have a more secure sense of our own well-being in relation to 'them', the dis-eased. This ordinary violence, rooted in the humiliation inherent in the relative poverty of the dispossessed, is then perpetrated in the large groups and communities that we have co-constructed. We can only really understand the reason for much behavioural and social violence by thinking how humiliating it is for people to live in relative poverty compared to their near

neighbours…James Gilligan maintains that it is impossible to understand individual acts of violence without understanding this relationship between the haves and the have-nots, or to understand violence and dangerousness except in terms of those who have previously experienced themselves as endangered and violated within a shameful, disrespectful and offensive society" (in Scanlon et al, p 534)

While as a country we speak the language of affirmative inclusion, we are perhaps not as yet able to consider the concept of social inclusion/ social exclusion through a transformative lens as well. That is an affirmative and transformative inclusion lens that recognises the connections between social justice, social constructs, social inclusion/ exclusion and structural violence.

Affirmative politics merely involves the surface transfer of resources without changing the basic underlying divisions whereas transformative politics seek to eliminate the basic underlying structures of injustice (Mooney, J. 2000).

Affirmative remedies involve, for example, coercing the underclass (read marginalised) into the labour market at extremely low wages. Their position is merely reproduced this time within the lower reaches of the market place.

An affirmative politics of recognition does not question the various essentialisms of difference. That is, in the case of conventional multiculturalism, what is stressed is the need for the positive recognition of various groups on equal terms, for example: Irish, African-Caribbean, Gays, Women, etc. In contrast, **transformative politics** seek to break down and destabilise the categories by questioning the very notion of fixed identity and essence. Thus the invented notion of tradition is challenged, the overlapping, interwoven nature of what are supposedly separate cultures stressed, and the ambiguity and blurred nature of boundaries emphasised. Diversity is encouraged and, where non-oppressive, celebrated, but difference is seen as a phenomenon of cultures in flux not essences which are fixed.

Family violence would not exist in this country in the dimension that it does without a parallel cultural structure that supports it. Consider the everyday throwaway line of our senior and minor public figures:- "that is a matter for them". While not necessarily related to the issue of family violence, it is not unreasonable to surmise that this consistently reinforces what is now being termed the 'bystander effect'.

Within the family violence service sector, and the wider community services sector, many workers themselves are indirectly 'brutalised' by the agency that employs them through lack of structural support within the program itself. This is not always down to lack of resources that would establish a framework of support within the program for staff persons. Services themselves are known to talk the 'language' of the 'drama triangle' (Karpman) , and often unconsciously are held within it.

Structural violence', a term coined by Johan Galtung and by liberation theologians during the 1960s, describes social structures—economic, political, legal, religious, and cultural—that stop individuals, groups, and societies from reaching their full potential.

In its general usage, the word *violence* often conveys a physical image; however, according to Galtung, it is the "avoidable impairment of fundamental human needs or…the impairment of human

life, which lowers the actual degree to which someone is able to meet their needs below that which would otherwise be possible".

Structural violence is often embedded in longstanding "ubiquitous social structures, normalized by stable institutions and regular experience".

Because they seem so ordinary in our ways of understanding the world, they appear almost invisible.

Disparate access to resources, political power, education, health care, and legal standing are just a few examples. The idea of *structural violence* is linked very closely to *social injustice* and the social machinery of oppression" (Farmer, P et al, 2006).

Structural violence is the result of policy and social structures, and change can only be a product of altering the processes that encourage structural violence in the first place. Paul Farmer claims that "structural interventions" are one possible solution.

"The term structural violence is one way of describing social arrangements that put individuals and populations in harm's way. The arrangements are *structural* because they are embedded in the political and economic organization of our social world; they are *violent* because they cause injury to people (typically, not those responsible for perpetuating such inequalities). With few exceptions, clinicians are not trained to understand such social forces, nor are we trained to alter them. Yet it has long been clear that many medical and public health interventions will fail if we are unable to understand the social determinants of disease". (Farmer. P et al, 2006)

We are clear that what we have done previously has not worked, let us consider this issue differently in the wider cultural structure of this country.

"There can be little doubt that power is of overriding concern to human beings. It may be man's most central concern...And the absence of power is terribly destructive. What some are accustomed to thinking of as the enduring debilitating characteristics of the poor- such as apathy, fatalism, depression, and pessimism- are actually the straightforward manifestations of the dynamics arising from a lack of power. Man powerless is not fully man" (Ryan, pp 251, 252).

"There are many and varied psychosocial equivalences that are exactly such places for people whose experience is one of actual humiliation and social exclusion. These places and appointments are made because such people do not yet have the capacity to communicate their disappointment more articulately and, because we for our part do not yet have the capacity to understand their offensiveness and refusal as both a cryptic and a straightforward publication of their distress, disturbance, disaffection and psychosocial dis-memberment". (Scanlon et al, p 536)
As Scanlon et al suggest, perhaps we are not yet ready to embrace this as the implications upon and for ourselves are too great.

## Question One

*Are there other goals the Royal Commission should consider?*

Look at the social determinates of family violence- gender inequality. This should form the basis of all prevention and intervention practices, programs and policies

What are the emerging trends in family violence? (Increasing numbers, same sex couples, elder abuse, pet abuse, blended families, cultural differences and barriers)

How does prevention and intervention integrate between international, commonwealth and regional knowledge?

The role of social media.

Social analysis of the breakdown in "community." How people connect and support each other. The wider community play a significant role alongside legal and community organisations.

## Question Two

*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 Sexual Assault Law Reforms (2006) saw significant improvements to the responses people experience when reporting this crime. These reforms acknowledged the systemic issues that can impact and further traumatise people when reporting, therefore strengthening improves the service and also efficiencies within the legal system and could act as a preventative measure. The ability for **remote facilities** in the courtroom acknowledges the interpersonal dynamics of power and control and this applies equally to the wider family violence context. We acknowledge that family violence is a higher volume crime and therefore perhaps an assessment or option criteria could be applied. Another important aspect was the roll out of an integrated specialised approach involving the co-location of counsellors, Victoria Police (Sexual Offenses and Child abuse Investigation Team), Child Protection and Forensic services in a multidisciplinary centre (MDC). The current MDC's could be a platform to include family violence or the model could be considered independently for the family violence sector. We do feel there are synergies and efficiencies in building on the current resource.

An integrated service response has been instrumental and essential in our region. The development and strategic work undertaken by the Gippsland Integrated Family Violence Service Reform Committee has been based on essential components; partnerships, shared visions, integration, systemic analysis and work. The structure allows for a connection and feedback mechanism between direct service expertise, coordination, policy and governmental input. The partners of the group evaluated the structure using Vic Health's partnership tool, administered by a consultant. The resulted indicated "A Partnership based on genuine collaboration has been established. The challenge is to maintain its impetus and build on the current success"

Australia's National Research Organisation for Women's Safety (ANROWS) is a way to coordinate and contribute to a research base. We believe this is a very promising developing area. The

Australian Institute of Family Studies- Sexual Violence Research Unit has an established record for developing an evidence base using partnerships with service providers. A very good example of the scientist- practitioner model that is essential in a developing area.

Our Watch has been influential and seemingly effective in getting key messages out to the wider community such as the social determinates of violence against women; gender inequality. This is again essential work challenging structural violence.

## Question Three

*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?*

Regional Family Violence Integration Governance Model document – 2013

Sexual Assault Law Reforms- 2006 (Success Works, 2008; 2010)

There needs to be a mapping and joining of reforms that has bipartisan and interdepartmental support as well as community ownership.

A broader range of services within a multidisciplinary team to be able to respond holistically.

## Question Four

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

Gippsland Integrated Family Violence Service Reform Committee- as reported above

Gippsland Prevention of Violence against Women- administered and structurally similar to the above model however with a focus on prevention. It is overseen by the same organisation as above (Gippsland Women's Health Service) and this allows for a level of integration/ connection between the two initiatives. Federation University is evaluating the effective of this structure.

GCASA has a dedicated prevention team that utilise and plan around primary, secondary and tertiary prevention strategies and utilises the Vic Health (2009) and the World Health Organisations Framework for Interpersonal Violence Prevention (2010). Initiates have focused on community wellbeing, resilience, safety, challenging gender inequalities and social inclusion- all known to be mitigating factors of the impacts of violence. Gippsland Women's Forum is a structure created to facilitate strengthening of social connection and inclusion through social action movie nights, comedy nights, women's conferences and eventually a mentor system within each region. As these structures develop the barrier that prevent social connection for women (particularly a violent or controlling relationship) are being considered and opportunities sough to engage and reach these women. Another example is the program Living Safer Sexual Lives- respectful relationship; this is a group based education intervention for people with a disability (increased risk of family violence and sexual assault) . This has been evaluated positively by Latrobe University- (Frawley, Barrett & Dyson,

2012) Another example is SECASA pilot program "Making rights reality" again evaluated positively by Dr Patsie Frawley. Other initiatives such as the Sexually Abusive behaviours Treatment services for children and young people engaging in sexually harmful behaviours offer evaluated result of preventing sibling sexual abuse in particular within the family violence context (Synergistic 2013-report not released by the Victorian Government), education and community development work (football leagues "orange day" in acknowledging violence against women)

## Question Five

*If you or your organisations 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.*

Involvement in the evaluations mentioned above (synergistic, Latrobe university)

The sexual assault law reforms have also been evaluated positively (Success Works 2008, 2010).

## Question Six

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

Family violence encompasses wide and varied forms of power, control and violence and therefore the circumstances, conditions, events, etc.. can also be varied. The complexity of the situation is interplay between personal, situation and sociocultural context. An ecological framework is essential for ensuring programs are targeted and integrated across the individual, micro, exo and macro systems.

The prevention responses need to be informed by the possible aetiology of family violence such as repeating behaviour that has been modelled (modelling/ mentor programs), interpersonal control (building emotional resilience and intelligence, data indicating increasing family violence connected to natural disasters) and education and cultural changes around what constitutes respectful relationships. On a structural level gender, patriarchy and sexism needs to be considered with a power and control context, hence the social determinates of family violence (Vic Health 2009)

Other conditions include poverty, intergenerational abuse, alcohol and drug use, language barriers, rural and remote locations (a few examples only).

## Question Seven

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

We believe to counteract each of the above points requires opposite action on each level, for example mentoring/ social support programs/ cultural changes in messages such as patriarchy supports violence. This level of analysis needs to include messages that addressing patriarchy and

gender inequality is not about individual males- it is the system that supports male privilege. Males are not the problem; they are part of the solution.

Breaking the inter-generational cycle of violence through family interventions is essential. GCASA are working on adapting known therapeutic approaches that have a strong evaluation base to strengthen attachment processes between parent and infant. Programs need to be funded that specifically address intergenerational interventions.

School resilience programs exist, these could be expanded to include respectful relationships, sexual education, life skills within an emotional intelligence framework.

## Question Eight

*Tell us about any gaps or deficiencies in current responses to family violence, including legal responses. Tell us about what improvements you would make to overcome these gaps and deficiencies, or otherwise improve current responses.*

Services for young people aged 15-18 displaying sexually abusive behaviours

Standardised structure and framework for evaluation of prevention programs (allowing for local responses) possible use of Vic Health and NASSAV frameworks

Services for men- important in its own right and also the emerging trend of same sex couples experiencing violence.

We notice burnout as a significant factor in the Family Violence sector, this impacts service delivery. In contrast sexual assault support services (CASA's) have relatively high retention rates whilst managing material that correlates to the most violent end of the violence continuum (Braaf, 2011; Australian Women's Coalition, 2010). I believe the CASA's have needed to develop strong clinical governance and structures that support staff wellbeing as trauma is the core business. Over time CASAs have experienced and develop strategies for prevention and management of vicarious trauma and organisational trauma. That coupled with the state wide coverage and co-located services (with police, child protection and health) position them well for consolidation of family violence therapeutic services and/ or supervision.

Prevention- to be seen and committed to as a long term strategy. This needs to be consistent and therefore education programs delivered within the curriculum and supported by local organisations with the expertise would be a great start. These programs need to be age appropriate and designed to be built upon progressively at each year level with the content reflecting the ideas summarised in this paper.

Recognition and expansion of regional and rural services. The Australian Women's Coalition (2010) report that the further from metropolitan cities the higher the increase in violence against women. This also brings complex factors in addition to lack of services such as elevated risk levels through social isolation and access to farm equipment such as guns.

Court- specialised capacity to case manage and re-present to the same magistrate so that the history of offending his held. Collingwood round tables courts may be a model.

## Question Nine

*Does insufficient integration and co-ordination between the various bodies who come into contact with people affected by family violence hinder the assessment of risk, or the effectiveness of (early intervention, crisis and ongoing) support provided, to people affected by family violence? If so, please provide examples.*

Integration has come a long way however further mapping and linkages need to occur on the various levels and across geography.

In New Zealand there has been a campaign where all health professionals are required to routinely ask "Do you feel safe at home?" When applied consistently this creates the opportunity for disclosure within a private and safe space. CRAF is an example of a framework that could be consistently rolled out within Victorian services.

## Question Ten

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

As above. Interdepartmental collaboration and consistency in best practice prevention program adhering to the principles as outlined by Vic Health and NASSAV.

Training and support for wellbeing; professional and wider community members

## Question Eleven

*What are some of the most promising and successful ways of supporting the ongoing safety and wellbeing of people affected by violence? Are there gaps or deficiencies in our approach to supporting ongoing safety and wellbeing? How could measures to reduce the impact of family violence be improved?*

Gender equity

Social connection

Resilience

Emotional Intelligence

## Question Twelve

*If you, your partner or a relative have participated in a behaviour change program, tell us about the program and whether you found it effective. What aspects of the program worked best? Do you have criticisms of the program and ideas about how it should be improved?*

Not applicable

## Question Thirteen

*If you, your partner or a relative have been violent and changed their behaviour, tell us about what motivated that change. Was a particular relationship, program, process or experience (or combination of these) a key part of the change? What did you learn about what caused the violent behaviour?*

Not applicable

## Question Fourteen

*To what extent do current processes encourage and support people to be accountable and change their behaviour? To what extent do they fail to do so? How do we ensure that behaviour change is lasting and sustainable?*

Men's behaviour change programs to some degree however more attention to outcomes for all programs. Community accountability is the aim longer term. Health promotion has been successful in significant reduction in cigarette smoking to the point where people feel embarrassed to engage in this activity in public. Social sanctions can be powerful- addressing the bystander effect will be important.

## Question Fifteen

*If you or your organisation have offered a behaviour change program, tell us about the program, including any evaluation of its effectiveness which has been conducted.*

GCASA provides Sexually Abusive Treatment Services (SABTS) as described. This is both a response and prevention program in that it addresses sexual assault within sibling groups / extended family and prevents further sexual offending. This program operates across Victoria and has been evaluated by Synergistic (external consults) for the Victorian Government (yet to be released). The data from this program reveals that family violence is the highest co-occurring factor for the children and young people referred. This program needs to be extended to include young people ages 16-18.

## Question Sixteen

*If you or your organisation have been involved in observing or assessing approaches to behaviour change, tell us about any Australian or international research which may assist the Royal Commission. In particular, what does research indicate about the relative effectiveness of early intervention in producing positive outcomes?*

Please see Q15- evaluation yet to be released.

## Question Seventeen

*Are there specific cultural, social, economic, geographical or other factors in particular groups and communities in Victoria which tend to make family violence more likely to occur, or to exacerbate its effects? If so, what are they?*

Family violence cuts across all socioeconomic levels. There are cultural factors that contribute to increased likelihood such as strong patriarchal or stereotypical roles and social isolation. Research indicates that rural and remote areas experience higher levels of violence (Australian Women's Coalition, 2010). This indicates that prevention and intervention programs need to be local based (again within the context of a consistent framework and evaluation).

It has been hypothesised that increased stressors on individuals that have limited coping skills will result in the pressure translating to violence. This is a suggested explanation for increases in family violence rates following natural disasters (World Health Organisation, 2005). Using this hypothesis, areas more prone to natural disasters should also experience higher rates of violence and become considered in a targeted strategy.

## Question Eighteen

*What barriers prevent people in particular groups and communities in Victoria from engaging with or benefiting from family violence services? How can the family violence system be improved to reflect the diversity of people's experiences?*

Inconsistency in service delivery- the need for transparency about service delivery (people knowing what to expect)

Language

Disabilities

Cultural barriers and past experiences

Addressing these barriers could include a consistent approach (local services based on local needs but working within a sector standard framework or best practice principles), targeting specific programs to populations at highest risk such as Living safer Sexual Lives, Making Rights Reality and culturally service design/ adaptation (ie outreach models)

## Question Nineteen

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

See question 18

## Question Twenty

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

Not applicable

## Question Twenty-one

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

**Short term impact**

Increase the ability to appropriately staff men's behaviour change programs through accreditation and training matched to the increasing demands on the services without losing integrity. A suitable step may be diversity in the accreditation and training providers. Another option would be regular and consistent mentoring of the facilitators. *GCASA acknowledges that we do not have intimate knowledge of these programs or accreditations- these are observer's comments only.*

Extent the SABTS program to include young people age 15-18 across the state.

Consider utilising the existing CASA state wide sector, with decades of experience working with violence against women. This offers frameworks and established trauma informed care, family systems approaches and social advocacy.

Programs to support the wider community in understanding how to support people. An example is the RUok? Campaign. Community messages, assistance and advice when faced with either bystander capacity to affect change or responding to people that have experienced the violence. We need to equip, affirm and recognise people.

**Long term impact**

Cultural change in attitudes to family violence and sexual assault similar to what has been seen in the changes in attitudes to cigarette smoking.

Develop consistent evidence based to prevention and intervention

## Key Messages

- This is a time of great opportunity
- The wider community are part of the solution, we need to support this
- Structural violence needs to be considered and addressed
- Men are not the problem, male privilege and gender equality are- these need to be addressed at a structural level

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