



Submission to Royal Commission into Family Violence
from
Northern Centre Against Sexual Assault, Austin Health

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Introduction

Northern Centre Against Sexual Assault (NCASA) is one of 14 Centres Against Sexual Assault which, together with the Victorian Sexual Assault Crisis Line, provide 24 hour support across Victoria for victims /survivors of sexual assault, and for their non offending family members and friends. NCASA provides services across the northern metropolitan region of Melbourne, covering the LGAs of Banyule, Darebin, Nillumbik and Whittlesea. NCASA services include crisis response to victims of a recent assault, counselling services to survivors of sexual assault, and support groups for adult male survivors, adult women survivors & young women survivors. NCASA has also run parent support groups for parents of young people who have experienced sexual assault. NCASA provides secondary consultation to other health, welfare and education professionals and delivers community education sessions and professional education and training.

NCASA runs Respectful Relationships programs in a number of secondary schools in the northern region and has done this work since 2007. The focus and aim of this work in schools is the prevention of violence against women by bringing about a change in attitude and behaviour. The program directly addresses the underlying drivers of male violence against women, which support and reinforce gender inequality, visible in social structures, systems, institutions and establishments and the cultural values and beliefs which support this entrenched gender inequality. There is a clear focus on educating school communities about the unequal distribution of power and privilege in society, based along gender lines, which is entrenched, to varying degrees, across all areas of society.

In this submission, NCASA will address some of the questions/key points posed by the Commission, focussing only on those areas where we feel we are able to comment with some authority, based on our experience. Questions concerned with the family violence crisis response system and services, we will leave to others.

Charmaine Farrell
Manager
NCASA



Sexual assault in the context of family violence

In respect of sexual assault committed in the context of family violence, and the work of Northern CASA, and all the Victorian CASAs, we would like to highlight a number of factors:

1. Many of the clients of Northern CASA have experienced sexual assault within the context of family violence. This might be as a child who experienced sexual abuse committed by a family member or as an adult who has experienced sexual assault by an intimate partner. It also includes many clients with a complex history of childhood sexual abuse and multiple instances of sexual assault within a family violence context, as an adult.
2. Many CASA clients fall into the category of people who have experienced sexual assault and family violence on multiple occasions and throughout their lives. The complexity of the work to support these people needs to be recognised, as significant resourcing is required to provide the longer term support needed and to employ health professionals with the level of skill to work with people who are living and dealing with the impacts of trauma. Many victims of childhood sexual abuse and repeated family violence also suffer from mental illness and are at higher risk of mental illness and suicide.
3. Current clients of NCASA have asked that we identify victims of childhood sexual abuse to the Commission as being some of the people who are most deeply impacted by family violence.
4. Sexual violence as part of family violence is recognised in the CRAF as being at the higher end, and to be viewed as an indication of risk of further violence and even of murder. *Men who sexually assault their partners are more likely to use other forms of violence against them and May indicate an increased risk of the victim being killed or almost killed (CRAF Family Violence Risk Assessment and Risk Management Framework and Practice Guides 1 - 3 p.27)*
5. The Victorian CASAs have 30 years of experience providing support services, including medium and longer term counselling, to support healing and to assist survivors to manage the devastating impacts of sexual abuse. On a therapeutic level, the HEALING work embarked upon by a client who has an episode of counselling at NCASA - or at any Victorian CASA - can be very effective and, in some cases, (according to feedback from NCASA clients) life changing. Medium term counselling can provide a survivor with tools to manage the impacts of sexual abuse such as sleeplessness, chronic anxiety, depression and distressing flashbacks and nightmares. Medium to longer term counselling can assist a person to function effectively in society - to manage each day, to hold down a job or course of study and to socialise without fear. The therapeutic work of NCASA aims to empower survivors to build on their survival skills and their capacity to manage their own lives more effectively.

In Victoria, in the field of family violence and sexual assault support & prevention work, the Victorian CASAs are in a unique position of having a



well established network, a highly skilled, professional workforce and many years of experience across Victoria's many geographically and culturally diverse communities. CASA Forum is a member of the National Association of Sexual Assault Services (NASASV) and is committed to ensuring ongoing quality improvement across the sector, demonstrated by all Victorian CASAs:

- a. being registered and accredited against the DHHS Standards
 - b. complying and aligning their work with the CASA Forum Standards of Practice
 - c. having access to, and regularly participating in, the annual Workforce Development program of professional training for the CASA workforce
 - d. ensuring all counselling staff meet minimum standards in terms of qualifications and experience
6. The CASAs are a resource that could be harnessed and built on in terms of any future work aimed at the longer term support for people wishing to recover and heal from the effects of family violence. CASAs have extensive experience in the counselling of people affected by trauma caused by sexual violence. CASAs also have considerable experience in work aimed at the prevention of male violence against women.



Questions 2 & 3

Improvements and changes to the system over the past 10 years.

To date, the changes have been profound, in particular the legal changes, especially the Family Violence Protection Act 2008, and subsequent changes to the Police system have resulted in a huge change to the way front line responders (police, FV crisis services, ambulance) respond to reports of Family Violence, and this is all positive. Specific improvements and initiatives include:

- the Police Code of Practice for the Investigation of Family Violence, now 10 years old and in its 3rd edition.
- Koori Family Violence Police Protocols
- CRAF and the extensive rollout of CRAF training
- Risk Assessment Management Panel (RAMP) a regional approach to responding to families identified through CRAF as being at high risk of family violence, utilising a collaboration of key agencies in a local region
- Indigenous Family Violence Partnership Forum
- Aboriginal Family Violence Regional Action Groups
- Victorian 10 year plan - *Strong Culture Strong Peoples Strong Families: Towards a safer future for Indigenous families and communities*
- Changes to the criminal justice response to sexual assault in Victoria, over the past 11 years as part of the Sexual Assault Reform Strategy including:
 - Specialist sexual offences lists
 - Child witness service
- A fairly recent innovation is the establishment of regional MDCs. Multi Disciplinary Centres are 24 hour services which co-locate local services including CASA, DHHS Child Protection, SOCIT Police & Forensic services. MDCs have improved the regional coordinated response to victims of a recent assault and have also improved the overall co-ordination between key services. We support the ongoing rollout of this program and look forward to future establishment of new MDCs in other areas.

Improvements are still needed, in particular:

- Police response to family violence incidents, in certain groups and in certain areas eg. Aboriginal family violence incidents
- Breaching - police responding to reports of a person breaching an IO. Many instances of this not being followed through in particular where there are repeated incidents of family violence and frequent calls for assistance.
- Further work is needed on the sexual assault reform strategy as per the evaluation undertaken in 2011, which identified:
 - falling rates of reporting of sexual assault and conviction for sexual assault, since the commencement of the SARS
 - lengthy police investigations and long waiting periods to get cases into court, adding to stress for victims



- *Victoria Police Code of practice for the investigation of sexual assault* was last revised in 2005. It is overdue and badly needs updating. Over 2012 - 2014, Victoria Police commenced a review and undertook considerable work to review the Code and this work needs to be finalised.

Question 4

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

Vic Health promotes the work of primary prevention of violence against women across all social settings such as education settings and workplaces. Vic Health has identified schools as key areas for anti violence work. *School-based anti-violence/respectful relationships programs are among the best documented and most effective primary prevention interventions.*

(See Preventing violence before it occurs A framework & background paper to guide the primary prevention of violence against women in Victoria. Vic Health 2007)

Of all programs aimed at preventing violence against women, schools based programs are the ones for which there is the most compelling evidence base.

For the past 8 years, NCASA has been delivering Respectful Relationships programs in secondary schools in the northern metro area. Until 2015, NCASA's program has been the Sexual Assault Prevention Program in Secondary Schools (SAPPSS).

In 2013, NCASA responded to feedback from students and staff in participating schools and made significant changes to the program, primarily to ensure its continued relevance to the multicultural communities in the northern metro area where we deliver the program. The program also needed considerable overhaul in terms of the impact of the increasing use of smart phones, iPads, social media, and of internet access generally.

The NCASA Respectful Relationships programs have in-built process evaluation tools, via participant feedback and assessment, throughout the life of the program. It is in response to the learnings from the feedback provided over the past few years that changes have been implemented. A new program is being trialled this year, 2015, incorporating these changes. In addition, a modified version of the program is being trialled in a Special Developmental School.

Indications that the programs are having an impact:

- completed student feedback forms
- changes in attitudes and behaviours as advised by students in focus groups run at the end of the year and early the following year
- advice/ anecdotal evidence from staff of changes in attitudes and behaviours of students, at school, in the school environment
- school leadership presenting information about the prevention work at their school at education forums eg regional principals meeting.



In summary, the NCASA SAPPSS program has been modified to incorporate a broader focus on respectful relationships and ethical behaviour in relationships. Sexual assault is placed in its broader context of disrespectful & harmful behaviours, supported by negative societal attitudes to women, discrimination against women and the embedded culture of male privilege and power. Male violence against women is directly challenged by the program with a clear focus on underlying attitudes and values and the way these are presented across all areas of life. Considerable time is devoted to examination & critical analysis of the lyrics of popular songs, the advertising industry and the images presented to young people through visual advertising on billboards, television & in magazines, in music video clips, film & internet based games.

Question 5

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

Evidence indicates that the way to reduce family violence is to address the issue of men's violence against women and the use of men's violence more broadly. The underlying drivers of men's violence include social values and structures which support, prioritise and reinforce gender inequality. Men's privilege in society and women's disadvantage in society are visible across all areas – family, workplace and education settings - and clearly apparent in faith-based institutions and activities. Hence, the work to reduce men's violence focuses on challenging and changing gender inequity. As we know, bringing about cultural change is long term work and evaluations as to the effectiveness of specific strategies need to be continuous and will show changes or outcomes at 10 years, 20 years and 30 years. Short term, project based and evaluations on single programs limited by geography and time will not give us a full picture of effectiveness.

Nevertheless, in terms of NCASA's work in schools, the following are indications to us that our work is having an impact:

- Attitudinal change has been demonstrated
- Knowledge about gender equity and gender based social inequality has grown
- Knowledge about the sexual assault and the law and consent has grown
- Role modelling respectful behaviours, being actively outspoken about violence against women, prioritising gender equity and respect in relationships and actively demonstrating concern about sexual assault and violence against women has been demonstrated in the following ways:
 - School principal actively supporting the NCASA Respectful Relationships program and being seen by all staff and students to be doing so, in an ongoing way, in his school, by:
 - participating in the teaching of the Year 9 program



- opening an event launching the NCASA Young Women's Booklet
 - supporting the NCASA staff and the NCASA program, visibly meeting & liaising with NCASA staff on school grounds, numerous times, and being involved in the Respectful Relationships activities, planning and the training sessions for staff
- At one High School, a female student identified that she had seen a shift in the level of respect between male and female students in the school yard. She stated that girls were no longer willing to accept or tolerate negative comments focussed around stereotypical female constructs and which were inevitably negative towards women.
 - During a short presentation given by a young male student at the NCASA Young Women's booklet launch in 2014, a male student reported that he was given information during the program that made him look at things differently and gave him options of how, as a male, he can change culture for the better.
 - Students at several schools have reiterated that all schools should run such programs. Evidence of the impact of the NCASA program can be seen in the fact that several student groups have initiated anti-violence programs such as Week Without Violence and White Ribbon Day. In the past, traditionally, these events have been led by adults – teachers or community organisations.

Other successful examples include whole of community campaigns such as the 4 day, Gippsland CommUNITY Walk Against Family Violence which was led by Aboriginal agencies in East Gippsland in a partnership with key Aboriginal and non-Aboriginal agencies and included police, Gippsland Women's Health and other community agencies and workers (see Evaluation report by Monash University & VicHealth <https://www.vichealth.vic.gov.au/media-and-resources/publications/gippsland-community-walk-against-family-violence>)

Question 6

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

Evidence indicates that it is not solely circumstances, conditions, situations or events that drive family violence. However, by providing a set of factors that allow, or further encourage, family violence, situations, circumstances and events can increase both (1) discrimination and (2) vulnerability and risk.

These factors include:

- Vulnerable children and young people (eg. who do not have a parent or carer capable of providing protection)



- a history of trauma such as childhood neglect, childhood family violence, childhood sexual assault
- refugees who may have a background of fleeing war or an unsafe country and experiences of torture and hardship (history of trauma; PTSD)
- some migrant families eg challenged by recent arrival, poverty/limited resources, limited command of English
- disadvantage caused by poverty, homelessness, unemployment, alienation from family
- mental illness
- vulnerability through age, physical size or disability
- women/ families living in rural and remote areas
- allowing offenders to commit violence with minimal sanction; failing to bring offenders to account for their actions

Institutions and social structures such as relationships, families and communities are strongly supported by the established power structures in our society. All of these social institutions and structures provide, develop and ensure preference for men into positions of authority and power, and women into positions of inferiority. It is within this framework that family violence and sexual abuse are allowed to happen – are condoned, supported and fostered. The structure & values do not mean that ALL MEN are violent and abusive or that ALL women are victims and subservient. It is more that the stage is set for certain people (most often men) to exploit, harm & abuse and for other people (most often women & children) to experience abuse, fear & exploitation which, in turn, lead to disruption, uncertainty & disadvantage.

Within this unequal social framework, certain factors predispose certain individuals and groups to be more at risk of family violence - and this complexity needs to be recognised and taken into account in the planning and delivery of service responses.

Question Seven

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

Integrated, coordinated, cross sector prevention work, aimed at preventing male violence against women, based on a long term, government-led, cross sectoral approach including a State Prevention Plan, a whole of government plan, supported by adequate funding, infrastructure and resources.

Improved identification of families at high risk of family violence (eg through the RAMP) supported by effective responses and strategies including the provision of safe environments for vulnerable people (eg children, women with disabilities)

Government led work including a State Plan & targeted strategies & resourcing to address gender-based inequality across society.



Include carefully planned monitoring and assessment processes for all family violence services and family violence prevention work strategies and programs aimed at gathering evidence and continuing to build the evidence base for prevention work. Thinking long term and aiming to consistency in the data collection and the evaluation work.

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 male victims, including:

- male victims of intimate partner violence, often in same sex relationships, but not always
 - NCASA has provided support to adult male victims of family violence, including sexual assault, from a female partner
- NCASA sees significant numbers of men who are victims of childhood sexual assault within a family context. These clients are, like adult women, dealing with the impacts of trauma caused by childhood abuse.

As a direct consequence of the recognised gendered nature of family violence and this essentially being an example of male violence against women, the relatively small group of male victims and even smaller group of female offenders are often disregarded or inadequately catered for. Like other minority groups, male victims of family violence frequently experience disbelief, denial and poor responses from support services. Their experience is overlaid with a sense of deep shame and failure, frequently compounded by a fear of disclosing. Prior to coming to NCASA, many male clients have never told anyone about a sexual abuse by a family member that occurred many years ago. It is not uncommon to hear of abuse from 10 years or 30 years ago and that the client has had no support in that time. Similar to female clients, these male clients often display other distressing impacts, such as a history of family violence and sexual abuse as an adult, mental health issues and substance abuse issues - almost always compounded by social problems such as poverty, isolation or homelessness.

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. AND

Question Ten What practical changes might improve integration?

Integration is critical to the effectiveness of any and all strategies aimed at responding to, or preventing, family violence. Across Victoria, there are significant economic, social, cultural and geographic differences between regions and, for this



reason, a regional approach is needed. A regional, integrated approach has been demonstrated to be effective in the northern metropolitan area of Melbourne, under the leadership of Women's Health in the North. Key features of this integration include:

- strong regional leadership and guidance by a well informed & highly skilled, government funded agency (WHIN)
- cross-sector collaboration & a commitment to collaboration by all partner organisations
- strong working relationships across a broad range of family violence and other related organisations and services
- regular consultations and meetings of regional partnerships focussed on the regional FV service system and regional prevention work
- regular, targeted strategic planning and evaluation processes
- locally developed strategies and plans

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?

Evidence clearly indicates there are most definitely certain groups who are more at risk of family violence and of continued (chronic and multiple incidences of) family violence. Data from around Australia indicates that Aboriginal women are much more likely to experience family violence and sexual assault, than non Aboriginal women. This is primarily due to the entrenched levels of disadvantage, stemming from the deliberate destruction of communities and disintegration of families by successive governments as part of colonisation over the past 250 years. Regrettably, the disempowerment of individuals has continued, even after the 1967 referendum, through deeply held racist attitudes across society, resulting in further disadvantage evident in lower rates of success in education, employment and, of course, health outcomes and life expectancy. Aboriginal communities, families and individuals are therefore at much greater risk of family violence as they are under constant stress as they experience ongoing levels of high anxiety related to the most basic concerns such as unemployment, poverty, insecure housing, substance abuse and ill health, including high levels of mental illness such as depression.

BARRIERS to Aboriginal people disclosing sexual assault or family violence and to them seeking assistance for family violence /sexual assault include:



- Mistrust of the law enforcement and justice systems due to historical experiences and beliefs and, in some cases, current experiences with these entities – so lacking confidence to report or seek assistance.
- Aboriginal women feel intimidated by the courts and the court systems
- Lack of knowledge about the service system and the options available to support them
- Lack of understanding about their rights as a victim of family violence
- GENDER & CULTURE - Lack of dedicated, gender specific and culturally safe services
- ACCESS to services - The many levels of disadvantage including feeling unsafe going to and asking for help from a strange service and being alone and not feeling comfortable using public transport due to past experiences of feeling unsafe and being unsafe on public transport
- FEAR of losing children. If family violence is reported, there is a very real fear the family will lose any children to DHHS Child Protection. This is, again, an HISTORICAL issue for the Aboriginal community, grounded in real experiences for many Aboriginal and Torres Strait Islander families

References: Australian Institute of Health and Welfare, Homelessness among Indigenous Australians, 2014. This report indicates that *One in ten Aboriginal and Torres Strait Islander women used a specialist homelessness service in 2012-2013*

The single greatest factor is homelessness

Australian Institute of Health and Welfare, Domestic Violence a major factor in homelessness among women and children, 2008, available at <http://www.dpmc.gov.au/women/publications-articles/safetywomen/women-synthesis-report-HTML.cfm>

*Charmaine Farrell
Manager
Northern CASA*