



Plenty Valley  
Community  
Health

# Ending a Private Crime



**A Submission by Plenty Valley Community Health to the  
Royal Commission into Family Violence**

**27 May 2015**

**Plenty Valley Community Health**

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Commissioners  
Royal Commission into Family Violence  
PO Box 535  
**Flinders Lane Vic 8009**

Via: <http://www.rcfv.com.au/Submission-Form>

Dear Commissioners,

Plenty Valley Community Health is pleased by the opportunity to respectfully provide this submission for consideration by the Royal Commission into Family Violence.

We believe that the Royal Commission provides a very timely review of matters pertaining to family violence. Family violence involves offences that have been described as a 'private crime' because the violence usually goes on behind closed doors. This Royal Commission will bring this crime into the open and subject to learned scrutiny that will bring relief to all Victorians.

Thank you for the opportunity to provide this submission. On behalf of Plenty Valley Community Health I wish you well in your endeavours.

Yours sincerely



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### About the author:

Wendy Cisar is Manager, Primary Care and Community Services at Plenty Valley Community Health and has occupied this position since 2013. Prior to this Wendy has occupied a variety of senior and operational roles in community health in Melbourne and in rural Victoria. Wendy Cisar is a member of a variety of steering groups and committees associated with community health, men's health and family violence; and is currently Chair of the Family Violence Management Working Group for the Plenty Valley Community Health Service. Wendy is a Bachelor of Social Work (La Trobe) and holds Graduate Diplomas in Community Development and in Education and a Diploma in Business.

### Acknowledgements:

The preparation of this submission is the result of a wide range of consultations, surveys and data gathering by members of the team at Plenty Valley Community Health. The author gratefully acknowledges these contributions as well as the leadership and support provided by the CEO of PVCH Phillip Bain and the Board of PVCH.

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## 1. Executive Summary

Plenty Valley Community Health has an active presence in managing family violence primarily through prevention and recovery activities associated male perpetrated violence upon female victims. While this is just one stream of a broad and complicated topic we believe that our analysis and recommendations will have applicability to many of the other manifestations of family violence.

At PVCH We acknowledge that ‘an ounce of prevention is worth a pound of cure’ and our efforts are focused on a balanced application of resources to both elements of family violence that we see in our region. We note however that until prevention strategies are expanded and provided additional traction, then the treatment and recovery aspects of family violence will necessarily continue to dominate the sector.

We have a view that family violence is often inflamed by the separation of the perpetrator from his children with whom he has no conscious quarrel. We recommend that processes should be put in place to provide perpetrators with prompt supervised access to their children to avoid unnecessary escalations in tension. Where male perpetrators are mandated or voluntarily wish to attend a Men’s Behavioural Change course we believe that such courses should be available to commence with no more than one week’s waiting time. Where perpetrators are mandated to attend the course we believe it should be treated as a breach of orders if they do not attend, complete or satisfactorily participate in the course.

It is our view that the process of seeking intervention orders from the Magistrates’ Court and prosecuting breaches of these orders ties up an inordinate amount of valuable Police time. We believe that many of the interventions required of the Magistrate’s Court could be replaced by processes that could be automatically enacted by the Police. We believe that this approach could release scarce Police resources for purposes of directly curtailing, preventing and responding to family violence. In cases where a victim agrees to vacate an intervention order against the perpetrator, then the basic conditions (apart from access exclusion but prohibiting family violence, destruction of property etc) should be held in force for a minimum period of one year.

The demographics of the region served by PVCH suggest that that many of the pressures culminating in family violence are borne out of the lack of social, community and transport infrastructure that are established in the new housing estates that are burgeoning in the growth corridor. We believe that this situation results in isolation, comparative increases in cost of living and a collapse in social relationships on which older and more established suburbs rely. We believe that development of new estates should be accompanied by a liveability ‘star rating’ similar to the six star rating imposed for sustainability. In our view an estate should be not be given planning approval below a five star rating for essential liveability amenities.

Our experience tells us that there is need for a major community communication and education campaign that provides a more effective understanding of the diverse nature of family violence and the social, economic and human costs. At PVCH we are of the view that such campaigns should not rest on ‘scare tactics’ that reinforce stereotypical views of family violence. We believe that stigmatization of perpetrators will only increase their isolation and that of their victims and further erode the hope that families might harbor for a continuing relationship devoid of violence.

In our opinion such a community conversation must begin with children who are beginning school and continuing through to employee education programs. We believe that children who have grown up with family violence as an intrinsic element of their family life must be given every chance to re-learn the basic tenets of respectful, rewarding and negotiated personal relationships.

Within this context we believe that a variety of forms of anti-social behaviour at all ages from childhood through to adulthood may be indicative of family violence. The miscreant might well be a regular witness to a family violence on one hand, or the perpetrator of unreported family violence on the other. In this regard we believe that privacy regulations that prevent suitable exchange of background information between agencies should be provided with exemptions where sufficient cause exists. We believe that the same exemption should be applied so that providers of services to the perpetrator on one side, can exchange information with providers of services to victims. The present structural separation of information available from both parties can create a risk of dangerous gaps occurring in risk management.

In our recommendations we also propose that the private sector could play a major role in the prevention of family violence if major employers were to introduce this as a stream of their extensive and often sophisticated human resource programs. The tendency to rely on outsourced employee welfare hotlines is considered by us to be a poor substitute for the direct type of action that employers have taken with regard to bullying, substance abuse, mental health and wellbeing, gender parity, discrimination and workplace safety.

We feel sure that the so-called 'wrap around' model developed in the UK and gaining favour in Australia is the model we will continue to follow at PVCH. We take the view that 'every door must become the right door' for a victim to be able to share their concerns and obtain coordinated, continuous and personal support. This means that a vast range of service providers must be provided with education on the detection of family violence especially as victims are frequently reluctant to make an overt complaint. Where the likelihood of family violence is detected, those service providers must also be trained in the ways of sensitively dealing with the topic and sourcing appropriate support.

At PVCH we are concerned that there is little outreach capacity available to men who may find themselves predisposed to committing family violence or already involved in violence. We believe that there should be a greater range of mental, health, financial and behavioural counselling, training and support measures available to potential or existing offenders prior to serious violence being discovered by the justice system. Under the present arrangements male perpetrators become eligible for supported training after they have offended at which time the vicious cycle of family violence has become entrenched in the family's history.

We also encourage the view that more opportunities for local community discussions at a face to face level should be developed to encourage improvements and celebrate achievements in the local community. We believe it is important to avoid the endless emphasis on the disadvantaged nature of the region and the stigma this creates for its residents. We believe that such opportunities will emerge for residents of all ages to choose their own leaders to help represent their causes. The alternative is that must continue relying on so-called community leaders who are self-styled, or selected by unrepresentative groups or effectively appointed by the media.

At PVCH we thank the Commissioners for the opportunity to express our views.

## 2. Recommendations

PVCH has given substantial thought to recommendations which it respectfully submits to the Commissioners for their consideration.

### **2.1 The perpetrator must be restrained from returning to the home under penalty of immediate incarceration.**

We propose that if Police are required to issue a Safety Notice then it should be mandatory that the perpetrator is removed from the home and if necessary provided with emergency accommodation. If a perpetrator returns to the home in breach of a safety notice and subsequent intervention orders than a custodial sentence should be automatically applied. In cases where Police are required to present perpetrators to the Magistrates' Court in regard to breaches of other conditions of orders then automatic sanctions should be available for Police to enact at their discretion.

### **2.2 Access to the children should be made available to the perpetrator as a matter of urgency providing they have not been injured or are under threat of injury from the perpetrator.**

While acknowledging the psychological damage suffered by children of victims involved in family violence we believe that in most cases the perpetrator's 'dispute' is with the mother and direct harm to the children is not the perpetrator's objective. Where this is the case we believe that the underlying violent motive of the perpetrator will be increased if he is denied access to the children with whom he may have a close and loving relationship. The children may also suffer from being denied access to one of their parents whom they love.

Where this is the case we believe that the perpetrator should be provided with supervised access to the children within seven (7) days of the Safety Notice and Interim IVO being issued. We believe thereafter that a supervised access visit should be provided to the perpetrator every seven (7) days. The perpetrator should not be required to pay for the access venue.

### **2.3 Resources should be focused on service delivery where most value can be directed to people in need.**

We understand that resources available to be shared with family violence initiatives are limited as they with all areas of government expenditure. We believe that the resourcing of family violence prevention and recovery initiatives is similar to the argument often posed by the Department of Defence in regard to what is a prudent distribution between 'teeth and tail'. We encourage the Commissioners to resist the creation of more levels of oversight and inspection and to propose reallocation of funds to on-ground services wherever possible.

## **2.4 Service providers should be trained to detect the signs of family violence so that victims can be supported and referred to agencies that can help them.**

Victims of domestic violence will often attempt to obtain help in leaving a violent situation but may lack the confidence to clearly articulate their concerns or to follow through on attempts at notification. The first opportunity to identify family violence may be during a dental inspection or a visit to the GP. A first sign could be found during a visit to the chiropodist at which time the husband may refuse to leave the woman during treatment. A sign of family violence could be detected at the school from a remark that a child makes to a teacher or colleague or by the way the child reacts to situations, new people and differing circumstances. The number of signs may manifold but there may still be a reluctance by the victim to speak up and ask for help.

To cater for these circumstances we believe it is important for all such providers to be provided with training that would assist them in identifying the signs of family violence. The training would also need to provide attendees with training on how to initiate enquiries and communicate with the likely victim without worsening the situation and creating greater danger for the victim involved. The provider should be equipped with a list of contact and referral points that can be shared to obtain assistance for the victim.

## **2.5 The one-stop model provided by community health centres should be preserved and enhanced wherever appropriate models exist or could be established.**

At PVCH we believe that the one-stop model provided by the community health centre provides a very effective and localised solution to suit the circumstances that exist within the Whittlesea area. We are also critically self-reflective of our service and recognise that a larger funding base would be required to deliver the effective 'wrap around' service to which the organisation aspires. We see the necessity for this 'wrap around' service unfolding before us with the major growth in population in the local corridor and the profusion of influences which in our experience correlate with increases in family violence.

## **2.6 Government communication strategies should avoid the perception that all domestic violence looks the same and leaves a bruise.**

We encourage government communication strategists to avoid reinforcement of stereotypical images of family violence being represented by a vicious man shouting at the occupants and belting on the door. Family violence comes in many guises and in many cases there is no sound track. Controlling behaviours, implicit threats, overbearing and bullying activity can be just as prevalent when the perpetrator is wearing a pinstripe suit or a blue singlet. Domestic violence can look like an elderly grandparent being stood over by a relative or a beleaguered victim being told to accept her lot and be a good wife.

Equally so the audience must be educated that family violence occurs in same sex families as well as conventional family structures and among people of all ethnic types. Family violence will be under the nose of many people and the knowledge of how to identify it and to react is a core responsibility that a public campaign might meet.



## **2.7 Victim training should be established to correspond with Men's Behavioural Class programs.**

We believe it is important that victims of family violence should be provided with training to understand the nature of the Men's Behaviour Change program and the indicators of improved behaviour that they might expect to see. Equally so the victims should be trained to be alert to the signs of regression in the perpetrator's behaviour in case it is part of the regular cycle of remorse and violence that often characterises the family violence scenario. It is important also that victims are acquainted with some of the excuses that perpetrators may use to avoid attending MBC or to inflate the feedback they have received from course operators.

## **2.8 Maintenance courses should continue group development of perpetrators after their Men's Behavioural Change course has been completed**

A lifetime of formative experience leading to family violence will not be remedied by attendance at one MBC course lasting twelve weeks. We strongly recommend that the MBC course should be followed by group therapy discussion and activities sessions for as long as perpetrators feel a strong personal necessity.

## **2.9 Families should not be fragmented unless that is the victim's considered desire.**

We are aware of are cases where government supported services will not be provided to a victim and her children while they are still maintaining a relationship with the perpetrator. While most victims of serial and serious family violence will have made a decision to separate from the perpetrator, other victims of different types of family violence may simply want the violence to end. Aside from episodes of family violence it is quite conceivable that the victim and perpetrator have a great deal invested in their marriage and in the security and memories they have accumulated in their time together.

If any agency funded by government were to insist on the victim severing all ties with the perpetrator as a condition for providing support services, then it seems likely that such a condition could be regarded as discriminatory and unlawful.

It also follows in our view that where the victim and her children are required to be accommodated in emergency or crisis housing then they must be kept together under all circumstances regardless of the age of the minor children. Where emergency housing becomes a necessity the victim will suffer trauma enough without the prospect of being separated from minor children who may have exceeded an institutional age limit.

## **2.10 Emergency housing should not be dangerous and should be available in the area where the victim lives.**

Where a victim and her children are required to be relocated to emergency housing we believe it is imperative that such housing be provided in an environment that is safe and secure. We are of the view

that it is totally inappropriate for victims and their children to be co-located in emergency housing centres with individuals who may exhibit dangerous psychotic behaviours. We believe it is unreasonable to provide emergency housing which comes with an inherent safety risk that corresponds with the danger that the victims are attempting to flee.

While acknowledging the cost of emergency housing PVCH has a very strong view that victims should be housed in the geographic area in which they were previously settled. Moving victims away from the area in which they previously living can cause huge disruption to schooling and social support networks for both mother and children.

Furthermore the relocation could require the victim to forfeit her employment and career prospects. From a social and humanistic point of view, and from the point of view of whole economic cost, we would be deeply disappointed if the current relocation jeopardy were to continue.

### **2.11 Extending men's health outreach.**

In areas where indicators are predictive of a high level of family violence we strongly believe that a strenuous men's health outreach program should be developed. This is especially the case when men may self-report as being prone or feeling prone to committing family violence. Apart from dealing with issues that might otherwise manifest in family violence, attendance at health sessions could provide the opportunity for further referrals if these are considered necessary. The men's outreach should include services for mental and physical health, financial counselling and general psychological and social counselling.

### **2.13 Agencies must be allowed to share information on parties involved in family violence or predisposed to family violence occurring.**

State and Commonwealth agencies hold a great deal of personal data on persons involved in family violence or who are rated at a high risk of becoming involved in family violence. At present those agencies are precluded from sharing information except where risk is viewed at the high possible rating. We believe that all agencies have a piece of the informational jigsaw that is required to enable coordinated multi-agency action to prevent family violence from reaching that ultra high risk level. To achieve this outcome we believe agencies must be exempted from privacy law restrictions where they are exchanging information for the purpose of reducing, detecting or responding to family violence.

### **2.14 Local communities should be allowed to choose their local leaders rather than having leaders self-selected or appointed by the media.**

The social indicators of the region serviced by PVCH provide a bleak picture of opportunities, safety and quality of life. We believe that the constant reiteration of this data cannot do more than cause continued deterioration of self-esteem and pessimism within the community. If the community is to improve its levels of self-sufficiency and thereby reduce the incidence of family violence then a new form of optimism and hope must be established.

To make this happen we believe that there must be a bigger focus on local media and face to face meetings of residents of all ages and backgrounds. The theme of the strategy should be to regularly issue measurements of success and celebrate the achievements of those involved.

We believe that there are too many occasions where community leaders who set the tone of the local conversation are either self-selected, selected by a small and unrepresentative group of opinion makers or often 'anointed' by mainstream and local media. It is axiomatic that such leaders will frequently focus on negative trends in the community because this where their value as leaders has been established and maintained. New faces of authority, leadership, capability and optimism must be allowed to flourish if the region itself is to develop its real and certain potential.

### **2.15 The liveability of new estates should be required to satisfy the basic requirements of effective community living.**

We believe that the deficit of community and public transport infrastructure evident in burgeoning new estates in the growth corridor represent a significant contributing factor to the level of family violence. Government services will never be available in sufficient quantity to substitute for an effectively functioning community nor should that be their purpose. In the same way that developers are required to satisfy sustainability ratings and basic infrastructure requirements we believe that they should be able to guarantee the delivery of necessary community infrastructure. We understand that such an achievement would require close, dovetailed cooperation with planning authorities, treasury and local government and we believe that this is one of the key challenges facing family violence reduction policy.

### **2.16 Real estate agents should be encouraged to provide rental accommodation to qualified applicants who may be victims of family violence.**

When family violence results in the permanent separation of the parties the family may be living in rented accommodation which may no longer be appropriate for the family's needs. Although the victim may be in stable employment (and may have been the principal or sole breadwinner) there is often reluctance for real estate agents to support their rental applications because of the stigma of family violence. PVCH has sought to overcome this hesitation by developing close working relationships with real estate agents thereby improving confidence in rental applications. We believe that that real estate agents should be specifically encouraged to support applications from family violence victims and thereby reduce the load on emergency housing stocks.

### **2.17 Staff engaged in managing and counselling in the field of family violence should be provided with ongoing professional and personal support.**

Staff that provide counselling and other services to those involved in family violence face a constant challenge in dealing with behaviour that is often threatening and in a work environment that is emotionally, mentally and physically taxing. We believe it is important that structured support services are provided to these staffmembers and that it is especially important that they are provided with reliable personal protection when faced with potentially violent situations.

### 3. Introduction

Plenty Valley Community Health (PVCH) would like to thank the Commissioners for the opportunity to provide this submission for their consideration. PVCH also takes the opportunity to congratulate the State Government of Victoria for taking the initiative to establish and fund this Royal Commission.

The Family violence issue is broad and complex and the Terms of Reference applying to the Royal Commission are deservedly extensive and diverse. In so saying PVCH acknowledges that the limitations on its resources do not equip the organisation to prepare a submission that deals individually with LGBTI unions, issues particular to Indigenous or other cultural groups, disabled groups and the deeply concerning issue of elder abuse.

This submission has some element of informality insofar as we are careful to separate what we *know* (based on established data and experience) and what we *think* (based on intuitive, experience and incipient data collection). We have been careful to write the submission in plain English so that members of the public who download the submission from the Commission's website might augment a basic understanding of some streams of family violence.

We have taken the approach that PVCH's most extensive and continuing experience has centred on family violence involving heterosexual couples with such couples generally being parents of children. This is not to say that family violence arising from heterosexual couples has a higher priority for PVCH, it is simply an acknowledgement that other groups may more beneficially focus on experience that is complementary to that of PVCH.

Although this submission focuses primarily on family violence involving heterosexual family units we have been careful to develop the issues and subsequent recommendations so that the underlying principles can be applied equally to the more diverse range of family violence issues. We are confident in saying this because much of our exploration and experience points to the need for action that be highly individuated to suit the circumstances of the perpetrators and victims involved. We believe this applies to both the preventative and the recovery streams of activity respectively.

### 4. The Nature of Family Violence

The extensive family violence data accumulated in Victoria is broadly consistent with the experience shared by PVCH insofar as the vast majority of family violence is perpetrated by men<sup>1</sup> and the vast majority of victims being women. It is for that reason that the term 'perpetrator' reads as the male adult and 'victims' as the female adult and the children of either gender, for the purposes of this submission.

While this submission focuses on heterosexual family violence where the perpetrator is predominantly male, the broader nature of family violence is manifold. Family violence can involve intimidation and abuse of the elderly or the disabled and is present in family relationships involving gay, lesbian, bisexual and transgender partners. Family violence crosses all ethnic groups and all socio-economic groups. It is generally believed that a number of factors lead to substantial under-reporting of family violence. Factors include fear of the perpetrator, a lack of training among service providers in detecting the signs of family violence and complications accruing to victims if family violence is reported and acted upon.

It is believed that family violence may be under-represented in higher income groups because there is less reliance on public funded agencies, and due to the manners in which family violence can be dealt with quietly and more discreetly whether or not resolution is achieved.

In order to obtain a picture of the many forms of family violence that can occur, it is useful to refer to the table produced by the advanced work of the Government of Scotland and which is reproduced below<sup>2</sup>.

PHYSICAL VIOLENCE	SEXUAL ABUSE/ASSAULT	PSYCHOLOGICAL ABUSE
Biting	Enforced prostitution	Convincing of mental illness
Bruising	Female genital mutilation	Criticism
Burning	Forced pregnancy or continuation of pregnancy	Destruction of personal belonging
Choking/strangling	Forced enactment of pornography	Financial deprivation
Hitting	Forced participation in pornography	Imprisonment
Kicking	Forced sex - anal/vaginal/oral	Forced performance of menial/trivial tasks
Knifing	Forced termination of pregnancy	Humiliation and degradation
Murder	Forced tying up during sexual activity	Isolation from family and friends/work
Punching	Rape	Jealousy and possessiveness
Scalding	Removal of sutures from perineum to facilitate intercourse	Sleep deprivation
Scratching	Sexual assault using objects	Targeted abuse of children, relatives or pets
Slapping	Urinating/defecating on abused	Threats
Starving	Withdrawal of contraception	Verbal abuse

## 5. Reporting Family Violence

For a victim at high risk of serious physical injury or death as a result of family violence, the decision to report or follow through on a claim of family violence is one of utmost gravity. While the family is cohabitating and undisturbed by external intervention, the victim retains a semblance of control insofar as the violence may be predictable, and the relative security of a home, income, established social relationships and settled schooling and child socialisation remain intact.

Once the family violence is uncovered the family unit will inevitably be fragmented – at least for a period – and the structures of the family will be split asunder. While the victim's confidence and self-esteem will have already deteriorated to a bedrock level, she must deal with the added uncertainty of violence by the perpetrator motivated by revenge or the perpetrator's own sense of returning to a more and just and fair arrangement. The uncertainty and fear that these circumstances create are well founded

because the available evidence indicates that the victim's risk is highly elevated during the initial period of separation and could lead grievous bodily harm or death.

The uncovering of high risk family violence in the family may not have come about by reporting by the victim. Police may have been called by neighbours disturbed by an incidence of violence, or by a friend or acquaintance of the perpetrator or victim or by a child of the relationship witnessing and being frightened by the violent activity. Attendance by Police at an incident of family violence will usually set in train a series of events which neither the victim or the perpetrator may control.

Upon attendance investigating Police will conduct interviews and determine as far as possible the sequence of events and identify prima facie the perpetrator of the violence.

After attendance at a family violence incident Police are required to issue formal notifications to a range of government authorised entities. The notification is known as by its form identification as an 'L17' and a copy of the form must be issued and served for every family member who was present during Police attendance at the incident. A further copy of the L17 is provided to the Berry Street organisation (regarding the female victim); to the local authority (in this case Plenty Valley Community Health) regarding the male perpetrator; and a copy if provided to the child protection unit of the Victorian Department of Health and Human Services regarding the minor children present at the incident. As detailed later in this submission, the receipt of the L17s instigates follow-up activity by each of these entities.

If Police determine that a serious and continuing risk of danger is present then a Safety Notice will be issued requiring the perpetrator to vacate the family home until the complaint is resolved. While the perpetrator may leave the premises in the presence of the Police it is just as likely that he will return to the home after the Police have left and cause violent and dangerous mayhem in the household.

If such behaviour is evident then the victim may secure a family violence intervention order (IVO) against the perpetrator which will set out enforceable restrictions against the perpetrator approaching the victim whether she be at home or work or anywhere else. Victims experienced in family violence are generally dismissive of IVOs as simply being a 'piece of paper' as the perpetrator will often demonstrate confidence in violating the order with impunity. A complaint about a violated order will require judgement by a Magistrate's Court where a perception of leniency suggests that it would take multiple violations to be proven before a perpetrator is taken into custody.



Regardless of the value that some victims place on the issuance of an IVO, figures provided by the Magistrates' Court of Victoria reveal that the number of applications has continued to burgeon over the last seven years<sup>3</sup>.

In view of the propensity for perpetrators to return to the home in violation of orders it regularly falls on the victims to relocate to emergency housing or refuges in order to preserve their safety. This requirement becomes an extension of the punishment already meted out by the perpetrator because the victims will usually suffer complete dislocation in the process. Depending on availability of accommodation and to prevent being tracked by the perpetrator the victims may be required to move to a region half way across the city. In the process they leave their home and most of their possessions, children are withdrawn from their schools and friends, and the mother is required to leave her social network and quite probably give up her paid employment.

In some instances emergency accommodation may be found in hotels contracted by the State Government where a wide variety of clients are housed. For example there will be instances where victims of domestic violence may be accommodated in the same hotel as other clients who are suffering from severe and dangerous psychotic illnesses. In these circumstances the victim will find it necessary to severely restrict the movement of her children because of this new form of potential violence that they face. In other circumstances, some authorised refuges will require children to be housed in separate refuges from their mother after they have turned a certain age. In other cases, refuges and counselling services will not provide services or support to the victim while the prospect of maintaining the relationship with perpetrator remains alive.

Leaving aside these issues, there is no guarantee that emergency housing will be available for the victim. According to Northern Integrated Family Violence Services around 60% of daily requests for accommodation cannot be met under the auspices of the Supported Accommodation Assistance Program<sup>4</sup>. Victims and their children form a stream described as the 'hidden homeless' in a report by the WA Commissioner Children<sup>5</sup>:

Most homeless children (81%) who accompany a parent or guardian accompany an adult female. Domestic and family violence and relationship breakdown are the major reasons women with children are homeless. Women and children are sometimes referred to as the "hidden homeless" (Australian Institute of Health and Welfare, 2011b) as they tend to be less visible than men and remain out of sight, away from areas where homeless people congregate, for fear of violence, rape or other abuse (Australian Human Rights and Equal Opportunity Commission, 2008). Women in these situations may find they are unable to care for their children and they may be forced to place them in the care of family, friends or social services (Australian Human Rights and Equal Opportunity Commission, 2008).

The determination by the perpetrator to return to the family home regardless of the legal jeopardy he may face is not necessarily related to an intention to act out further violence. In many cases the perpetrator and the victim will have had children together and the perpetrator is desperate to visit his children and maintain a relationship. The perpetrator may rely on a Family Court custody order to justify the violation of the IVO. At any rate the perpetrator may see his dispute as being restricted to the mother of the children and may love and miss his children immensely. In fact it is possible that the prospect of accessing his children may be the only tenuous protection from further violence occurring.

Where visitation rights are established by a Family Court order which clashes with the IVO the arrangement of supervised visits may provide the only real prospect of the intentions of both the Family Court and the Magistrate Courts being lawfully and productively observed. Unfortunately the wait for

supervised access services provided by government funded organisations may be as long as three months because of the limited resources available. Perpetrators have the option to utilise private access visit supervision services but these will usually involve a charge of \$200 or more per visit. In most cases the fragmentation of the family and associated consequences will render such a service as too expensive for the perpetrator to afford.

It is widely accepted that family violence cannot occur without the severe risk of psychological damage occurring to the children of the perpetrator and the victim. There are instances where physical harm will be visited upon children but psychological harm is a fundamental expression of sustained injury. Children can witness physical and psychological violence and live in the environment of tension, fear and uncertainty; they read physical, verbal and psychological cues that all give rise to the expansive incidence of family violence.

The harm to children can come from a number of influences including the normalisation of violence in the home, the absence of constructive adult role models, neglect of their personal needs and deprivation of the warmth, good humour and enjoyment that informs childhood development. It is posited by some that the proliferation of behavioural problems and spectrum diagnoses of school children may be the result of misdiagnosis of the symptoms of disruptive and damaging home lives experienced by children of family violence.

## 6. Stigma and Sensitivity

In view of the nature of family violence it is quite understandable that a stigma is attached to the perpetrator of the violence. Unfortunately because family violence is still emerging from a perception of 'private violence' the stigma also attaches to the victims who are blameless in the whole episode. From our experience the stigmatization of the perpetrator, while intended to discourage him from further violence, often has more serious unintended consequences for the victims and the family as a whole.

In our experience the use of stigma as a tool can lead to irreconcilable fragmentation of the family even if that is not the outcome that the victims regard as preferable or desirable. In many cases the victim sees a preference in maintaining the family unit, providing that the violence can be permanently and reliably eradicated.

From the outset we emphasise our view that there can be no justification or excuse for family violence. That is a central tenet of the values and methodology of PVCH.

We do however take the view that intervention in family violence should not appear to be judgemental and condemnatory if it is feasible to determine the underlying causes of the violence by the perpetrator and then remove the behaviour through the Men's Behaviour Change program. From our experience it can be too simplistic (and ultimately unsuccessful) to appear to dismiss the perpetrator as a violent criminal when there may be underlying psychological, substance, physical, financial or other causes that may have contributed to the violent behaviour.

While stigma remains a key feature of some domestic violence responses it is likely that the perpetrator will be shunned by many of the friends, family and community members on whom he largely relies for positive support. In such a situation we believe that such isolation can further inflame the untreated



tendencies to violence and it is conceivable if not likely that the perpetrator would blame the victim and visit further violence upon her. This would likely to be the case if the perpetrator has also been removed from the family home and from access to his children.

In essence it seems that stigma or shame should only be attached to those perpetrators who fail to fully participate in the Men's Behavioural Change programs that are established to eradicate violent behaviour.

By taking this approach we believe it would be useful in helping both the perpetrator and the victim deal with the initial shock and trauma of external intervention which suddenly appears in their lives. For the victim the decision to report or acquiesce in the investigation of family violence may be the product of two or three years agitated thought and consideration. For the perpetrator the intervention may have come entirely 'out of the blue'. We sense that the act of intervention provides an opportunity to recalibrate the relationship even briefly so that the processes that follow can be clearly established and understood as being intended to maintain the family unit rather than split it asunder.

As much as it may contradict some traditional practices we believe that there is much to be gained by using the language of 'family support' intervention while maintaining even more rigid protections for the victims against violence by the perpetrator. We see this as important in avoiding the risk that the victims also become shunned by certain elements of family and community and as far as possible avoiding the fragmentation of a family that may have a predominance of shared aspirations that need to be protected. It is important to note that divergent expectations within some elements of the multicultural community that might expect endurance of family violence as being a responsibility of a 'good wife'.

We reiterate that there is no room for family violence to be tolerated. However we emphasise the paradox that by creating pariahs out of the perpetrators there is a very real risk that the problem of domestic violence may be driven further underground.

Ultimately our collective responses are designed to deliver an outcome that creates mutually respectful and trusting relationships that build on positive attributes of the relationship that the perpetrator and the victims acknowledge. We believe we must avoid a situation where the victims eradicate family violence at a cost to themselves, their children, family, social infrastructure and financial wellbeing. We believe that the trepidation evidenced by victims in reporting family violence may well arise from the perception that cure is often worse than the cancer of family violence.

In workshops and surveys conducted for the purpose of compiling this submission the PVCH team was clear that that external intervention in family violence should not inevitably lead to fragmentation of family that was originally built on the basis of love, trust and optimism. It is essential that intervention not only puts an end to violence but wherever possible sows the seeds of hope that the family unit can strengthen, develop and survive with new strategies and more profound self-knowledge.

If hope is extinguished then all other interventions simply become crutches for despair. We believe it is essential that the victim maintains a voice throughout intervention so that remedial measures do not overtake her involvement and participation in the design of her future life.

## 7. Punishment

While we encourage emphasis on protection of the family unit through rehabilitation of the perpetrator we also underline the criminality of family violence. We believe that there is a similarity between family violence and drink driving insofar as drink driving was once regarded as a social norm regardless of the carnage that was seen to be caused by the problem. Whereas we would have no hesitation in calling the Police if we saw a friend being mugged on the street, it used to be that community members would not intervene if they saw an inebriated colleague getting into their car to drive home. Effectively society made a distinction between a 'public crime' and a 'private crime'. Today if a drunken father crashes and kills his spouse on the drive home, is he less culpable than if a stranger caused the crash? The answer of course is 'no'.

The Chief Constable of the Strathclyde Police Force, Sir Stephen House, made this point when commenting on the rise of family violence that occurred in the wake of clashes between the Rangers and the Celtic soccer teams. House declared:

This is a crime. It's not a private matter. You are an offender and you will be dealt with as an offender...The fact that it happens behind closed doors is not an escape. As far as we are concerned, if you commit domestic abuse and we find out, we will be knocking on your door and we will be taking you into custody<sup>6</sup>.

House's remarks followed the establishment of the Domestic Abuse Taskforce launched in Strathclyde Scotland. It consists of 'an elite unit of investigators ...and was the first team of its kind in the UK to specifically tackle domestic abuse in the same way that detectives would a homicide. It took a radical approach to serious and serial domestic attackers, and aimed to stop them in their tracks by investigating all aspects of a criminal lifestyle'<sup>7</sup>.

'One of the high profile cases was that of Joseph Loughran, 52, who was given a 15 year sentence for his 30 year campaign of violence and domestic abuse against his partners. He choked his victims, burned them with cigarettes, cut them with knives and beat them unconscious'<sup>8</sup>.

PVCH has been especially interested in the Scotland Government's approach to family violence because of this focus on the background behaviour of serious and serial perpetrators. While its research base is low there is an understanding that family violence will often be an extension of a general pattern of anti-social behaviour by the perpetrator. That is to say the perpetrator may ignore traffic fines and associated summonses, may leave bills unpaid without explanation or attempts at remediation, may treat neighbours and other citizens with disregard and exhibit various other behaviours that would be considered reckless and unacceptable. Of course the Scottish experience of football related domestic violence is an excellent example of a most surprising correlation.

There is a sense that those who are identified as perpetrators or suspected perpetrators should be subject to closer scrutiny and enforcement of unmet civil and criminal system responsibilities to eliminate their sense of immunity to social responsibility. While also acting as a deterrent to family violence where a susceptibility has been identified, the process might also develop a predictive capacity for those who are likely to become involved in family violence.

As with drunk drivers it may be that perpetrators of family violence are repentant after their actions but in reality are no less likely to repeat them. It is in these cases where incarceration appears to become the most obvious course of action much earlier in the process even if there is resistance to such action evidenced by the victim. It follows that the victim would need to be provided with practical living support during this incarceration if she was reliant on the perpetrator for living arrangements. It also follows that the perpetrator would be required to attend intensive behavioural change education while in gaol to the satisfaction of parole authorities.

While such incarceration may usually be regarded as the end point for serious or serial domestic violence offenders, it is believed that incarceration should also be the response imposed on perpetrators who breach court imposed intervention orders. In such cases the incarceration might only be implemented as a cooling off period of say three days, enough to provide a warning to the perpetrator of what may follow if he does not change his behaviour.

The current rate of family violence can be expected to rise in response to the substantial increase in government, policy and public attention being paid to the issue. This might be expected to increase the confidence with which victims will report violence that might have previously been suffered in silence. The attention also puts perpetrators on notice that behaviours they have previously enacted with impunity will no longer be tolerated.

## **8. Men's Active Referral Service (MARS)**

When PVCH receives an L17 notification of a male perpetrator involved in family violence a train of action is put into place. For those perpetrators outside the City of Whittlesea catchment the advice is forwarded to the relevant local council body or community health centre for action. Where a perpetrator has indicated that he is Indigenous, he is provided the choice of being referred to an Indigenous service or the mainstream service involved.

For those perpetrators in the PVCH catchment the perpetrators are classed according to risk. Action is then taken according to the resources available to PVCH. For example those at the lowest end of the risk spectrum will receive a mail package that will provide the details of PVCH's and other referral services and specific details of the Men's Behavioural Change classes available to them.

Those in the mid-risk classification will receive a phone call asking for their consent to continue a dialogue and to discuss or arrange enrolment in MBC. Not all those called will answer the phone and many of those who do answer will not provide consent to any further dialogue. A mail package is then forwarded to each of them.

The high risk perpetrators receive multiple phone calls until they answer the phone and are actively engaged in a conversation seeking their consent for dialogue. Many will provide consent and will agree to consider the details and a mail package is forwarded to them. After allowing time for the package to be received and absorbed further phone calls are made to follow up on enrolment.

It is important to note that the perpetrator is entirely within his rights to withhold consent and to reject the offer of enrolment. There is the tendency to follow this course when perpetrators do not accept that their actions constituted family violence or when they are of the view that the violence was a

reasonable course of action to take. The only consequence for the perpetrator is that his lack of cooperation may be viewed unfavourable if Police charges are brought before a Court.

In regard to all L17 notifications, PVCH maintains a database of actions taken and this is reported to the Department of Health and Human Services on a monthly basis.

For those who enroll in the MBC there can be a wait time up to three months. The MBC course accommodates 16 perpetrators at a time and covers a period of twelve weeks, and is conducted four times per year.

PLENTY VALLEY COMMUNITY HEALTH MEN'S ACTIVE REFERRAL SERVICE MONTHLY DATA										
Financial year month	Total number of referrals received	Total number of referrals contacted via txt message	Total number of referrals attempted contacted via phone	Total number of referral sent information pack	Total number of referrals contacted for the month	Total number of referrals accepted a MBCP referral	Total number of referrals referred to Kildonan HR	Total number of referrals forwarded to Australian Indigenous	Total number of referrals received not able to process	
Jul-13	308	169	15	188	188	4	0	6	169	
Aug-13	278	138	4	150	150	8	4	6	88	
Sep-13	350	191	19	110	320	1	0	12	106	
Oct-13	325	203	13	186	221	4	45	9	107	
Nov-13	333	14	98	189	203	7	10	9	96	
Dec-13	416	36	40	177	217	1	28	17	38	
Jan-14	478	20	40	338	358	7	4	12	125	
Feb-14	366	53	33	266	319	0	8	5	106	
Mar-14	413	14	23	302	316	0	8	9	111	
Apr-14	355	76	39	245	237	4	4	4	114	
May-14	400	22	45	259	259	1	6	4	137	
Jun-14	419	67	115	273	273	0	2	12	134	

*Source: PVCH May 2015*

At PVCH there is a policy of requiring those perpetrators on the waiting list to attend a one-hour meeting each month. At these monthly meetings the perpetrators:

1. Sign consent forms, consent to share forms;
2. Provide relevant documentation such as Court Orders;
3. Provide details of partners for the PVCH Partner Contact Worker to make contact with for support and assistance;
4. Provide details of any other services working with the perpetrator regarding his offending behaviour, for example Child Protection, Police and so forth.

The waitlist sessions also cover introductory information about family violence, cycle of violence and positive communication and relationship strategies. It is intended that the perpetrators should use this information to function more effectively while awaiting assessment for the group.

If, during these sessions, the man discloses and consents to referrals the PVCH staff may make referrals alcohol and other drugs, mental health services, GP services, gambling counselling, financial counselling, general counselling etc.

As part of the assessment process for acceptance into the Men's Behaviour Change program, the PVCH team will apply the MBCP Assessment template that is generally used by most similar services. This is called the 'MBC Program Assessment Form For Men' and comes from the *No To Violence Practice Manual* (2012). This is used to assess the men as being ready and cognizant to participate in an MBCP –

1. If a man discloses that he has a mental illness PVCH require a support letter from his attending GP or psychiatrist that the man is able to participate in group for the 12 week period and will be supported by the GP and psychiatrist during this period
2. Staff cannot screen for a mental illness as this is not in their scope of practice but staff can request and ask the man to consent to a GP 'mental health plan' if the man agrees that this is what he wants. This GP mental health plan links the man to a series of counselling sessions by either a Social Worker or Psychologist
3. If the man discloses that he has an alcohol or drug issue PVCH require that the man is not using and attends group sober. Sometimes a supporting letter is required from the AOD worker that the man will be supported for the duration of the group
4. The men read, agree and sign a 'MBCP Contract' (again from the above practice manual) that they agree to the terms and conditions of participating in MBCP
5. Overall the more important practice guide is the Victorian Government guide '*A framework for comprehensive assessment in men's behaviour change programs*' which PVCH follows

It is thought that some perpetrators will shift from one waiting list to another list in another jurisdiction so that they ultimately do not have to present to an MBC. It is believed that some perpetrators maintain a position on a waiting list simply so they will appear in good standing when they make an appearance before a Court. We are informed that there is a variation between Courts as which presiding magistrates are alive to this scam and which are not.

When perpetrators attend the MBC classes they are expected to be honest, open and forthcoming. The facilitators do not allow participants to 'fall back' on pre-existing mental, substance abuse or other issues for which they have been screened prior to commencing class and for which separate treatment is under way. The MBC model effectively establishes the acts of family violence in the 'third person' so that perpetrators can be critically reflective of the act of violence without being seen to further incriminate themselves. This approach has thus far proven to be the most effective approach within PVCH.

A particular strength of the MBC is that it enables perpetrators to share experience and thereby reduce the isolation and stigma that might otherwise have fuelled further incidents of violence and antisocial behaviour. Participants can learn from each others practical experience and pitfalls and understand the criminal, moral and social implications of their behaviour.

It is important to note that in the lead up to and during the MBC many perpetrators are required to actually make the discovery that their behaviour towards the victims actually constitute criminal violence. It is a reality that many perpetrators will initially view their behaviour as a type of 'norm' based on their formative experiences or the way in which various psycho-social conditions have led them.

Sadly, this is a mirror reflection of the way in which victims often see family violence. As one victim reported it 'At the time, it didn't occur to me that I was experiencing domestic abuse. I just thought I was in the relationship from hell. It was like a never ending bad dream....'<sup>9</sup>

## 9. After the MBC Courses

There are several key issues which flow from the conclusion of MBC classes.

1. The first is that there is a very strong need voiced by participants for ongoing group discussion opportunities to continue. These are often termed 'maintenance' sessions. This stems from the reality that violent behaviour is usually learned and practised over many years and will not simply disappear from the perpetrators' psyche after a twelve week course. The notion of a continuing voluntary group for reinforcement, discussion and problem solving is a logical and imperative extension of the MBC.
2. The second issue is that victims should be given tuition about how the MBC works and what theoretical underpinnings it relies upon. We believe that victims need to have this understanding so that they are not simply relying on a 'black box' approach to rehabilitating the perpetrators. Part of this tuition could involve training to victims to identify and pick up on improvements that the perpetrator is showing post-MBC so that these can be augmented and encouraged. We believe that it is essential to remember that so many victims may have desensitized by violence so that they may not see or trust an improvement that appears to be demonstrated by the perpetrator.
3. It also follows that victims of family abuse should be made aware that Men's Behaviour Change classes will rarely eliminate family violence altogether and a false sense of security must be avoided at all costs. Just as a victim should be trained to identify positive changes in the perpetrator's behaviour so they should be trained to be alert to any forms of regression.

## 10. Victoria – harnessing agency effort

Services associated with family violence in Victoria have been active in developing a collective approach to maintaining surveillance of those perpetrators who are deemed to present the highest risk of committing further violence against the victim. The underlying process involves regularly monthly meetings of Police, community health, Department of Health and Human Services and related child and victim agencies.

For the Whittlesea region the meetings are held under the auspices of the High Risk Response Conference (HRRC) convened by Victoria Police every fortnight at which 16 high risk cases are assessed. It is expected that this process will be delegated to a statewide program being implemented by the Department of Health and Human Services. This process will be designated as RAMP (Risk Assessment Management Panel). As in the case of HRRC, the interagency gathering is intended to reduce the risk of the most serious existing or potential perpetrators from 'falling between the cracks'.

The members who gather to assess the data and determine necessary actions are known as Risk Assessment Management Panel. The ongoing assessment tool is designated by the acronym CRAF – being Common Risk Assessment Framework. The framework consists of six primary elements<sup>10</sup>:

1. a shared understanding of risk and family violence across all service providers
2. a standardised approach to assessing risk
3. appropriate referral pathways and information sharing
4. risk management strategies that include ongoing assessment and case management
5. consistent data collection and analysis to ensure the system is able to respond to changing priorities,
6. quality assurance strategies and measures that underpin a philosophy of continuous improvement.

The model used in Victoria is similar to the model developed in the United Kingdom where the RAMP equivalent is designated as MARAC – Multi Agency Risk Assessment Conference. After making its risk assessments the Marac initiates detailed safety planning with an independent domestic violence adviser (Idva) who will be responsible for the case management of the perpetrators and families involved.

The establishment of the MARAC / Idva nexus is intended to provide ‘wraparound’ support for the victims and family involved. Providing ‘wraparound’ support is a response to the UK data indicating that in the year before family violence victims received effective help:

1. Four in five high-risk victims (78%) and two thirds of medium risk victims (62%) reported the abuse to the Police
2. Nearly a quarter of high risk victims (23%) and one in ten medium risk victims went to and accident and emergency department because of their injuries. In the most extreme cases, victims reported that they attended A&E 15 times.
3. New Safelives data shows that 85% of victims sought help five times on average from professionals in the year before they got effective help to stop the abuse<sup>11</sup>.

Consistent with the objective of PVCH the objectives adopted by the UK Safelives campaign are set out below:

We need to create the system to find every family as quickly as possible, and get the response right, first time, for every family.

- All mainstream services should create an environment where any member of the family can tell someone about domestic abuse, and know that it will be acted on appropriately.

- Services should make identifying domestic abuse part of their everyday practice.

- Services should proactively seek out victims from diverse backgrounds – by locating support in the community for example.

- Early identification of victims and families from diverse backgrounds needs specific approaches.

- We should judge the success of local domestic abuse strategies on whether they have cut the duration of domestic abuse.

- There should be meaningful ways to seek help for individuals and for friends and family if they are worried about someone else.

- Services must see and respond to the whole family – the child, the victim and the perpetrator.

- Identifying abuse must result in action that helps the family become safe. And every area should have enough capacity to respond to every identified victim and family living with abuse.

- SafeLives will investigate the potential of a One Front Door approach to increase identification.

## 11. Plenty Valley Community Health (PVCH)

Plenty Valley Community Health (PVCH) is a primary care community health service which primarily focuses on communities in the area of Whittlesea. The range of services provided by PVCH range from dentistry, medical, psychological and physiotherapy as well as community services including housing, counselling and outreach programs. PVCH employs around 260 staff and governance is provided by an independent Board of Directors whose members are drawn from the local community.

Along with similar bodies the aim of PVCH is to provide treatment services while maintaining a clear focus on the fundamental causes of many of the challenges to wellbeing that are presented by members of the local community. PVCH is a point at which physical and mental health treatments intersect with corresponding chronic shortages of housing and employment opportunities and a rocketing growth in population that exponentially outstrips the capacity of the local social and economic infrastructure.

In essence PVCH is a 'one-stop shop' for treatments and interventions. For the purpose of policy analysis PVCH and its clientele and the issues they encounter form a microcosm of the local community. By drilling down into the PVCH data the analyst will form a snapshot of the epicentre of the Hume growth corridor and of other domains that share its underlying characteristics.

The service model developed by PVCH and other like organisations has developed a particular strength from the 'joined up' nature of its client relationships. To the extent that its financial and operational dimensions permit, PVCH becomes a single point of contact or supported referral with whom the needful can actively engage. The numerous professional services units within PVCH operate with a structured communication system that ensures clients' underlying and present needs are addressed with continuity and effectiveness.

The issue of family violence is one where the structure of PVCH and its organisational and client relationships have established community health as an effective and localised model of intervention, prevention and care. Usually the first casualty of family violence is the destruction of the victims' confidence, self-esteem and sense of hope. The first tentative step towards seeking a helping hand is fraught with hesitation and the initial point of encounter with an organisation such as PVCH is pivotal to the extent to which the victims will pursue their quest for support.

The value of the community health model lies substantially in the number of 'gateways' through which victims can seek assistance or be recognised as requiring assistance or of being at risk of family violence. For example a victim of family violence might be detected through an approach for housing assistance; a request for dental service to repair damaged teeth or a medical consultation for injuries inflicted during an episode of family violence. By ensuring that all avenues of service are specifically alert and sensitive to family violence the community health model can avoid the risks often perceived by victims in overtly reporting family violence.

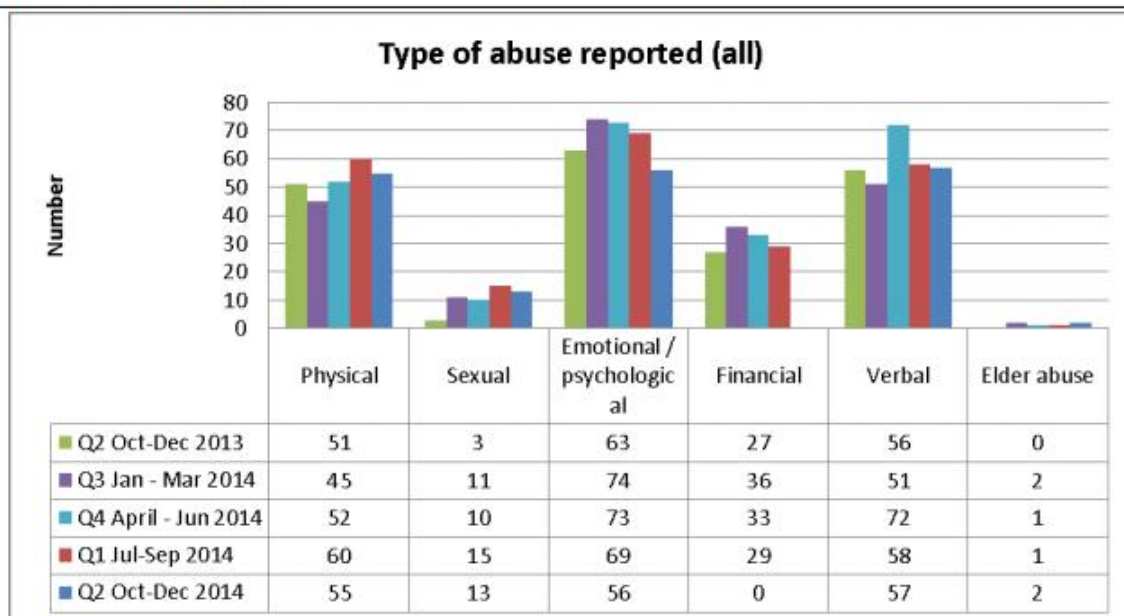
Notes to the data collection table:

1. 88% of cases (67) involved multiple forms of abuse. Each client disclosed an average of 2.7 types of abuse.
2. This quarter verbal abuse was present in 75% of cases. Emotional/psychological abuse and physical abuse were each present in 72% of cases.



3. Of the cases involving only a single type of abuse (12%), physical was the most prevalent (67% or 9 cases), followed by emotional/psychological (22% or 2 cases) and verbal (11% or 1 case).
4. 39% the cases (30) had contacted police and 41% (31 cases) had applied for an intervention order. • 16 cases reported that children had witnessed the violence (21%).
5. Midway through Q2, data collection forms were adjusted to include whether substance abuse, problem gambling, and technology used to stalk/harass were disclosed. For this period (mid-November – December 31) there were 47 cases:
  - 5.1. Substance abuse was present in 14 cases (30%)
  - 5.2. Problem gambling was present in 4 cases (9%)
  - 5.3. Technology was used to stalk/harass in 7 cases (15%)

### TYPE OF ABUSE REPORTED



Source: Whittlesea Family Violence Monitor – Data report to 31 December 2014

[http://www.whittleseacommunityconnections.org.au/uploads/4/4/6/1/44619247/wcc\\_fv\\_monitor\\_-](http://www.whittleseacommunityconnections.org.au/uploads/4/4/6/1/44619247/wcc_fv_monitor_-)

## 12. Growth of Daunting Proportions

Plenty Valley Community Health (PVCH) is confident in the manner in which the community health model is able to deal with the perpetrator notification and MBC model subject to the recommendations it makes later in this submission. PVCH acknowledges that the consideration of issues and development of recommendations by the Royal Commission and subsequent consideration and implementation by government will involve a long lead time. This is especially the case where acceptance of recommendations may involve close cooperation between multiple layers of government.

In the short to medium term PVCH is deeply concerned about the likelihood of growth in the incidence and entrenchment of family violence as the region grows at a rapid rate. While such growth is occurring in a so-called linear fashion, PVCH believes the growth in family violence will continue to grow in an exponential manner and thereby outstrip even the most generous allocation of resources estimated in forwarded budget planning.

In saying this, it is not PVCH's view that the family violence problem will be fixed by the simple expansion of funds made available to it or similar operations. Later in this submission PVCH explores options for the reallocation of funds but more importantly consider the system dynamics of current processes with a view to reducing overall the direct and whole-of-economy costs of domestic violence. Family violence does not generally occur in a vacuum. In our view family violence occurs when a combination of external and internal factors create stress on the family unit with the wholly unacceptable incidence of family violence often being viewed as the tragic and highly damaging 'relief valve'.

To explore this thesis more closely it is necessary to examine the present dynamics of the local region in which PVCH operates. These characteristics have been very effectively captured in the *Human Needs Services Analysis* conducted by the City of Whittlesea (CoW) and published in March 2014. The analysis was based on a survey of 63 human services agencies and 13 local councils.

1. The Whittlesea municipality covers 490km<sup>2</sup> comprising rural, established and growth areas.
2. Estimated 161 residents move in the CoW every week.
3. Fourth fastest growing municipality in Victoria.
4. Third largest growing municipality in Victoria (an increase of 8,402 residents in 2013).
5. Average of 58 children born per week project to grow to 74 births per week by 2019.
6. Largest growth in age groups is estimated to be 70-84 year olds (64%), followed by 5-11 year olds (54%) and 0-4 year olds (51%) over the next ten years.
7. The fifth most disadvantaged Local Government Area in Victoria.
8. Migrants from 140 countries.
9. Number of people born overseas increased by 11,266 (28%), and the number of people from a non-English speaking background increased by 9,903 (27%) between 2006-2011.

Consistent with the key findings of the *Parliamentary Inquiry Into the Liveability Options in Outer Suburban Melbourne* (2012) CoW shares in the current infrastructure lag of \$9.8 billion:

1. A significant lag in the provision of services, social infrastructure and physical infrastructure, particularly transport infrastructure in the form of roads and public transport.
2. A significant decline in housing affordability, which has had a disproportionate impact on residents of Melbourne's outer suburbs due to the relatively greater living costs that they face.
3. The existence of pockets of relative socio-economic disadvantage, as well as reduced social participation and social cohesion due to the relative isolation of some outer suburban communities.
4. A relative lack of access to parks and public open space, as well as to private open space.

5. Relatively poor access to medical, health and support services, as well as poorer health outcomes.

Of specific relevance to Family violence, the survey identifies findings that include:

1. 85.1% of respondents have noticed an increase in demand over the past three years for the services they currently provide or requests for relevant services which they currently do not provide.
2. Of those who reported an increased demand on services in the last three years, only 28.6% have the capacity to meet the demand from the residents of CoW.
3. 56.7% of service providers keep waiting lists and 55.2% of service providers refer clients to similar services to manage unmet demand.
4. 48% of respondents reported that staff in their organisations had difficulty in referring clients in the CoW to appropriate services
5. 74.7% of respondents have noticed a change in demographics over the past three years. The main changes noticed were greater complexities of needs, increasing numbers of emerging communities, more vulnerable and disadvantaged clients, increasing incidences of drug and alcohol abuse and increased demand from people living in newer estates.
6. 87.5% of respondents have noticed emerging issues from their clients over the last three years. These include financial hardship, development and population growth exceeding infrastructure and service development, family stress, less affordable housing and a lack of service outreach.

In setting out these statistics PVCH is seeking to share its concerns about the likely trajectory of family violence incidents under these circumstances. We also use this data to reinforce our view that incremental changes to the way in which we treat family violence will not meet the challenge that is before us. In our opinion the nature of changes to both prevention and treatment aspects will require substantial innovation in our collective thinking, approaches and philosophy. We believe that the private sector has a big role to play in reducing the incidence and severity of family violence and could achieve much within its existing frameworks of business strategy.

### **13. Economic Cost**

From a policy point of view we believe there is some commonality between the great inroads that have been made in the reduction of the road toll and the challenge that we face in reducing the incidence and severity of family violence. That is to say that emphasis on road toll reduction was redoubled when the real economic cost of road casualties emerged in the public discussion. Even in the face of road safety improvements the estimated economic cost of road trauma stands at \$27 billion annually<sup>12</sup>. Figures

reported by the NRMA at 2011 values estimated the economic cost for each road fatality \$3,180,598; the cost of each serious injury at \$316,869<sup>13</sup>.

The full economic costs of domestic violence are not available. However there is ample reason to believe that there would be some alignment with the road trauma costs. If that were the case then the real cost of domestic violence nationally could conceivably be measured in the billions of dollars. Leaving aside the whole economic cost of family violence the direct financial costs of intervention for a victim entering and re-entering the system (up to seven times) is estimated at \$ 53,279 per victim<sup>14</sup>.

It is interesting to note that reforms of the family system in the UK resulted in more than 60% of victims receiving assistance under revised measures reported that abuse had stopped<sup>15</sup>. The direct financial costs per family for family violence in the UK at £18,730 (AUD\$36,692) per family. In contrast, the cost per year of effective support under the new 'Idva' arrangements for a high risk victim is estimated at £800 (AUD\$1,567) per year<sup>16</sup>.

The full economic costs of family violence range from medical costs, loss of employment and productivity, long term welfare payments and numerous other indirect costs.

## 14. Men's Health Services

The experiences of PVCH indicate that most health and support programs for women associated with the family violence issue tend to be funded in the form of health budgets. Programs provided for male perpetrators tend to be provided as a justice budget. This creates the concern that most male perpetrators receiving funding only after they have committed the act of domestic violence.

It is our view that any significant improvement in the prevention action activities will require that more funding be allocated to men's health programs which are not linked to the occurrence of family violence. We believe that men are frequently in need of counselling, mental health services, financial counselling and physical health and substance treatments that would substantially improve their confidence and capability so that family violence does not enter the equation.

## 15. Community Awareness and Communication

Governments have accepted that family violence is a major barrier to a fair and equitable society which values the basic human rights of all its citizens. It is right and typical that governments will support their anti-violence initiatives with publicity, advertising and various other communications materials.

At PVCH we believe that governments should resist any advice that may focus primarily on the stereotypical 'shock tactic' image of a man beating or threatening his wife. In our view it is important that any communication strategy should make it clear that a bruise is not required as evidence that family violence has occurred. In our view it is essential that the far less obvious but equally debilitating aspects of family violence must be emphasised.

### KEY INFORMATION THIS QUARTER

- This quarter, 87 new people presented to WCC for family violence. This includes 78 clients seen by WCC staff and 9 by the Salvation Army Crossroads FV worker.
- There were 66 working days. This equates to over 1 case presenting at WCC per working day.
- July had the highest number of reported cases (34).
- Whittlesea Community Legal Service (64 cases) continues to receive the highest number of incidents, followed by the Salvation Army FV worker (9), emergency relief (6), settlement (4) and social work casework (4).
- In 43% of cases (37) this was the first contact with a support agency.
- 79% of clients (69 cases) had experienced repeated incidents of family violence before contacting our service. Of these, 59% (41 cases) had previously sought support from another service.
- Emotional/psychological abuse was present in 79% of cases. 70% of cases involved physical abuse whilst verbal abuse was present in 67% of cases.
- 85% of cases (74) involved multiple forms of abuse. Each client disclosed an average of 2.5 types of abuse.
- Overwhelmingly, perpetrators were recorded to be ex-partners (63%). 23% of cases involved current partners.
- 72% of cases reported that the violence occurred during their relationship.
- 43% of cases (37) involved people who were born outside of Australia.
- Of those born outside of Australia, 65% spoke a language other than English at home.
- 5 cases required interpreting.
- 96% of females identified as victim. 70% of these women identified their ex partner as the perpetrator and 23% their current partner.
- 6 men identified as victims and 7 as perpetrator, whilst 4 identified as both victim and perpetrator.
- 2 females identified as perpetrator.
- The 26-40 age group had the highest representation with 52% of incidents (45 cases).
- The majority of people – 67% – live within the City of Whittlesea.
- Epping represented the largest proportion of contacts within the Whittlesea LGA, at 32%.
- Half the cases (45) had contacted police and 56% (49 cases) had applied for an intervention order.
- 15 cases reported that children had witnessed the violence (17%).

**Table: A typical monthly report from the *Whittlesea Community Connections Family Violence Monitor July 1 – September 30 2014.***

It follows also that communications should not be addressed to exclusively to an adult audience. Furthermore those who engage in family violence may well be of a character type to engage broader expressions of violence in wider society. Children learn what they see and family violence will often leave children devoid of a positive male role model.

In the same way we believe that the communication task cannot rest on the assumptions developed in an intellectual context where one size fits all. In a multicultural society there is no doubt that some religious and ethnic groups may have a different perception of domestic violence developed out of a more archaic view of women's roles and rights in society.

In that regard we believe that the communication task should be developed on theoretical underpinning that places fundamental value on the establishment and maintenance of respectful relationships. Such relationships permeate all aspects of our society. It is now a crime to commit bullying in the workplace. It is a crime to carry out acts of road rage. It is a specific crime to commit a 'coward's punch' under

intoxication. These are all crimes that knit together into a fabric of antisocial behaviour which, like family violence, rely on the devaluation of safe, respectful and trusted relationships as a basic responsibility of citizenship.

At PVCH we also encourage the communication process to incorporate major employers who have comprehensive and sophisticated human relations systems operating throughout their corporate entities. We believe it would be in both the employer's and the employees' interests for companies to take a very active interest in detecting signs of domestic violence among their employees. In our view it seems unlikely that such support can be effectively provided by simply directing employees to off-site contracted Employee Assistance Program as is often the case. We believe the employer must be actively and directly involved if it is to play a positive, efficient and ongoing role.

Within PVCH we consciously take a non-judgemental role of the participants involved in domestic violence as either a perpetrator or as a victim. Even so we cannot escape the conviction that the heart of family violence is composed of wide societal forces that devalue the role and rights of women in our community. These are not rights as set out by some radical feminist agenda, but far more simple and uncomplicated rights of women to live their lives in quiet enjoyment with equitable and respectful allocations of authority and leadership.

Finally at PVCH we would encourage governments to avoid the 'celebritisation' of measures designed to reduce the incidence of family violence. At present there are numerous public good campaigns operated by the not-for-profit sector that rely on a range of so-called community, business and celebrity leaders to carry the message. We do not believe that this is a useful approach because the intended audience will rarely identify with such personalities and at any rate a lack of previous involvement in the issues immediately reduces the credibility of the communication. We strongly believe that the most effective communication will rely on those who have been involved in family violence either as a victim or a perpetrator. Such personalities should be drawn from all parts of society and genuinely reflect the angst and hardship caused by this intractable challenge.

## 16. Private Sector

When provided with the opportunity, the private sector is usually willing to assist in developing pragmatic and effective responses to public policy challenges. Such preparedness to change has included the alacrity with which building companies responded to increased sustainability regulations in the development of new housing. New houses must be built to a 'Six Star' sustainability rating which reduces long term operating costs for the occupants. A commitment to sustainability has also increased the commercial attraction of such companies among customers, financiers and shareholders.

Similarly, major publicly listed companies are now mandating policies that will see a much overdue increase in the number and percentage of women occupying senior and influential roles in the organisation. The 'Male Champions of Change' network is not just enforcing new policies in its member organisations but is also pushing the requirement throughout its line of suppliers<sup>17</sup>. While such movements have been slow to materialize the member organisations can expect to become an employer of choice for smart and productive women who have long been overlooked for their capacity and nous.

In PVCH's view the next big challenge rests with the huge development organisations that are opening up vast new estates on virgin land in the outer suburbs and interface zones between established suburbs and previously rural areas. These estates are swamped with buyers because of their initial affordability compared with more centrally located suburbs. These estates have modern homes, sealed roads and guttering, broadband lines and water and drainage infrastructure.

What these brand new suburbs of estate lack is any thoughtful or established social infrastructure on which the occupants can rely. The estates are usually devoid of meaningful or sustainable levels of public transport; social and sporting facilities; entertainment and assembly venues or sufficient shopping, medical or leisure services. Most especially, the estates lack proximity to active areas of employment. The absence of these amenities effectively forces every household into owning two cars, expending enormous amount of fuel and personal energy travelling (for work school and children's activities) and comparatively increases the cost of living for those with the least to spend.

Of much more concern to PVCH is that the design and execution of these estates massively increases the isolation of those who could normally expect to rely on the mutual support, companionship and resource sharing that we take for granted in better and traditionally serviced areas. In our experience the isolation can quickly lead to family violence because it often means that family members become isolated from each other as they juggle work and family commitments. It would seem for many that the only time many families come together is at times of crisis when family violence is most likely to erupt.

When examined in a longitudinal context the isolation begins to manifest with children who are cut from others in their school or social groups and may have little activity with which to occupy spare time. Parents, particularly mothers become inundated with the logistics of family movements and find little time to share the camaraderie that typically comes with neighbourhoods. Children spend more time alone or at expensive childcare facilities while parents make longer and more arduous trips to and from work. In our view it is precisely these factors that contribute to the cauldron of emotions that flare up in family violence and create the norm for children growing up in a tense and often hostile environment.

For this reason PVCH believes that a 'liveability' rating system should be developed and enforced for all new housing estates being developed on the urban fringe. Where estates will clearly attract an influx of residents, we believe it should be mandatory for the developers and the associated government agencies to combine their collective knowledge and resources to deliver highly liveable estates rather than a profusion of dormitory suburbs. If governments and developers can achieve 'Six Star' sustainability then they must surely be capable of improving on a 'Two Star' performance for acceptable living standards.

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## Endnotes

<sup>1</sup> 77% of perpetrators were males for 2013/14 and 75% of victims were females in the Northern Metropolitan Region as reported by the Women's Health in the North *Violence Against Women: Information and Facts 2013-2014* (2014).

<sup>2</sup> *Responding to Domestic Abuse – Guidelines for Healthcare Workers in NHS Scotland* – Government of Scotland <http://www.gov.scot/Publications/2003/03/16658/19387>

<sup>3</sup> Magistrates' Court of Victoria – Responding to Family Violence 2015 – Government of Victoria <http://www.magistratescourt.vic.gov.au/sites/default/files/Default/141126%20FV%20Strategic%20Objectives%20Overview%202015-17%20%28final%29.pdf>

<sup>4</sup> *Fund the Family Violence System: Save Money Save Lives* Northern Integrated Family Violence Services 2012.

<sup>5</sup> *Children who are homeless with their family – A literature Review* Commissioner for Young People and Children WA – Government of WA <http://www.cyp.wa.gov.au/files/Literature%20reviews/Literature%20review%20-%20Children%20who%20are%20homeless%20-%20Final.pdf>

<sup>6</sup> 'Scotland's got right on domestic abuse – it takes it seriously' *The Guardian* March 2014 <http://www.theguardian.com/commentisfree/2014/mar/27/scotland-domestic-abuse-british-police-forces>

<sup>7</sup> Ibid

<sup>8</sup> Ibid

<sup>9</sup> *Getting it Right First Time* Safe Lives UK 2014 p22

<http://www.safelives.org.uk/sites/default/files/resources/Getting%20it%20right%20first%20time%20-%20complete%20report.pdf>

<sup>10</sup> *Family Violence – Risk Assessment Risk Management* State Government of Victoria (2007)

[http://www.dhs.vic.gov.au/\\_data/assets/pdf\\_file/0006/581757/risk-assessment-risk-management-framework-2007.pdf](http://www.dhs.vic.gov.au/_data/assets/pdf_file/0006/581757/risk-assessment-risk-management-framework-2007.pdf)

<sup>11</sup> *Getting it Right First Time* Safe Lives UK 2014 p3

<http://www.safelives.org.uk/sites/default/files/resources/Getting%20it%20right%20first%20time%20-%20complete%20report.pdf>

<sup>12</sup> *Road Safety* Department of Infrastructure and Regional Development – Government of Australia 2015

<https://www.infrastructure.gov.au/roads/safety/>

<sup>13</sup> *Cost of Road Crashes* NRMA March 2012 [http://www.mynrma.com.au/media/Cost\\_of\\_Road\\_Crashes.pdf](http://www.mynrma.com.au/media/Cost_of_Road_Crashes.pdf)

<sup>14</sup> *Fund the Family Violence System: Save Money Save Lives* Northern Integrated Family Violence Services 2012.

<sup>15</sup> *Getting it Right First Time* Safe Lives UK 2014 p2

<http://www.safelives.org.uk/sites/default/files/resources/Getting%20it%20right%20first%20time%20-%20complete%20report.pdf>

<sup>16</sup> Ibid p15

<sup>17</sup> 'No women, no work: Males Champion of Change CEOs tell suppliers to advance women or lose orders' BRW 2013

[http://www.brw.com.au/p/leadership/suppliers\\_women\\_advance\\_orders\\_male\\_SMoglhxyuDsDNJp0XDU3XO](http://www.brw.com.au/p/leadership/suppliers_women_advance_orders_male_SMoglhxyuDsDNJp0XDU3XO)