



Primary Care Connect

Submission

Parliament of Victoria

The Royal Commission into Family Violence

Inquiry into how Victoria's response to Family Violence can be improved – Invitation to make a submission

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Introduction

Primary Care Connect (PCC) thank the Committee for the opportunity to make a submission regarding Victoria's response to Family Violence in Victoria.

PCC are one of the primary Family Violence specialist agencies in the Rural Victorian Goulburn Valley region. PCC also offers a variety of primary health services such as drug and alcohol counselling, gambler's help, financial counselling and parent education services which address common co-presenting Family Violence issues. The Family Violence programs we provide as an agency are focused on a coordinated response to Family Violence through harm-minimisation, recovery and safety for victims of Family Violence. We provide both Mainstream and Aboriginal specific Family Violence Programs, as well as being the local Risk Assessment Management Panel (RAMP) funded service. PCC works in partnership with Victoria Police, the Department of Health and Human Services and other service providers to ensure coordination and collaboration of service delivery in our region.

In the preparation of this submission, we have relied upon the vast experiences of our Family Violence team as well as our statistical data collection, input from users of the service, other service providers, valued members of the Criminal Justice system and co-workers within the agency.

Primary Care Connect-The Agency

Primary Care Connect is a leading primary health provider for the Goulburn Valley region in Victoria. The profile area also coincides with the Goulburn Valley Primary Care Partnership and the Lower Hume Primary Care Partnership. The Goulburn Valley area is located north of Melbourne and extends to the New South Wales border. It comprises the Local Government Areas of Greater Shepparton, Mitchell, Moira, Murrindindi and Strathbogie.

PCC provides a free counselling service to support victims of Family Violence (FV) in the Goulburn Valley Region. There are currently four Family Violence Workers (FVWs) at PCC, one of whom exclusively supports Indigenous victims of Family Violence. The FVWs are employed on a part-time basis being 0.5, 0.6, 0.4 and 0.9 EFT respectively. There is also a full-time RAMP Coordinator. Referrals are usually made to FVWs by the police responding to Family Violence call-outs in the community (L17s, locally referred to as faxbacks) and Marian Community (a local crisis support service for women and children exposed to Family Violence). Occasionally, FVWs also receive referrals from local General Practitioners (GPs) as well as their colleagues at PCC working in different areas. Clients also seek help directly of their own volition (called self-referrals).

While the individual approaches of FVWs vary, they all provide counselling and education to address clients' feelings such as fear, guilt, loneliness and poor self-esteem. Issues around safety-planning, parenting, communication skills, stress management and future goals are also discussed with the clients. Each client is followed-up once every week or fortnight for approximately four months or sometimes longer depending on their individual circumstances. If the client has any other health or social issues that are beyond the scope of the FVW, they are referred to a GP or other community programs such as financial counselling, drug and alcohol counselling, gambler's help and parenting skills counselling as appropriate. All of these services are also provided at PCC; such intra-agency referrals are common and offer an all-inclusive approach for issues affecting victims of Family Violence.

Where a client has been referred to PCC by the police, the perpetrator is also contacted by the PCC Intake Worker and offered a referral to Relationship Australia for help with anger management.

Response to the Inquiry's terms of reference

Primary Care Connect has a range of specialised Family Violence programs.

The Family Violence Program is free and offers a range of services to support people who have experienced abuse within a family relationship. The program offers education on Family Violence issues, information about the different types of abuse, short term supportive counselling, advocacy, referral and court support for intervention orders or family court matters. Anyone who is experiencing Family Violence in some way and wanting support, education or assistance can access this program.

Indigenous Family Violence Program is free and offers a range of services to support members of the Indigenous community who have experienced abuse within a family relationship. The program offers education on Family Violence issues, information about the different types of abuse, short term supportive counselling, advocacy, referral and court support for intervention orders or family court matters. Anyone from the Indigenous community or community connected who is experiencing Family Violence in some way and wanting support, education or assistance can access the program.

RAMP or Risk Assessment and Management Panel bring together key agencies including Victoria Police, Child Protection, Child FIRST, Housing, Health, Corrections and Family Violence agencies to share information and plan around the safety of women and children at serious and imminent risk from Family Violence. RAMP enables enhanced case management responses to women and children at imminent risk of death or injury from Family Violence.

Faxback PCC accepts L17 faxback referrals from Victoria Police who have attended a Family Violence incident that does not involve children. The telephone referral service allows for PCC to contact both victims and perpetrators. If the client chooses to engage in this process, PCC can conduct a risk assessment and provide ongoing support and liaison as required. PCC will also provide feedback to the referring police officer on the outcomes of the contact and any immediate safety concerns.

Primary Care Connect has experienced an escalation in Family Violence referrals in the past 5 years. The increase in referrals is demonstrated through the statistics presented in PCC's data collection database.

SHIP Data

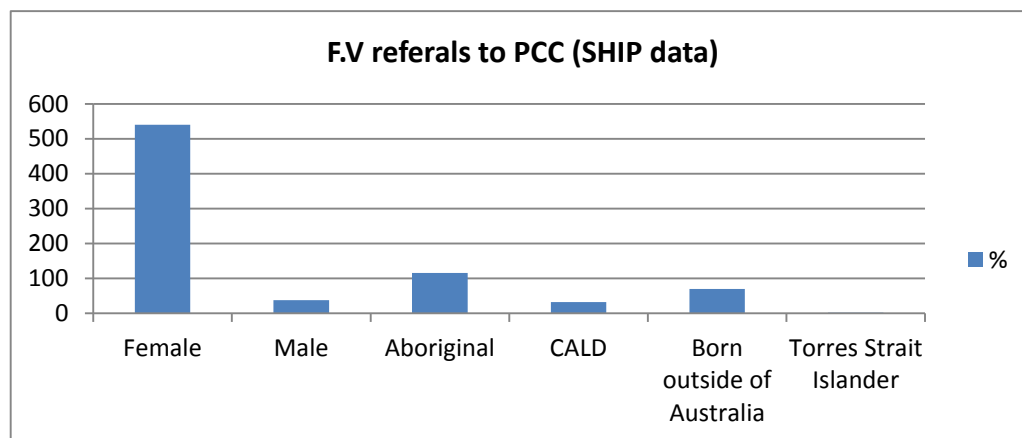
In total, over the last 5 years there have been 578 Family Violence referrals recorded in the Specialist Homelessness Information Platform (SHIP) database which captures data of direct Family Violence referrals to the organisation. This number is indicative of FV referrals that have come through PCC as a pathway for FV services and does not reflect recidivist engagement for repeat FV clients (which constitutes a large percentage of client engagement). Of the 578 referrals, an overwhelming majority of 540, or 93.45% were female. The statistics also highlight that clients aged between 26 and 45 years of age made up 57.78% of all referrals, presenting as the most high-risk target group.

Estimates suggest that in 2006, the Indigenous community comprised 3.18% of the Goulburn Valley region population¹ and has the second highest percent of Aboriginal population out of eight Victorian regions. From the data collected, 116 Family Violence clients who accessed PCC identified

¹ ABS Experimental Estimates of Aboriginal and Torres Strait Islander Australians, ABS Census of Population and Housing, Indigenous Population Profile.

as Aboriginal and 2 Torres Strait Islanders, accounting for 20.41% of total referrals to PCC in the past five years. The large Indigenous community also signals further risk as Indigenous women are reported to be 45 times more likely to be victims of Family Violence than their non-Indigenous counterparts².

From the data available, 70 clients (or 12.11%) were born outside of Australia, with 2.24% not disclosing their country of birth. Only 32 clients (or 5.53%) identified as culturally and linguistically diverse (or CALD). However, the high representation of a culturally and linguistically diverse (CALD) population in the Goulburn Valley region, paralleled by a low rate of Family Violence reports is of concern to PCC and could be attributed to underreporting due to personal, cultural, religious and language factors.



L17 Data

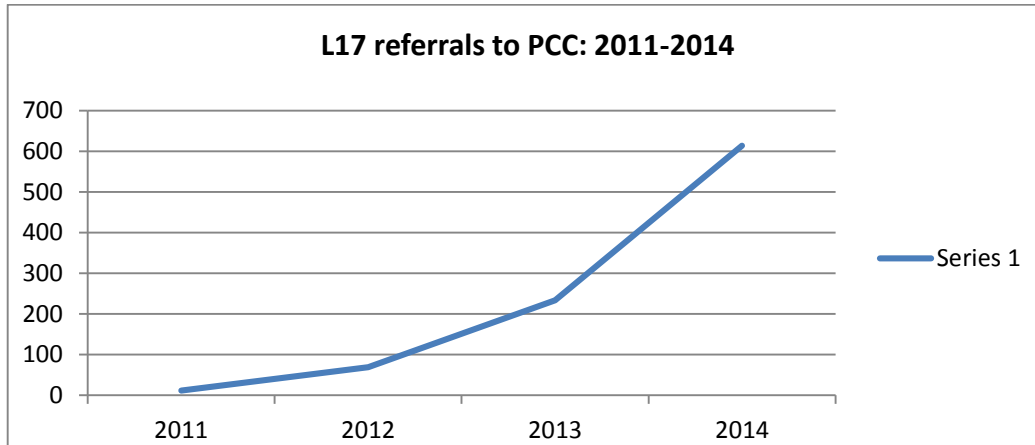
L17 referrals arising from Police attendance to FV incidents account for a large proportion of FV referrals to PCC. Between 23 December 2010 and 31 December 2014, female victims of FV (or Affected Family Members) referred to PCC from L17 referrals was 1,035. For each victim referral that does not involve children, PCC conducts follow-up to provide victims with an opportunity for voluntary service engagement, needs identification and risk assessment. In the event the L17 report lists children as being present and either directly affected by, and/or witnessing FV, the L17 referral is forwarded to either Child First or Child Protection. The graph below demonstrates the massive increase in the L17 referrals received by PCC over the last 4 years.

Monthly meetings take place between PCC, Victoria Police, Child First, Child Protection and Victims Assistance Program to ensure a consistent and collaborative approach to addressing faxback work locally.

Prevention Programs

PCC already has an integral role in partnering with agencies and organisations within the region including Mission Australia in a primary school transition program and Berry Street in a parent transition program for primary school children, with the vision of proactive and positive family planning. These partnerships exemplify PCC's commitment to capacity-building for families through collaborative efforts with fellow agencies. PCC foresees developing these partnerships further and extending across the entire LGA to advocate and educate across the community in primary prevention of FV.

² Victorian Indigenous Family Violence Task Force. Final Report, 2003, Department of Community Services: Melbourne.



*An average increase in the amount of L17 referrals at 3.92 showing an almost quadrupling of FV L17 referrals each year.

PCC has identified three primary areas which, in its view, are essential to addressing Family Violence. These areas include:

- **Primary Prevention**
- **Perpetrator Accountability**
- **The Ongoing Provision of L17 Response Services**

PRIMARY PREVENTION

Terms of Reference

5. The need to establish a culture of non-violence and gender equality, and to shape appropriate attitudes towards women and children.

PCC believes that it is critically important to have targeted primary prevention through public education campaigns to influence behavioural, cultural and attitudinal change, particularly in relation to gendered stereotypes. It is envisaged that investing in public education campaigns at all levels within the community could stimulate a collective philosophy that FV is not acceptable. By developing a guiding national framework for the delivery of consistent messages to the community this will promote a strong message that FV in any form is unacceptable and will not be tolerated.

It is a strongly held belief by PCC that lack of education and awareness is largely attributable to the misunderstandings around what constitutes FV, alongside discourses surrounding blame on the woman and misconstructions that essentially excuse male accountability. The media also play a role in gender biased and stereotypical reporting, victim blaming and minimising violent behaviour of perpetrators.

Understanding FV as a choice in behaviours and beliefs around power is crucial to dispel myths around FV as a symptom of other contributing factors. The inconsistency in messages perpetuated by the media fuels assumptions that Family Violence is not endemic, rather, it is presented as a symptom of highly volatile, excusable or exceptional circumstances. Combating such messages is of utmost importance and can be achieved by developing a cohesive interface between all public and political enterprises to achieve an alignment of service philosophies and goals for meaningful, systemic change. This would include combating victim-blaming at all levels and minimising, colluding or excusing perpetrators at all levels.

PERPETRATOR ACCOUNTABILITY

Terms of Reference

8. The need for coordination across jurisdictions to provide the most effective response to Family Violence.

PCC recognises the imminent need to have a primary focus on perpetrator accountability, particularly in rural areas such as the Goulburn Valley Region. A recurring issue voiced by victims of FV and their reluctance to report to police is the fear of any existing relationship between the police officer and the perpetrator. This is due to the increased likelihood of such connection existing in the culture of smaller populations through local sporting clubs, pubs and other social arenas. This has been demonstrated to make victims feel prematurely disadvantaged or further at risk should the report be recorded by the wrong officer. It is stressed that this behaviour, should it be found to occur, be seriously dealt with at a professional level.

PCC also cites the largely problematic nature of the enforceability of Intervention Orders under the Crimes (Family Violence) Act 1987 across state jurisdictions. Due to the nature of FV and the imminent requirement for safety-planning and protection of the victim and the child/ren, it is not uncommon to relocate across state borders. Although this is often the most sound safety measure for a victim to take in the event that they are at high and imminent risk, it can also further increase the risk should the perpetrator find out their location. We also service towns on the NSW border where the victim may live/work/undertake activities in both states and is at risk as a result of this lack of enforceability as if there is an Intervention Order in place in Victoria, this protective mechanism loses all force once state jurisdictions are crossed.

Furthermore, the reintegration of perpetrators into the community after a term of imprisonment signals exceptional risk to the family members who have previously been victims to FV. It is essential for reform to the conditions of release that the perpetrator is held to account by strict exclusion from the homes and areas usually frequented by the affected family members unless supervised (such as schools). A specialised support service for perpetrators that sits within the Court building to provide direct support to perpetrators at the first instance of contact with the judicial process will also help to target and capture a larger proportion of perpetrators to prevent recidivist offending. The role of this service can extend to referrals for behaviour or substance abuse support, counselling services and information on the consequences of reoffending.

There is also a need to restructure and reform the judicial processes when dealing with offenders of FV. This extends from bargaining down sentences, obtaining substantive evidence to support a fitting sentence, the impact of the victims' psychological trauma, attachment or economic dependence or difficulties in enforcement.

PCC also supports the right of victims to stay within their home with their children following a report of a FV violence incident. PCC understands the risk to victims in these circumstances may increase due to aggravation of perpetrators under highly volatile circumstances, however mechanisms need to be put in place for the victim and children to feel safe in their own home and the perpetrator be immediately removed (in high-risk situations) and detained for the time determined as appropriate by police authorities.

THE ONGOING PROVISION OF L17 RESPONSE SERVICES

Terms of Reference

9. The systems and mechanisms to identify and appropriately prevent and respond to Family Violence, including information sharing and data systems.

PCC's partnership with Victoria Police, Child First, Victims Assistance Program and the Department of Human Services to the L17 referral process is a conduit for primary contact with perpetrators and victims who would not ordinarily engage in any support, and often results in positive engagement. This collaborative mechanism is central within the region to effectively and collectively share information, capture FV victims and perpetrators at all levels, and provide direct response and opportunity for service engagement.

PCC are funded to provide enhanced Men's Intake for Respondents; however the greatly increased number of referrals means that only a percentage of this work is actually funded.

All L17 faxback work for AFMs is unfunded and comes at an administrative and clinical burden to PCC that is not recognised through any income source. Currently the work is undertaken by the Intake Worker and FVWs in addition to their already busy roles, adding an extra burden to their work loads and sacrificing the time they can spend on providing other clinical services. PCC have been providing this service for over 10 years and have maintained it as we believe that ensuring all parties involved in FV incidents are offered services/support is essential. However as the demand increases greatly we are forced to deliver the service with no additional funding. PCC are at a crisis point where if this service is not recognised as being important and is funded as such we cannot continue to subsidise approximately 1,000 hours of staff time per annum, it is just not sustainable.

Our local faxback system is not an isolated case, with many similar systems set up in other areas, also experiencing the predicament of providing a key front line service with no recognition of funding.

Recommendations:

It is the recommendation of PCC that the following changes be made via recommendations from the Inquiry

Primary prevention –

- That a range of primary prevention programs be funded at a range of levels including school education for students and school staff, early childhood settings (day care/kindergartens/child health centres), maternity support services and sporting clubs. Programs should educate about gender stereotypes and equality, the bystander effect, victim blaming as well as general FV education tailored to specific needs of each group.
- That media strategies and standards for the communication and reporting of FV content be developed and implemented

Perpetrator Accountability –

- State-wide policy within the Victorian police needs to be introduced that directs a police officer to refer the referral on to a colleague should they be known to the family, or

perpetrator on a personal level. Such conflict of interest must be addressed for victims to feel confident reporting to a police officer in rural areas.

- PCC posits that Intervention orders must be enforceable across all state jurisdictions, stricter conditions for perpetrators re-entering the community following a corrections sentence and enhanced Court services for perpetrators to improve accountability. There should also be an increase in attention and provision of resources and services to help women and their children remain in their home in high risk, FV situations.
- Within the workplace, PCC also argues for generalist FV training for any worker that may potentially come in contact with a client who may disclose an experience of, or perpetration of FV. It is essential that such workers are equipped with the appropriate tools and knowledge to respond and refer to such disclosures. In the event of perpetrator disclosure this is critical to ensure such actions are not minimised or colluded as a means of supporting the clients for alternative therapeutic or partnership-building purposes and treat it as a criminal offence.

L17 funding –

- The L17 response needs to be recognised by becoming a funded service. If this does not occur agencies such as PCC will no longer be able to subsidise the program (especially in line with the vast increases in the numbers received each year) and will not be able to provide this critical front line response.