Submission to the

Royal Commission into Family Violence

29 May 2015

Written by:

Deborah Fewster
Head of Policy, Advocacy and Government Relations
Melbourne City Mission
164 – 180 Kings Way
South Melbourne 3205
Victoria
Email:
Mobile:

Authorised by:

Ric Holland
Chief Executive Officer
Melbourne City Mission
164 – 180 Kings Way
South Melbourne 3205
Victoria
Email:
Mobile:

Submission acknowledgements:

This submission draws on the lived experience of people who access Melbourne City Mission's services. Thanks is given to those who have entrusted their stories with us.

This submission also draws on the practice wisdom and professional expertise of Melbourne City Mission staff from across the organisation. Particular thanks is given to Sherri Bruinhout, Director of Homelessness and Justice Services, as well as: Felicity Baddeley, Christine Bone, Celeste Brittain, Heather Boyd, Colleen Cartwright, Sonia Chudiak, Angela Cook, Douschka Dobson, Mary Flory, Nina Grisinski, Marita Hagel, Pam Harris, Robert Hosking, Andrea Hutton, Juanita Jones, Levi Marraquin, Jessica Martin, Wayne Merrit, Meg Moorehouse, Katarina Mordech, Matthew O'Rourke, Paul Turton and Melanie Ware.

Additionally:

- Data analysis was led by Robert Hosking.
- Melbourne City Mission client interviews and case studies were prepared by Morgan Cataldo. Morgan also transcribed staff interviews.
- The practice framework published on page 47 of this submission was developed for Melbourne City Mission by Silvana Izzo. Silvana also produced the illustrative case studies – published in Appendix 1 – which accompany the practice framework. Thanks to Matthew O'Rourke for assistance with final refinements to the design of this piece.

Table of contents

Introduction

- Organisational context for this submission p. 4
- Data context – a snapshot from Melbourne City Mission's homelessness programs p. 5
- Key themes in this submission p. 7
- Summary of recommendations p. 8

Melbourne City Mission's response to the Royal Commission Issues Paper:

- Response to Question 3 p. 11
- Response to Questions 6 and 17 p. 13
- Response to Questions 8, 9, 10 and 18 p. 20
- Response to Question 11 p. 43
- Response to Question 15 p. 51

Conclusion p. 60

Appendix 1 – practice framework case studies p. 61

Organisational context for this submission

Melbourne City Mission is one of Victoria's oldest and largest community services organisations (established 1854). Its mission is to work alongside people and communities who are marginalised, to support them to develop pathways out of disadvantage.

Melbourne City Mission has more than 80 programs which span multiple service systems, including homelessness, disability, early childhood, health (home-based palliative care), justice, vocational education and training, and employment services.

Our programs – and the people we support – are extremely diverse. Only three of Melbourne City Mission's programs are specialist family violence programs. However, family violence is a common thread that underpins much of our work:

- We know that children who have experienced or witnessed family violence are more vulnerable to substance misuse, homelessness, and mental health problems in adolescence. They are also more likely to experience difficulties with education and employment pathways. Essentially – these children are growing up and becoming Melbourne City Mission clients as they hit adolescence or young adulthood. Data from 34 of our programs – presented below – highlights the strong link, in particular, between family violence and homelessness.

- We know that other client groups – particularly women with disabilities – have heightened risk factors for family violence, as a consequence of disability-based discrimination (lack of recognition and acceptance, powerlessness and voicelessness, and economic vulnerability) and gender-based discrimination. Our submission highlights the ways in which disability and gender-based discrimination impact current responses to family violence.

Data context – a snapshot from Melbourne City Mission's homelessness programs

Melbourne City Mission's work is principally funded by government. Across all our service areas, we are required to use client management systems that allow timely reporting of client and program data to government.

Even though – as noted above – family violence intersects with almost every area of our work, only our homelessness services use a client management system – the national Specialist Homelessness Information Platform (SHIP database) – that prompts workers to routinely screen for family violence at intake and referral, and enables the collection and analysis of family violence data within and across diverse homelessness programs (with the exception of homelessness early intervention programs, such as Finding Solutions, which sit in the Child Protection jurisdiction and programs that seek to prevent homelessness for women exiting prison but sit with Corrections[1]).

(Poor data capture across other sectors – and the wide-ranging impacts of this – is a key theme highlighted later in this submission.)

For this submission, we analysed data from 34 Melbourne City Mission programs that log client contacts on SHIP. These programs span the continuum of homelessness early intervention, crisis support and case management, and include accommodation programs and support services. Only three of these 34 programs are specialist family violence programs.

Our data confirmed people experiencing family violence or at imminent risk of family violence are highly represented in the homelessness service system.

In 2014:

- 2369 clients of our clients were registered on SHIP.
- Of these clients, 56 per cent (1318 people) disclosed that they had experienced one or more of the following:
    - domestic or family violence
    - sexual abuse
    - transitioning from statutory care (which is highly correlated with family violence)
    - family breakdown and/or the need for 'time out' from family (indicators of risk of family violence in a homelessness system context).

[1] Data sets other than SHIP show that 40 per cent of our Finding Solutions clients disclose family violence and that 90 – 95 per cent of women in prison accessing Family Support have experienced family violence.

Data breakdown – clients specifically reporting 'domestic or family violence':

- 35 per cent of people in Melbourne City Mission's homelessness services **specifically disclosed 'domestic or family violence'** (458 clients out of a total of 1318 in the survey group).

- The majority of clients specifically disclosing **'domestic or family violence'** were women (59 per cent).

- 41 per cent of the cohort specifically disclosing **'domestic or family violence'** were men. A notable feature of the data is that the male cohort is particularly young (only 17 of the men disclosing domestic or family violence **are not** aged 15 to 25 years), whereas the female cohort spans more diverse age groups.

- Data on perpetrators sits outside the parameters of SHIP, however, our practice wisdom indicates that family violence is gendered, in that it is predominantly **perpetrated** by men.

- Age breakdown (women and men combined):

Other notable features of the data:

- **There is a high representation of people from newly-arrived backgrounds:**
  - 36 per cent of the women and men who disclosed 'domestic or family violence' were non-Australian born
  - 27 per cent of the women and men presenting with indicators of risk of family violence were non-Australian born.

- **Young indigenous people are disproportionately represented in the data (6 per cent of the cohort identified as Aboriginal or Torres Strait Islander).**

Our practice wisdom indicates that these clients from newly-arrived backgrounds and Aboriginal and Torres Strait Islander backgrounds are intentionally engaging with Melbourne City Mission as a mainstream service, rather than other culturally-specific services, because of complex cultural reasons associated with family violence.

These culturally-specific services undertake outstanding work. However, we understand the factors behind these specific client presentations to Melbourne City Mission to include a desire to be 'anonymous' in a mainstream service, feelings of guilt or perceptions of stigma in disclosing family violence within their community, and a perceived clash of intergenerational values and customs.

Key themes in this submission

- Current responses to family violence are crisis-driven and often disempowering. The system is under-resourced. New investment is required at all points of the continuum, including primary prevention, early intervention, crisis and recovery, and police and court processes need to be strengthened to deliver genuine safety for women, children and young people who experience family violence and great perpetrator accountability.

- There is insufficient integration and coordination between the specialist family violence service system and service systems such as homelessness and disability.

- The capacity of other sectors to effectively respond to the needs of women, children and young people impacted by family violence is constrained by lack of specialist knowledge; lack of housing options; and support being proscribed by funding, not determined by need.

- There are no known specialist family violence supports for young people who are victims of family violence – the default response to young people disclosing violence is to pathway them into the homelessness system.

- There are significant barriers to accessing specialist family violence services for women, children and young people with disabilities.

- The Palliative Care sector has unique insights and access to victims and perpetrators, but is missing from the conversation.

- Melbourne's growth corridors have amongst the highest rates of family violence. Rapid population growth is not being matched by adequate funding for social services and community infrastructure.

Summary of recommendations

As highlighted earlier in this submission, at a high-level Melbourne City Mission – like many other community sector stakeholders supporting people impacted by family violence – advocates for:

- new investment at all points of the continuum, including primary prevention, early intervention, crisis and recovery; and

- police and court processes to be strengthened to deliver:
  - genuine safety for women, children and young people who experience family violence; and
  - greater perpetrator accountability.

In addition to this submission, Melbourne City Mission is a signatory to several joint submissions to the Royal Commission:

- *'Family violence, homelessness and affordable housing'* – a one-page joint submission from the Victorian housing, homelessness, legal and family violence sectors, which makes a series of recommendations to redress the housing challenges associated with family violence

- The Whittlesea Community Futures Partnership submission

- The 'Western Local Area Service Network' submission (the Western LASN is part of the Specialist Homelessness Services Sector Opening Doors network)

Additionally, on the following pages, Melbourne City Mission makes a number of specific recommendations based on our particular practice wisdom and areas of expertise.

Recommendation 1:

That:

- A central resource register is established, providing a comprehensive listing of all funded resources and real time information about resource availability

- The proposed central resource register is supported by an integrated and coordinated process by which needs can be assessed, prioritised and people matched to services and resources.

Recommendation 2:

That a platform is developed and funded:

- to build the capacity of the broader human services sector in its responses to family violence[2] and
- to progress integration between family violence specialisation and expertise in other sectors.

(One model that could potentially be replicated is the Family Reconciliation and Mediation Program model, a platform that has successfully built capacity in the early intervention and homelessness sectors. The FRMP model is detailed in the body of this submission.)

Recommendation 3:

That the capacity of the youth refuge sector to support young people escaping family violence is bolstered through new funding to:

- Deliver enhanced therapeutic care in existing services, informed by the 'Enhanced Refuge Model' that Melbourne City Mission currently has in place at three of the State's 15 refuges

- Develop a Statewide strategy on youth refuge, as part of a new Victorian Homelessness Strategy, with funding attached to address current unmet need. Melbourne City Mission contends that there is urgent need for the establishment of youth-focused crisis accommodation in the Melbourne CBD, and notes there is capacity to leverage existing support services – such as health, legal, counselling and Centrelink – that are already located at Frontyard Integrated Youth Services.

---

[2] In the interim, in acknowledgement of the current gaps in responses, Melbourne City Mission has commissioned a new practice framework to guide best-practice responses to family violence in a youth homelessness context, and this is included in the body of our submission.

Recommendation 4:

That identified gaps in early intervention are funded, including:

- Scale-up of proven early intervention responses like the Detour Innovation Action Project, which is currently available at three locations in Victoria (Sunshine, Frankston and Shepparton)

- Psycho-educational models (Melbourne City Mission believes that the Out of the Dark model – currently delivered in the corrections setting – has the potential to be adapted to an early intervention, community context.

Recommendation 5:

- That the State Government use the procurement process that underpins its Homelessness Innovation Action Projects, to enable inter-sectoral collaboration and co-design of new innovative responses to family violence.

Recommendation 6:

That funding is provided to double the current capacity of the Out of the Dark women's psycho-educational program at the Dame Phyllis Frost Centre and Tarrengower women's correctional facilities, to meet unmet demand.

Recommendation 7:

That a Men's Family Violence psycho-educational group program is funded and implemented at existing men's correctional facilities in Victoria, incorporating concepts from the Out of the Dark women's program.

Question 3: Which of the reforms to the family violence system introduced in the last 10 years do you consider most effective? Why? How could they be improved?

The Family Violence Royal Commission Issues Paper highlights a range of reforms associated with cultural and practice reform in policing and the courts. Melbourne City Mission particularly commends the location of specialist resources at different police stations and courts. Staff supporting clients with issues related to family violence provide many anecdotal examples of positive cultural transformation and best-practice responses to family violence within Victoria Police:

- *"Everyone treated her well. They were really lovely in their communication with her and ensured she understood the process. She was interviewed by the SOCIT team and they organised for an independent person to support her while she was interviewed. Prior to reporting, she'd been worried about how she would be treated. But they believed her, and they made all the right referrals for her and her daughter."*

- *"Another of our workers supported a mother with intellectual disability at Flemington police station to organise an IVO against an abusive partner. In this instance, the young mum was wanting to engage with a particular policewoman she had spoken to on a previous occasion. At the station the presenting officer was very helpful and went on to explain to the woman and reassure her that she had done the 'Lighthouse training' and would be able to take her statement. When the woman declined, the officer was helpful with information which would enable the client to return and make a report."*

However, staff note that there is still need for improvement, with culture, practice and resources not consistent within or across all policing regions and court jurisdictions.

Regarding police culture and practice: *"It is inconsistent which police will follow up, and what they will follow up."*

Staff also note that even where culture and expertise are outstanding, this can be compromised by insufficient resources to respond (for example, to police call-outs):

"[Some] women who try to report DV are at a disadvantage to do so purely by where they live".

In relation to the courts and perpetrator accountability, in later sections of this submission, staff describe *"IVOs as just a piece of paper"* – a view that is consistently put to us by women we support. Despite reforms such as police powers to issue family violence safety orders, which can result in the removal of a violent person from the home for up to five working days, some women tell us they believe it is safer to put up with the violence (because they think an order will incite further subsequent violence) or to leave the family home.

[REDACTED], a client of Melbourne City Mission's Adult and Family Housing Services (AFHS)[3], says of her former partner:

"I was never allowed to leave the house. If I was, it was to go to the milk bar and I had four minutes to get there and four minutes to get back. If I was over that timeframe, he'd flog the fuck out of me. I wasn't allowed to go to the doctors; I wasn't allowed to go anywhere."

She says she found the strength to leave because of her children. She states: *"I didn't want my children, especially boys, to think it was acceptable to treat women the way I was treated. My kids remember their father smashing their [REDACTED]. They remember the little things. I never ran their dad down though. I never told the kids about what he did or what I thought of him. They didn't need to hear about it. Kids need happy memories."*

[REDACTED] wanted to leave many times, but found it incredibly difficult due to the level of control her ex-partner had over her. She returned to the relationship three times before she left for the final time.

"He was following me everywhere. We were moving all the time ... It was horrible and intimidating ... I was just scared and I was scared of being scared.

"I used to have to meet him at the local [REDACTED] to give the kids to him when we had shared custody. I remember this one time, he grabbed me and started smashing my head against the car door while the kids were looking at me screaming. I watched him drive away and my head was bleeding and the kids were just screaming. I went straight to the police station and I said I want my kids back. He has just taken my kids and they've just seen this happen. He ended up taking my kids to [REDACTED] for [REDACTED] months. I couldn't get them back. The police couldn't do anything because it was a different state and because he was their father, he also had legal rights.

"The kids would call me in the middle of the night screaming, telling me they want to come home. I would ring the police over and over begging them to get my kids back. My court order meant nothing. The IVO meant nothing."

[REDACTED] now has a lifetime intervention order against her ex-partner, which she declares is still *"just a piece of paper"*. Despite this, she describes keeping it in her pocket at all times.

In relation to possible improvements going forward, Melbourne City Mission notes the recent RMIT Centre for Innovative Justice report, *Opportunities for early intervention: bringing perpetrators of family violence into view*, and its recommendations for ongoing monitoring and swift, certain sanctions of perpetrators, including 'flash incarceration' if they do not comply with court orders. We understand these recommendations will be lodged by RMIT with the Royal Commission.

---

[3] AFHS provides case management and outreach support to single adults and families who are homeless or at risk of becoming homeless in the western region of Melbourne, or who wish to reside in the west. This service provides short and medium-term support via the transitional support program and interim response program.

Questions 6 and 17:

- **Circumstances, conditions, situations or events, within relationships, institutions and whole communities, associated with the occurrence or persistence of family violence**

- **Specific cultural, social, economic, geographical or other factors in particular groups and communities which tend to make family violence more likely to occur, or to exacerbate its effects**

Melbourne City Mission's perspective at a glance:

- Women with disabilities have heightened risk factors for family violence.

- Data shows family violence, substance abuse and mental illness as commonly co-occurring difficulties for families involved with the Child Protection system, and finds inter-generational patterns that reflect and repeat the same difficulties.

- Melbourne's growth corridors have amongst the highest rates of family violence. Rapid population growth is not being matched by adequate funding for social services and community infrastructure.

Women with disabilities have heightened risk factors for family violence.

People with disabilities are not a homogeneous group, however, some common themes emerge around lack of recognition and acceptance, powerlessness and voicelessness, and economic vulnerability:

Lack of recognition and acceptance
One in every five complaints received by the Victorian Equal Opportunity and Human Rights Commission is from a person with a disability, making this the highest area of complaint. These complaints cover such areas as employment, education, housing, transport and access to health services.[4]

Powerlessness and voicelessness
Powerlessness and voicelessness arises from multiple, intersecting disadvantages[5], including:

- Livelihood and assets – precarious, inadequate
- Places – isolated, risky, unserviced, stigmatised
- Social relations – discriminatory, isolating
- Behaviours – disregard, abuse by more powerful
- Institutions – disempowering, excluding
- Organising (networks) – weak, disconnected
- Capabilities – lack of information, education, skills, confidence.

Economic vulnerability
Melbourne City Mission notes VicHealth research[6] shows the relative income of people with disabilities in Australia is approximately 70 per cent of those without disability (the lowest in the OECD) and that 45 per cent of Australians with disabilities live in poverty or near poverty, a situation that has worsened since the mid-1990s.

Families caring for a child with a disability also experience economic vulnerability. In the VicHealth research, two-thirds (64 per cent) reported that the main financial impact of their caring role was a decreased income or an increase in their expenses.

Economic vulnerability impacts housing. VicHealth, citing Beer and Faulkner, reports that it is common for people with a disability to 'fall out of home ownership' due to the costs of their disability, with 32 per cent of people with a disability who are rental tenants reporting that they used to be homeowners with a mortgage.

---

[4] Victorian Health Promotion Foundation (2012), *Disability and health inequalities in Australia research summary*, accessed at www.vichealth.vic.gov.au

[5] This list is adapted from a diagram published by the International Monetary Fund, in the article by Narayan, D (2000), 'Poverty is powerless and voicelessness' in *Finance and Development*, accessed at www.imf.org

[6] op cit.

Melbourne City Mission also notes that, in 2012, almost 250,000 people receiving a Disability Support Pension also received Commonwealth Rental Assistance11. Despite receiving CRA, about three in 10 persons receiving the Disability Support Pension were still spending more than 30 per cent of gross household income on rent after CRA12. The widely accepted measure of 'housing stress' is the proportion of lower income (first and second quintile) renter households for whom spending on rent accounts for more than 30 per cent of income.[7]

Other consequences of economic vulnerability include reduced transport options, reduced access to timely health care, and diminished access to social and leisure activities, isolating people from community networks.

These multiple, interlocking disadvantages (disability-based discrimination) combine with gender-based discrimination to heighten the risk of family violence for women with disabilities. The ways in which disability and gender-based discrimination impact current responses to family violence are detailed on page 32 of this submission.

[7] ibid

Data shows family violence, substance abuse and mental illness as commonly co-occurring difficulties for families involved with the Child Protection system, and finds inter-generational patterns that reflect and repeat the same difficulties.

The Department of Health and Human Services has previously noted:

- *Victorian data shows family violence, substance abuse and mental illness as commonly co-occurring difficulties for families involved with the Child Protection system.*

- *Adverse or traumatic experiences in childhood coupled with poor or abusive experiences of being parented can produce deleterious individual impacts that compromise functioning and capacity ...* [including] *inter-generational patterns that reflect and repeat the same difficulties.*[8]

Whilst, historically, Victoria has had lower rates of children reported, at risk of harm, and placed in Out-of-Home Care, the latest Australian Institute of Health and Welfare (AIHW) figures show Victorian growth rates are outstripping growth rates in other States and Territories. The *AIHW 2012-2013 Child Protection Australia Annual Report* found record levels of reports, substantiations of children at risk of harm, and children placed in Out-of-Home care in Victoria.[9]

Melbourne City Mission notes:

- Statistics published by Victoria Police from 2013/14 show that incidents of family violence where children are present (and may have experienced violence in addition to witnessing it) have increased by 30 per cent since 2009[10]

- The Victorian Department of Health and Human Services has indicated that the main driver behind the growth in placements has been significant increases in reports from Victoria Police arising from family violence incidents.[11]

Another trend illustrating complexity in this client cohort (first noted in Victoria in 2010, as part of the Ombudsman's *Own motion investigation into Child Protection – out of home care*) is the tendency for children and young people to remain in out-of-home care for longer periods of time.

---

[8] Victorian Department of Human Services (2012), *Families with multiple and complex needs, Best interests case practice model, Specialist practice resource,* p. 11

[9] Centre for Excellence in Child and Family Welfare Inc (2014), 'Record number of Victorian children at risk and in care', accessed at www.cfecfw.asn.au

[10] *Victoria Police Family Incident Reports 2009/10 – 2013/14* are accessible at http://www.police.vic.gov.au/content.asp?a=internetBridgingPage&Media_ID=72311

[11] op cit.

Later in this submission (page 23), Melbourne City Mission highlights gaps in early intervention for young people who are victims of family violence and expresses concern at the potential flow-on effects. In particular, we are concerned that without timely therapeutic supports:

- Young women will go on to normalise intimate partner violence
- Young men will go on to perpetrate family violence.

Melbourne's growth corridors have amongst the highest rates of family violence in the State. Rapid population growth is not being matched by adequate funding for social services and community infrastructure.

In growth corridors where Melbourne City Mission delivers prevention and early intervention strategies using early years platforms (such as supported playgroups, child care and pre-school), we are seeing the fallout from rapid population growth not being matched by adequate funding for social services and community infrastructure.

For example, in Whittlesea (the sixth largest municipality in Australia, located on Melbourne's northern fringe):

- There has been a 268 per cent increase in the rate of family violence per 100,000 people over the past 14 years, compared with 172 per cent for Victoria.[12]

- Sixty (60) per cent of all assaults recorded by police in Whittlesea arise from family violence.[13]

- The current level of specialist family violence services available to residents is not sufficient to meet the current demand. For example, the Whittlesea Community Futures partnership[14], in its submission to the Royal Commission, notes that 34 per cent of residents were born overseas; more than 40 per cent speak a language other than English at home; and the local settlement service advises that 277 family violence cases were reported to its staff in 2013 (an average of 23 reports per month, many of which were made by clients disclosing family violence for the first time). Yet, due to funding limitations, family violence services partnering with non-specialist agencies in Whittlesea can only provide outreach to Culturally and Linguistically Diverse (CALD) women for approximately three hours per week.[15]

The WCF submission cites National Growth Area Alliance research that:

"growth areas are characterised by levels of disadvantage and unemployment higher than those of metropolitan Australia. Lower levels of education, higher incidences of risk behaviours such as drug and alcohol misuse, weak social connections and social cohesion, limited access to systems of support, and financial stress, are more prevalent in growth areas like City of Whittlesea than in the remainder of metropolitan Melbourne."[16]

---

[12] Whittlesea Community Futures (2015), *Submission to the Victorian Government Royal Commission into Family Violence*

[13] ibid

[14] Whittlesea Community Futures (WCF) is a partnership of 45 multidisciplinary agencies including the City of Whittlesea, State and Federal Government departments, human service organisations, and community-based organisations, including Melbourne City Mission. WCF undertakes cross-sector planning and advocacy to improve the well-being of local communities. Strategies to prevent and eliminate family violence are a key priority.

[15] op cit.

[16] op cit.

However, the WCF also notes that the **drivers** of men's violence against women includes:

- Unequal distribution of power and resources
- An adherence to rigidly defined gender roles and stereotypes
- Gender inequality and masculine sense of entitlement.

Accordingly, the WCF submission affirms that *"prevention is a key 'upstream' part of an integrated Family Violence support system and is paramount to the long term success in eliminating Family Violence in the City of Whittlesea".*[17]

[17] op cit.

Questions 8, 9, 10 and 18:

- **Gaps or deficiencies in current responses to family violence**
- **The impact of insufficient integration and coordination on risk assessment and effectiveness of support; practical changes to drive improvement and barriers**
- **Barriers that prevent people in particular groups and communities from engaging with, or benefiting from, family violence services**

Melbourne City Mission's perspective at a glance:

- There is insufficient integration and coordination between the specialist family violence service system and service systems such as homelessness and disability.
- There are no known specialist family violence supports for young people who are victims of family violence – the default response to young people disclosing violence is to pathway them into the homelessness system.
- The capacity of the homelessness sector to effectively respond to the needs of women, children and young people impacted by family violence is constrained by lack of specialist knowledge; lack of housing options; and support being proscribed by funding, not determined by need.
- There are additional barriers to accessing specialist family violence services for women, children and young people with disabilities.
- The Palliative Care sector has unique insights and access to victims and perpetrators, but is missing from the conversation.
- Data capture is poor, making it difficult to understand the true extent of what's needed and what will have the most impact.

These gaps are unpacked in detail over the following pages of this submission, together with recommended solutions.

Gap in current responses:

There is insufficient integration and coordination between the specialist family violence service system and service systems such as homelessness and disability. For example, non-specialist services find it difficult to know what specialist resources exist, their availability, and how they can be accessed.

Melbourne City Mission respects the role of specialist family violence services and appreciates the pressure they are under – we are aware that the sector is under-resourced and over-stretched. However, going forward, in a post-Royal Commission environment, Melbourne City Mission advocates for greater transparency about resource availability and allocation.

At the present time, Melbourne City Mission staff state that their ability to support women, children and young people disclosing family violence is hamstrung by their lack of knowledge of what resources exist and how such resources are accessed. The perception of frontline workers across adult, family and youth homelessness services, disability services and home-based palliative care is that *"DV services are a closed shop to generalist services."*

Recommendation 1:

It is recommended that:

- A central resource register[18] is established, providing a comprehensive listing of all funded resources and real time information about resource availability

- The proposed central resource register is supported by an integrated and coordinated process by which needs can be assessed, prioritised and people matched to services and resources.

[18] A potential model is the central resource register used in the Victorian homelessness system. Under this model, Initial Assessment and Planning workers, who are located at homelessness access points, have access to an online database which provides real time information about where housing and support vacancies from specialist homelessness services are listed.

Gap in current responses:

Specialist family violence services do not provide specialist youth responses to young people[19] – people aged 15 to 25 who seek support for family violence are instead routinely referred to the youth homelessness system.

Whilst Melbourne City Mission is of the view that family violence is everyone's business and there should be 'no wrong doors' for people seeking support, we note that:

- **Homelessness is correlated with early school leaving, precarious employment, welfare dependency and justice system engagement, as well as poor physical and mental health. There is something fundamentally wrong with our community's response to family violence, when the default response to a young person disclosing family violence is to pathway them into the homelessness system.**

  It also points to a lack of policy and practice join-up, given State Government concerns about the increasing rates of youth homelessness and its investment in early intervention programs like the Detour Innovation Action Project, which seeks to divert young people from homelessness before they present to access points.

- **Young people with no prior engagement with the homelessness system tell us that they are sent to our services[20] with scant knowledge of who we are, what we do or how we work, and that they feel scared about what will happen when they arrive.**

  It is our assessment that this perpetuates feelings of disempowerment and compounds the trauma for young people who are experiencing family violence. Lack of service coordination, means that we have no data on how many young people directed to the homelessness system actually disengage and return to unsafe homes or informally enter homelessness by couch-surfing or sleeping rough.

---

[19] Melbourne City Mission also notes a service gap in the Child Protection system. Notwithstanding legislation and policy, Melbourne City Mission staff have observed that Child Protection workers "won't look at teenagers aged 15+ experiencing family violence. There is this idea of 'self-protection' ... young people are deemed old enough to look after themselves". Other organisations have confirmed this – for example, the issue was raised by several representatives at the Royal Commission's CBD consultation that Melbourne City Mission attended on x April/May.

[20] In Victoria, to obtain assistance from a homelessness service, a person needs to present to a DHHS designated 'homelessness access point'. Melbourne City Mission operates the State's youth-specialist homelessness access point at Frontyard Integrated Youth Services in the Melbourne CBD.

- **Young people sent to Melbourne City Mission's Frontyard Integrated Youth Services by specialist family violence agencies often arrive at our services without any referral information, even when the specialist service has provided a period of support to the young person.**

  Frontyard workers cite examples of highly traumatised young people turning up in taxis arranged by Safe Steps after spending a night in "scary" motel accommodation. The realisation that no one is expecting them and that they have to tell their story from scratch once again compounds their sense of disempowerment and experience of trauma. Whilst Frontyard is a drop-in service for young people, we would normally expect services to communicate with us in such circumstances, as part of our collective duty of care.

- **By the time young people are directed to us, or self-refer, the work is crisis-focused.**

  Frontline staff express frustration that *"There is no therapeutic support"* for young people and ask *"Why does it have to hit crisis point before assistance is given? There is a long list of criteria to fill before help is even considered. There are no clear support services at the first sign of DV trauma for young people."*

  They note the cumulative impact of family violence on a young person, and express concern that the marginalisation of the trauma needs of this cohort is creating the conditions for young women to normalise intimate partner violence and young men to become perpetrators[21]. With an extensive body of homelessness research underscoring that interventions should be "early" (while young people still have connections with extended family[22], 'pro-social' peers and school, and before they have started to be connected with chronically homeless youth and risk-taking behaviour), staff express concern that *"windows of opportunity are being missed"*[23].

  Later, when young people are further entrenched in the homelessness system:

  "Their lives are often so chaotic, it can be difficult to engage. There's usually been a complete breakdown of living skills by this time, and they are often confrontational and distrustful, with a 'hurt or be hurt reflex'. They need to learn how to redirect anger in constructive ways."

---

[21] Further insights are provided on page 51 of this submission, in relation to Melbourne City Mission's work in the Corrections environment.

[22] Where these connections/relationships are safe.

[23] Melbourne City Mission is aware that for adolescent males, there are some targeted behaviour change programs. These are welcome, but we note that the construct for these adolescent behaviour change programs is the family home, with the young person as perpetrator. We wish to reinforce the point that there needs to be significant investment in early intervention (as well as primary prevention) so that, ultimately, the need for behaviour change programs diminishes.

Gap in current responses:

The capacity of the homelessness sector to effectively respond to the needs of women, children and young people impacted by family violence is also constrained by:

- **Lack of specialist knowledge – key issues include:**

  - **Not knowing who to call for specialist resources or secondary consultations**
    Staff say: *"The DV sector is invisible. We understand the issues of risk and safety, but most staff and services are hidden away. There are a lot of phone referral services. Where are the access points? We need family violence specialist teams and workers, and they need to be visible [to other services]."*

  - **Lack of training**
    Homelessness staff not only require an understanding of homelessness and trauma-informed practice, but knowledge of such areas as housing, income support, Child Protection and Out of Home Care, juvenile justice, policing, mental health, and alcohol and other drugs. Additionally, there is mandatory training in such areas as first aid and risk management. Whilst it is challenging to find the time and resources to schedule additional training, going forward, there is recognition of the need for sector capacity building in family violence.

  - **Absence of a practice framework that can guide homelessness services working in a family violence context**
    People who have lived experience of family violence present to Melbourne City Mission's homelessness services with diverse needs. We know that there is no 'one size fits all' approach, but rather a continuum of support, ranging from acute trauma interventions and crisis accommodation to ongoing acknowledgement of attachment ruptures and developmental losses for young people who have grown up in an atmosphere of ongoing and chronic family violence. However, at the present time, in the absence of a practice framework, there is no universal understanding of what constitutes evidence-based best-practice responses at different points of the continuum. On page 47 of this submission, Melbourne City Mission presents a proposed practice framework for the consideration of the Royal Commission and our sector colleagues.

Recommendation 2:

That a platform is developed and funded to build the capacity of the broader human services sector in its responses to family violence and to progress integration between family violence specialisation and expertise in other sectors. (One model of building sector capacity that could be replicated is the 'FRMP' model, which is located in the homelessness sector. The FRMP model is detailed in the body of this submission.)

- **Lack of housing options:**

    - **Young people**

        For young people entering the homelessness system, the key referral pathway is into the youth refuge system. Like the women's refuges that are provided by the specialist family violence sector, youth refuges are a crisis response – they are designed to provide temporary emergency accommodation.

        Homelessness access points, such as Melbourne City Mission's Frontyard Integrated Youth Services, interact with the youth refuge system on a daily (sometimes hourly) basis. Frontyard has more than 200 requests per fortnight from young people with nowhere to sleep. There are 15 youth refuges across metropolitan Melbourne, with 109 beds available for young people. Demand for these beds vastly exceeds supply – the current turnaway rate is around 66 per cent.

        Melbourne City Mission notes that no new youth refuge has been built in the metropolitan area in 20 years, and there is no refuge in the CBD or municipality of Melbourne despite:

        - a sustained increase in the rate of youth homelessness
        - significant numbers of young people who come to the CBD seeking help
        - the prevalence of rough sleeping in the CBD.

        In the absence of a youth refuge bed, if a young person is not able to return home because of family violence or family breakdown and is not able to draw on their personal networks to find emergency shelter, the alternative accommodation options are cheap motels and backpacker accommodation. These are neither a sustainable (long-term) option nor a safe option for young people (although they are marginally safer than sleeping rough).

        There is no capacity for staff to stay onsite with young people in distress, or for crucial early intervention work to take place onsite. One worker reflected *"I feel like I'm playing roulette with clients as to what accommodation they can cope with, some of it is that bad".*

        Melbourne City Mission reluctantly spends around $100,000 per year on sub-standard accommodation options for young people in need.

Whilst young people are typically referred to the youth homelessness service for an emergency housing response, youth refuges do not have the same security provisions as specialist women's refuges (for example, their locations are generally not secret) and therefore a youth refuge may not always be a safe option for high-risk young people:

- Melbourne City Mission is not aware of any safe houses/secure emergency accommodation options for young men in this circumstance

- We also note that for any young person, connection to friends is a critical part of identity and an important protective factor (for example, many young people who formally enter the homelessness system have been able to stave it off for six to 12 months by 'couch surfing' at friends' homes) – this means that when a young woman is offered emergency shelter in a secure women's refuge, the requirement to cease contact with friends whilst in the 'safe house' environment and temporarily give up all that entails (for example, no mobile phone, no email, no social media) can, in itself, be traumatic. Some young women will not be able to comply with the requirements, and will leave.

Melbourne City Mission also notes that – within the crisis response – neither specialist women's refuges nor the traditional model of youth refuge have the capacity to provide a level of therapeutic support that young people need even in the midst of attending to 'here and now' concerns about safety and shelter. An exception is Melbourne City Mission's Enhanced Youth Refuge model which not only provides crisis accommodation, but incorporates individualised client-centred support and coaching – a future-focused practice approach that usually sits outside crisis responses. (A detailed insight into coaching in a youth homelessness context is provided in the Detour case study on page 48 of this submission.)

Beyond the immediate crisis response, there is a dearth of long-term housing options for young people. A principal concern for Melbourne City Mission is the lack of opportunities for young people to secure private rental housing because of cost and age-based discrimination. Beyond private rental, there are high levels of demand for limited transitional housing stock. The shortage of affordable housing options in the community (not just for young people) means that there is low turnover of transitional housing – people are staying for longer than proscribed periods.

This reduces exit pathways from the refuge system and leads to:

- 'Churning' and 're-cycling' – in which a young person, having reached the upper limit of the mandated support period[24] and not having found long-term housing, is discharged from short-term refuge accommodation and sent back to a homelessness access point to reapply for crisis accommodation.

- Blockages in the refuge system – in which a service, due to concerns about the vulnerability and safety of a young person, allows the young person to extend their stay in emergency accommodation beyond the proscribed length-of-stay, until a sustainable housing alternative is located. In one recent case, Melbourne City Mission supported a 16-year-old woman from a CALD background to remain at a youth refuge for 12 months, in order to complete Year 11, find part-time employment and secure stable long-term accommodation. The young woman had no family networks beyond her adopted mother (who perpetrated violence). She was considered particularly vulnerable, as she had largely been confined to home and school.

Recommendation 3:

That the capacity of the youth refuge sector to support young people escaping family violence is bolstered through new funding to:

- Deliver enhanced therapeutic care in existing services, informed by the 'Enhanced Refuge Model' that Melbourne City Mission currently has in place at three of the State's 15 refuges

- Develop a Statewide strategy on youth refuge, as part of a new Victorian Homelessness Strategy, with funding attached to address current unmet need. Melbourne City Mission contends that there is urgent need for the establishment of youth-focused crisis accommodation in the Melbourne CBD, and notes there is capacity to leverage existing support services – such as health, legal, counselling and Centrelink – that are already located at Frontyard Integrated Youth Services.

Additionally, Melbourne City Mission supports the recommendations of the housing, homelessness, legal and family violence sectors in their joint submission to the Royal Commission.

[24] The maximum length-of-stay at a youth refuge is normally set at six weeks.

- **Lack of housing options:**

  - **Women and children**

    The acute shortage of housing options for women and children escaping family violence has been well documented by peak bodies such as Domestic Violence Victoria and the Council to Homeless Persons.

    As per the joint submission on family violence, housing and homelessness from the housing, homelessness, legal and family violence sectors (to which Melbourne City Mission is a signatory), we note:

    - Just three in 100 two-bedroom rental lettings in the December 2014 quarter were affordable to a single parent reliant on Centrelink

    - A snapshot of rental affordability over one weekend in April 2015 found less than 0.1 per cent of private rental properties in metropolitan Melbourne were affordable and appropriate for a single mother of two children who relies on a parenting pension

    - There are currently 33,933 people on the Victorian public housing waiting list; 9,556 are eligible for 'early housing' due to urgent needs including unsafe housing as a result of family violence.[25]

    The lack of housing options can deter women from leaving in the first instance or, upon entry to the homelessness system, lead them to return to unsafe living arrangements.

    [redacted] a [redacted]-year-old woman currently serving a sentence in the Dame Phyllis Frost Centre, experienced intimate partner violence in two relationships, spanning physical, sexual, emotional and financial abuse. In her first relationship, with the father of her infant son, she left on three occasions, only to return. She told Melbourne City Mission:

    "Being homeless with a kid and having to constantly move from refuges to motels was a real hassle, especially without a car. Honestly, it just made me want to go back to the violence because I knew there was at least a roof over our heads and I had somewhere to feed my son."

Melbourne City Mission supports the aforementioned recommendations of the housing, homelessness, legal and family violence sectors in their joint submission to the Royal Commission in response to the issues raised here in our submission.

---

[25] DHHS and Anglicare data cited in a letter to Commissioner Neave, entitled *'Family violence, homelessness and affordable housing – a joint submission'*, 29 May 2015

- **Support is proscribed by funding**

On page 47 of this submission, Melbourne City Mission proposes a framework to guide best-practice responses to family violence in a homelessness context. Melbourne City Mission proposes this framework:

  - To address current gaps in practice going forward
  - To ensure the most effective use of resources – in all parts of our work, Melbourne City Mission is committed to getting the balance of support right. This means ensuring our response is proportionate to need.

A major deficiency in current responses to family violence is that responses are constructed around 'programs' and 'systems' not around people. The type of support, the frequency of support, the period of support, and the places in which that support is delivered is determined by:

- which program or service a worker can best 'fit' a person's needs to; and
- what the funding and service agreement for that program or service allows.

Staff note:

"There are no allowances for service flexibility (e.g. splitting up siblings and partners who seek refuge together, turning away clients with pets[26]). This only decreases chances of people in need seeking help, as they turn away when services can't cater for them."

"Build-up of trust between a client and case worker takes time, especially for disclosure of violence. By the time trust has been established, the case-working time is over."

"We have incredibly small timeframes for treatment – it's not enough for high-risk families. The sector is desperately seeking longer-term support periods for clients. Longer-term support equals sustainable recovery pathways."

"Our organisation is going above and beyond so we can deliver on what we feel is 'best practice', although we are not funded to do this. The culture of the organisation is to stretch its services and funding as much as it can. But ultimately, short-term programs are dealing with complex needs which require intensive long-term support."

"In a standard youth refuge, there is limited opportunity for therapeutic care."[27]

---

[26] Melbourne City Mission notes the commitment in the State Budget to fund pet foster care arrangements and animal re-homing programs.

[27] On page 26 of this submission, Melbourne City Mission documents its enhanced refuge model, as a best-practice example.

- **Disempowering responses**

  In a crisis-driven, under-resourced system, women and young people tell Melbourne City Mission that they feel disempowered:

  - *"In the refuge, I had no idea what was going to happen. They just said 'We will send you to a place called Melbourne City Mission'. I felt quite emotional ... I [didn't] have the vision outside. [My life until then was] just go to school. Cook. Sleep. Get up. Go to school."*

  - *"You're relying on people you don't know to make decisions about your life"*

  - *"Help doesn't always feel like help because of the way you're approached. You look at these women with their fancy folders looking at you. I was thinking, 'What the fuck do you think you can do for me, that I can't do?' I'm not a 'poor little thing'."*

  At a high-level, some of the solutions lie in increased investment in sector capacity – essentially more staff; more supervision, training and professional development for those staff; more funded supports at the early intervention and crisis points of the continuum; lower caseloads/more time; and new investment in primary prevention.

  But additional resources alone will not address clients' feelings of disempowerment. Practice culture is crucial. Client choice and control needs to drive service responses.

  Practice frameworks need to reflect a strengths-based approach, a culture of learning and continuous quality improvement in which people's natural resources and capabilities are acknowledged,:

  - **The coaching approach in our Detour program (full case study provided on page 48 of this submission) is a tangible example of this in action:**

    "One young person stated that the program 'instils strength' in you. This highlights Detour's commitment to identifying and building upon the strengths that young people possess to address their own challenges rather than pushing our views and opinions. It's about walking at their pace while providing a different way of looking.

    "A large part of coaching is about what's in our control and what's not. When working with a young person, we work with them to see what's within their control and what is not. It's about helping young people to be empowered by developing a more realistic and optimistic view of their circumstances. It's about helping them to identify the power they have to make positive changes and choices. This helps young people at risk to see a way forward, even if it's only a tiny step.

    "Detour focuses on their interests and where they want to go with their lives."

- **Whilst understanding that the Common Risk Assessment Framework (CRAF) is a tool to understand and identify risk factors associated with family violence and respond appropriately, staff reflect that there is no opportunity in this process to acknowledge resources or strengths.**

  It is considered that some acknowledgement of this through the CRAF process would help to reframe people as empowered 'survivors' of family violence, rather than passive 'victims'.

  As one Melbourne City Mission worker notes:

  "In recognising that domestic/family violence is a social phenomenon warranting a whole community response, it seems only logical that our risks assessments will situate the women we see within the wider connections that they have.

  "If we only look for risks, that is all we will see. So it is important to also look at strengths so we can build on these to pave a way towards safety and recovery.

  "An assessment exploring all these layers ('Individual, Family, Social, Community, Spiritual') will enable identification as to how these connections may have been fractured and/or damaged by the violence. It also enables an exploration of all the possibilities available to women through different connections and also the different ways violence manifests.

  "These connections are identified as resources because they can be (and may have been) factors that have enabled women to survive through the trauma of violence. They can also be the foundation for recovery."

  It is suggested that:

  - ***The CRAF could be updated to incorporate two additional fields that enable an acknowledgement of strengths/natural resources as follows:***

    RESOURCES
    Individual:
    Family:
    Social:
    Community:
    Spiritual:

    ECO- MAP (visual representation of connections)

  - ***The section on the victim's own assessment of safety could be amended to use the word 'survivor' in place of 'victim' and incorporate the question 'what has she/he been doing to keep safe?', acknowledging the survivor's own means for keeping safe and recognising that answers lie with those who have experienced violence.***

Gap in current responses:

There are additional barriers to accessing specialist family violence services for women, children and young people with disabilities.

The sector capacity issues identified by Melbourne City Mission's homelessness services also apply to the disability services sector, particularly in relation to specialist knowledge and the need for training and lack of housing options for women needing to leave the family home.

However, our disability services staff highlight **additional barriers** to providing effective responses to women with disabilities who are experiencing family violence.

In a family violence context, the multiple, interlocking disadvantages experienced by people with disabilities generally (captured on page 14 of this submission) specifically hinder:

- the disclosure of violence by women who have a disability or who care for a child with a disability
- capacity to leave
- capacity to heal (access to therapeutic supports).

Disclosure of violence

Page 14 of this submission highlights the lack of recognition and acceptance of people with disabilities, powerlessness and voicelessness, and economic vulnerability.

As a consequence, many women who disclose intimate partner violence or family violence to our workers are fearful of the process of formally reporting the violence and the potential consequences.

One woman engaged in Melbourne City Mission's Parenting in Partnership program[28] endured years of sexual abuse perpetrated by her partner's adult son. The woman had not disclosed the violence because she perceived that she wouldn't be believed because of her disability and feared that her daughter would be removed from her. Upon disclosure, the Melbourne City Mission worker supported the woman to make a police report. Contrary to the perception that she wouldn't be believed or helped:

"Everyone treated her well. They were really lovely in their communication with her and ensured she understood the process. She was interviewed by the SOCIT team and they organised for an independent person to support her while she was interviewed. Prior to reporting, she'd been worried about how she would be treated. But they believed her, and they made all the right referrals for her and her daughter."

---

[28] Parenting in Partnership matches volunteer mentors in the community to parents with Acquired Brain Injury, intellectual disabilities and learning difficulties. Melbourne City Mission is funded by DHHS to work with 10 families at any one time. Many of the women receiving parenting support come from families with inter-generational engagement with the Child Protection system. Staff estimate around 70 per cent of the women accessing support have experienced family violence.

Capacity to leave

- **Accessible crisis responses**
  The specialist family violence sector may have the capacity to accommodate women with disabilities and/or women with children who have disabilities, but if this is the case, information about the availability of these resources is **not** flowing through to the sector.

  In the absence of information to the contrary, Melbourne City Mission's perception is that:

  - The current supply of emergency accommodation (motel or secure women's refuge) **does not** have the capacity to physically accommodate women or children with high-support needs – for example, beds with hoists.

  - The staffing model and practice model **is not** amenable to accompanying children with high physical and/or medical support needs (for example, children who require peg feeding) or children with behavioural support needs (for example, children with autism who have restricted and/or repetitive patterns of behaviour).

  - Where there are high physical and/or medical support needs, a range of tasks require the assistance of two people – it is unlikely that refuge staff have the time or required training to assist. Additionally, it is not clear whether a family's existing supports (e.g. attendant carer) are able to enter the secure environment.

  - Women who have caring responsibilities for adult male children find it even more difficult to leave – *"These children have spent 20, 30, 40 years at home. Their whole role has been caring for that person. They won't leave their child with a disability behind."*

  As noted in the Royal Commission Issues Paper, the *Family Violence Protection Act 2008* gives police the power to issue family violence safety orders, which can result in the removal of a violent person from the home for up to five working days. However, women tell staff that they are frightened of the repercussions when the perpetrator is permitted to return.

  Additionally, they do not believe that associated protections afforded by the courts make them safe:

  "They feel AVOs are just a piece of paper. They are totally useless. Often they will just incite more violence."

Any woman planning to leave has a range of practical considerations to take into account. The following snapshot highlights the additional considerations for women who have high support needs associated with their disability or having caring responsibilities for a child with a disability:

Immediate need:

- Transport:

  Women who require a wheelchair accessible vehicle may need to order a Maxi taxi. Whilst the Disability Standards for Accessible Public Transport (DSAPT) enacted in 2002 set a benchmark for response times for wheelchair accessible taxis to be the same as conventional taxis by December 2007, the Victorian Equal Opportunity and Human Rights Commission has previously noted that its research *"indicates that lengthy or unpredictable wait times are the norm rather than the exception for many people with a disability. This level of service delivery would not be acceptable to the rest of the community as standard practice and makes it impossible for a person with a disability reliant on taxis to reliably arrive at a meeting or appointment on time."*

  This system deficiency is a particular concern in the context of family violence crisis responses.

Essential items to get through the first 24 – 48 hours:

- Equipment including wheelchair, IV pole, hoist/slings, feeding pump, suctioning equipment
- Medications
- Food (often formula)
- Continence products

Post-48 hrs:

- Additional equipment: bed, shower/bath chair, commode, seating, communication devices
- Medical supplies for feeding pump, suctioning
- Medication (this would involve contact with pharmacy – getting new scripts, delivery if required)
- Food (ordering and delivery of formula)
- Additional continence products, including nappies/bed protectors (would involve ordering/delivery – generally not an option to purchase from pharmacy or supermarket)

If equipment is not able to be retrieved from the family home it would require hiring and/or purchasing of new equipment, at additional (high) cost and requiring the involvement of a therapist.

- **Availability of long-term housing**
  Pages 25 and 28 of this submission provided an insight into the dearth of affordable long-term housing options for young people and women and children escaping family violence.

  Page 14 of this submission described the economic vulnerability of people with disabilities and families caring for a child with a disability, and the flow-on effects for housing security and housing choice.

  Additionally, Melbourne City Mission notes:

  - The phased introduction of the National Disability Insurance Scheme has drawn particular attention to the lack of appropriate housing stock for people with disabilities who have high-support needs.

  - At full implementation, the NDIS will put **even more** pressure on housing supply, as more people with disabilities seek to live independently.

- **Capacity to retain disability supports**
  As documented in the Productivity Commission report which paved the way for the introduction of the National Disability Insurance Scheme, people with disabilities and carers have often struggled to access vital aids, equipment and other supports.

  Whilst the NDIS is building to full implementation in 2016, it is currently limited to specific trial sites. Melbourne City Mission staff note that at the present time, "a lot of disability supports are regionalised. The supports don't follow you."

  Fear of losing these hard-won supports stops some women from leaving unsafe home environments.

Capacity to heal (access to therapeutic supports)

As highlighted earlier in this submission, a variety of sociocultural realities influence attitudes towards persons with disabilities. These 'sociocultural realities' pervade thinking and practice, so that the medical model of disability (sometimes known as the 'defect model') still exerts a disproportionate influence at many levels. In a family violence context, this means that the trauma needs of people with cognitive disabilities are often relegated.

Melbourne City Mission staff report:

"It is almost impossible to find counselling support for people with disabilities ... we've been relying on the same two or three people for the past 25 years. Even engaging CASA is difficult. So the counsellors we use are in high demand and expensive.

"Where people have a cognitive disability, lots of counsellors say it's too hard."

Staff perceive that society's lack of recognition and acknowledgement of people with disabilities is so pervasive that disability expertise is considered of "lesser value" and largely confined to the disability services sector:

"[The human services sector] looks at mental health, CALD, ATSI, AOD, but rarely includes disability as one of its lenses. The attitude is 'if you've got a disability, go and access disability services. Expertise around disability needs to be more broadly recognised as vital and valuable across the entire human services field, including family violence. When was the last time you saw a recruitment ad for a family violence worker that said 'disability expertise an advantage'?"

Melbourne City Mission notes the leadership of Women with Disabilities Victoria in this policy and research space, and commends its submission to the Royal Commission.

Gap in current responses:

The Palliative Care sector has unique insights and access to victims and perpetrators, but is missing from the conversation.

Palliative care is available to people with a terminal diagnosis, when no further treatments are available, life is limited and symptoms require specialist care.

Providers of home-based[29] palliative care work in the context of family systems and, going into people's homes, are in a unique position to assess violence – as one worker noted *"we walk into people's homes and their lives. There are secrets, but people are also astonishingly open. We are privy to what's going on in intimate relationships in the family home"*.

In their practice, Melbourne City Mission palliative care staff go into some homes where:

- **victims** of family violence are **responsible for the provision of end-of-life care** to perpetrators. Staff note: *"Later, we find complicated trajectories for many of these women, in how they manage the trauma and grief."*

- **victims** of family violence are **receiving end-of-life care** in the family home and the perpetrator has a key role in the provision of that care. *"In some instances, an ex-partner will come in to provide care. When people are nearing the end-of-life and need to accept care, it can open up vulnerability to all kinds of new abuse, including financial abuse."*

In some of these families, staff identify:

- 'historical violence' (e.g. past sexual violence). *"In these cases, we have clients who identify that they want to work on this as an end-of-life issue"*
- 'current violence'.

Staff note that whilst *"end-of-life care is a tight condensed timeframe[30], life – whatever has been in it, whatever has been present in the family – is very present in end-of-life care.*

"For example, when there has been a history of violence in a family, we find some daughters won't have contact, if they feel they haven't been protected. The mother will be left to care [for the male perpetrator] on their own.

"Family violence tips the scales. Secrets that have been held within a family can affect how we as workers are able to engage."

---

[29] Data published by peak body Palliative Care Victoria shows that 25 per cent of Victorians die at home. See http://www.pallcarevic.asn.au/

[30] In Melbourne City Mission's services, the average care period is 70 days, though in some cases, we have provided care to people for up to two-and-a-half years.

Palliative care referrals mostly come from treating hospitals, which don't usually know the broader family context: *"At referral, we ask questions about drug and alcohol use, and whether there are firearms in the home, but only get some picture of the family system. At our initial assessment, we start to build the family profile, identify communication styles and, from there, create a care plan."*

Staff reflect that whilst palliative care outreach staff have general training in risk assessment – supported by occupational health and safety policies and procedures – there is a gap in their specialist knowledge about best-practice responses to family violence:

"We had a client last year, who was only still alive because of the care she'd received from her husband. She was physically dependent on him. But he was impatient and rough. Staff had to consider: was this [a manifestation of] an abusive relationship? Or was he just doing the best he could? He was determined to take her to the toilet – he saw it as the last vestiges of her dignity – but she was covered in bruises. There was lots of complexity. There were significant ethical dilemmas for the team. We ran the risk of being prevented from having access to the patient [because of our questions]. We kept asking ourselves how best to engage and keep connected."

Staff say they *"want to know what's out there [in relation to specialist resources]. This is not our field of expertise, but family violence – where it is present – is a significant element."*

They describe one case of a younger woman with dependent children:

"It gradually unfolded that her husband had been abusive. The care of our client was in his hands. We had questions about the level of care being offered to her [in the home]. Staff were particularly concerned about her physical care. We were highly sensitive to any signs such as rough handling. The best place for her would have been a palliative care ward – it would have been safer and a higher quality of care. But we were naive to imagine she'd walk out any more easily as terminal, than in normal circumstances. Her care was compromised, but we were never going to win it. She was still protecting her child.

"We want to know how to work with other specialist services. And we think we have something to offer the specialist family violence sector too, in informing their understanding of the end-of-life context."

Please refer to Recommendation 2 on sector capacity building.

Gap in current responses:

Data capture is poor, making it difficult to understand the true extent of what's needed and what will have the most impact.

As described earlier, Melbourne City Mission's services span multiple service systems, including homelessness, disability, early childhood, health (home-based palliative care), justice, vocational education and training, and employment services. Across all these areas, we are required to use client management systems that allow timely reporting of client and program data to government – our principal funder.

Melbourne City Mission notes that even though family violence intersects with almost every area of our work, only our homelessness services use a client management system – the national Specialist Homelessness Information Platform (SHIP database) – that:

- prompts workers to routinely screen for family violence at intake and referral; and
- enables the collection and analysis of family violence data within and across diverse homelessness programs.

Incorporating 'family/domestic violence' as a specific field/domain in the SHIP database sends a message to funded services that family violence is something that needs to be top of mind.

Additionally, data not only provides a platform for appropriately tailored services responses at the client level but – at a service and system level – enables homelessness services like Melbourne City Mission to undertake higher level analysis of need.

In our own services, SHIP data has:

- given us greater insights into family violence as a driver for homelessness (complementing higher-level findings from academic research)
- prompted us to identify skills gaps/training needs across our homelessness services
- highlighted the need for a specific family violence practice framework that we can use in our youth homelessness services (as stated earlier, a copy of our proposed practice framework is incorporated on page 47 of this submission).

Without comparable data in jurisdictions such as disability, the true extent of family violence is obscured – we can only talk about the issues in anecdotal terms, or at a point in time with a sample group – making it difficult to understand the true extent of what's needed and what will have the most significant impact.

Our Disability Services and Palliative Care staff note that, where they do identify family violence as an issue, they use case management notes and other internal systems and processes to record family violence. Additionally, they make notifications as required (for example, to Child Protection) and support clients to engage with the police and justice systems. However, in terms of contributing to higher-level understanding, there is *"nowhere to report it"*.

Practical changes to improve integration and coordination:

The homelessness sector's Family Reconciliation and Mediation Program (FRMP) provides a potential model of sector capacity in regard to family violence knowledge and practice.

It is vital that other sectors are skilled up in their responses to family violence. One model of building sector capacity that could be replicated is the 'FRMP' model, which is located in the homelessness sector. FRMP this year marks its 10th year of operation. It was funded by DHHS when it was identified that homelessness did not have sector capacity in early intervention. FRMP integrated two theoretical frameworks and practice models. Melbourne City Mission considers that this capacity building framework could be useful in progressing the integration between family violence specialisation and expertise in other sectors

An overview of the FRMP model

Melbourne City Mission's Family Reconciliation and Mediation Program (FRMP) is funded by the Department of Health and Human Service (DHHS) to build the capacity of the homelessness service system to support young people who are at risk of or experiencing homelessness to:

- Stay or return home, if safe and appropriate,
- Connect/reconnect with family, significant others or community,
- Recover from family conflict and breakdown
- Build on their capacity to create 'families of choice'.

Sector capacity is built through the provision of:

- **Brokerage** – FRMP has an allocation of funding that can be accessed by SAAP Services, refuges, THM services and Creating Connections to support young people (newly or longer term homeless) aged 15–25yrs who have identified they are wanting to access family mediation/ reconciliation type services.

- **Information** – FRMP hosts an online platform for workers' knowledge sharing and professional development, including a library of free online resources.

- **Annual Statewide Conference**

- **Professional Development training**

- **SAAP Family Reconciliation Workers Network** – Through FRMP's state-wide consultations with SAAP services (typically located within youth refuges and youth support services) it was evident that Family Reconciliation workers ran the risk of becoming professionally isolated. In our attempts to consolidate Family Reconciliation workers as a part of the Homelessness Service Sector, a statewide network was established to profile and support Family Reconcilation workers across the sector. Family Reconciliation Workers from across Victoria come together on a quarterly basis. The network meetings are convened and supported by FRMP.

- **A Private Practitioner database** – Services often find it difficult to refer clients to timely, affordable therapeutic supports. FRMP brokerage funds can be used to access services provided by approved psychologists, mental health social workers, family therapists, art and music therapists, psychotherapists and counsellors on the Private Practitioner database.

- **Research and special projects** – For example, the recently-completed Consumer Feedback Documentary. This project provided an opportunity for young consumers who have experienced homelessness to express their views about what has assisted and supported them well and what could be improved by the homelessness system. The documented discussions with consumers are now being used as a springboard for homelessness staff to reflect on family based interactions, and family inclusive practice within the early intervention space, and how they can best assist young consumers and their families. Associated networking and capacity building work is continuing across the sector.

FRMP this year marked its 10th anniversary and is considered to be a best-practice sector capacity building model.

Melbourne City Mission considers that there is potential to:

- Adapt this model in a family violence context for the broader human services sectors and/or

- Leverage the existing model to build greater capacity around family violence knowledge and practice in the homelessness sector.

Please refer to Recommendation 2 on sector capacity building.

Question 11:

- **Promising and successful ways of supporting the ongoing safety and wellbeing of people affected by family violence; gaps and deficiencies; and opportunities for improvement**

Melbourne City Mission's perspective at a glance:

- Supporting the safety and wellbeing of women and children in vulnerable family situations:
  - Early intervention – the Cradle to Kinder experience
- Supporting the safety and wellbeing of young people experiencing family violence:
  - A proposed practice framework that can guide homelessness services working in a family violence context
  - Early intervention – the Detour experience

(Please also refer to Behaviour Change programs described on pages 51 and 58 of this submission.)

Supporting the safety and wellbeing of women and children in vulnerable family situations

Early intervention – the Cradle to Kinder experience

On page 15 of this submission, Melbourne City Mission highlighted:

- *"... family violence, substance abuse and mental illness as commonly co-occurring difficulties for families involved with the Child Protection system".*

- *"inter-generational patterns that reflect and repeat the same difficulties."*

Cradle to Kinder is a State Government funded early intervention program that works to improve individual and family functioning, and break the cycle of disadvantage, particularly inter-generational engagement with Child Protection.

Cradle to Kinder provides intensive ante and post-natal support for vulnerable families. The target population is:

- young women under the age of 25 who are pregnant (eligible from 26 weeks of pregnancy) or new mothers (eligible up to six weeks after the birth of their baby)

- living within the identified Child FIRST catchment

- where a report to Child Protection has been received for their unborn child, where the referrer has significant concerns about the wellbeing of the unborn child, or

- where there are a number of indicators of vulnerability/concerns about the wellbeing of the unborn child and the woman is not involved with the Child Protection system.

Priority of access is given to:

- young women who are, or have been, in Out-of-Home Care
- Aboriginal women
- women who have a learning difficulty
- young women and their families who have previously been receiving Cradle to Kinder services but who have moved to a new Cradle to Kinder catchment.

The program also accepts referrals for young women who are, or have been, in Out-of-Home care and are living in unstable housing/short term tenancy arrangements outside the catchment but within the Department of Health and Human Services region, and exercises flexibility in accepting referrals for pregnant women with an intellectual disability who are older than 25 years of age.

Engagement with the program is on a voluntary basis. Emphasis of supports is placed on the key transition periods in a child/family's life.

The model of family/individualised support uses a strengths-based approach that focuses on building the capacity and confidence of the young parent. Our youth-focused services are linked to child-focused services, so that regardless of entry point, families and children are able to be assisted. Families are linked to relevant services with seamless referral pathways. Engagement with families using a universal platform is considered to be a safe environment by both parents and children and non-stigmatising.

How Cradle to Kinder is supporting people to build their capabilities – key elements of our service model:

- **Whole of Family service response –** identifies and considers family circumstances, in particular the existence and experience of the child.

- **Culturally responsive –** service provision underpinned by the Aboriginal Cultural Competence Framework to ensure cultural competence and cultural safety. An understanding of cultural identity and cultural differences in parenting practices also underpins service provision for families who are culturally and linguistically diverse.

- **Early Engagement and Relationship Practice Approach** – assertive outreach to establish critical relationships and enduring partnerships with participants that are child-focused, family-centred, responsive to family needs, and utilise a strength-based approach.

- **Longer-term intervention** – provision of ante and post natal-supports, early childhood parenting, assistance with day-to-day building of life skills, practical support and assistance, and future planning. Strategies are developed in conjunction with the participant and significant others to maintain the engagement of the family in the longer term, until the child turns four, through identification and flexible responses to the changing support needs of the family.

- **Holistic Assessment** – multi-dimensional approach based on key indicators and desired outcomes. A dynamic, informed risk and needs assessment underpinned by ongoing analysis and planning, and evidence based judgement. Identifies and addresses the 'root cause' of risks for each participant and their family while assisting to plan for the future identifying longer term goals and aspirations of the mother and her family.

- ***Best Interests* Case Practice model** –through a co-ordinated key worker approach, meets the health, safety and developmental needs of infants and young children as well as the needs of the family while also developing the young parent's assets, strengths and ability to resolve challenges and achieve their desired outcomes.

- **A multi-disciplinary team –** comprising skilled and experienced staff from a range of professional backgrounds who demonstrate a 'can do' approach in partnering with the young mother, her family, and those involved in the circle of support created for the family. Easily accessible, located where young people are.

- **Family and Community Reconnection Focus** – connecting the young mother and child to their family and the mainstream and specialist services they need, building self-determination and resilience for sustainable positive outcomes for the future.

- **Child and Family Action Plan** – developed in consultation with all key stakeholders, self-directed, person-centred and family-inclusive, creates goals and actions to achieve positive outcomes both short and long term.

- **Streamed Pathways and Flexible Support Family Support Packages, Time-limited Care Packages and Post-program Support –** defined, individualised, tailored programs to build a sustainable path for the future of the young mother and her family; provides opportunities for long-term, sustainable relationships, social networks; and assist parents to make positive changes in their lives and improve the family's capacity to be self-supporting.

Melbourne City Mission highlights the Cradle to Kinder program as a child-focused model that attends to family violence risks by improving the safety and wellbeing of women and children in vulnerable family situations.

Supporting the safety and wellbeing of young people experiencing family violence

A proposed practice framework to guide homelessness services working in a family violence context (*please also see Appendix 1 case studies*)

Early Intervention — Acute — TRAUMA - RISK

Trauma Focused Intervention

- Psychosocial Risk Assessment + Health Assessment; HEADSS
- Acute Trauma Assessment + mental health assessment + K10
- Risk/s, goals & needs identified (developmental, personal, vocational, social)
- Outcome focused interventions including (crisis, refuge, transitional) housing

Counselling: Personal narrative and trauma renegotiation + FV counselling

- Stabilise from acute trauma, build coherence and meaning
- Risk review, creating safety and building choice
- Future Plan, connect to community; developmental lens

Link, referral out, referral on

3months + 3months = 6 months

Extended Intervention — Repeated-Episodic — TRAUMA RISK

Trauma Focused Intervention

- Psychosocial Risk Assessment + Health Assessment (review); HEADSS
- Acute Trauma Assessment (review) + mental health assessment + K10
- New or ongoing risk/s, goals and needs identified
- Outcome focused interventions including (crisis, refuge, transitional) housing

Counseling: Personal narrative and trauma renegotiation + FV counselling

- Stabilise from acute trauma, build coherence and meaning
- Risk review, creating safety and building choice
- Future Plan, connect to community; developmental lens

Link, referral out, referral on

6months + 6months = 12 months

Future Focus — Developmental — Trauma - RISK

Trauma informed Education & Skill Development

- Psychosocial Risk Screen inclusive of mental health + K10
- Developmental Trauma Assessment; Traumatic Antecedents Questionnaire
- Goals & needs identified (developmental, personal, vocational, social)
- Outcome focused interventions including (crisis, refuge, transitional) housing

Counselling: Building Resilience

- Creating (internal and external) safety, increasing capacity for affect tolerance and self regulation skills - attachment and developmental trauma informed

Focus on wellbeing and social cohesion + service navigation

Future Plan, connect to community; developmental & intersectional lens

Link, mentoring, referral out, referral on

3months + 3months = 6 months

Psychotherapy model — Ongoing Developmental — Trauma - RISK

Trauma informed Education & Skill Development

- Psychosocial Risk Screen (review) + Health Assessment HEADSS + K10
- Developmental Trauma Assessment; Traumatic Antecedents Questionnaire
- New or ongoing goals/needs identified (developmental, personal, vocational, social)
- Outcome focused interventions including (crisis, refuge, transitional) housing

Counselling: Building Resilience

- Creating (internal and external) safety, increasing capacity for affect tolerance and self regulation skills - attachment and developmental trauma informed

Focus on psychosocial skill building; wellbeing, maintaining developmental and social roles + service navigation

Future Plan, connect to community; developmental & intersectional lens

Link, mentoring, referral out, referral on

6months + 6months = 12 months

RISK (vertical axis)

Acute — **TIME** — Chronic

Supporting the safety and wellbeing of young people experiencing family violence

Case study: Early intervention – the Detour experience

The Detour Innovation Action Project – a State Government funded youth homelessness early intervention program delivered in partnership with Kids Under Cover and Kildonan UnitingCare – has worked with more than 400 young people in Frankston, Sunshine and Shepparton and their families over the past three years. To date, it has successfully diverted 83 per cent of young people from homelessness.

During this time, Detour has worked with high numbers of young women who have previously experienced or are currently affected by family violence. Over the course of the program we have had to learn from and adapt our practice to support young people experiencing family violence.

A large part of our daily work has focused on providing young people with practical skills to stay safe. Detour youth coaches develop a safety plan in consultation with each young person that is based on their individual needs and situation. Some of our youth coaches have had experience working in family violence services or have completed training to increase their capacity to respond appropriately to family violence situations.

Another vital part of our work is supporting young people to build their emotional wellbeing and self-esteem. A large focus of the case management and coaching support works on a young person's values and beliefs. Detour supports a young person to explore how they view the world and themselves. Many young people have a distorted view of themselves and circumstances due to their experience of family violence. The ongoing support and intensive work with the youth coaches enables them to have a different view and explore their own self-worth.

Detour uses a variety of approaches and tools to assist young people to identify the characteristics of healthy and unhealthy relationships. One particular exercise we use is called 'above the line/below the line'[31]. By using the above the line/below the line exercise, the young person is able to assess how well their current relationships are functioning. It explores what healthy relationships look like and what this young person wants and needs in a relationship. If a young person is struggling, we ask them to imagine the wants and needs for someone *they* value and what they would desire for that person. The recognition of choice ('Line of choice' in the exercise) can be empowering and enable the young person to transform an unhealthy relationship into a healthy relationship.

[31] Ashdown, N (2010) '*Bring out their Best'* Australian Leadership Publishing, p 56-61.

In Detour, we have discovered that there are many challenges and generally a lack of options for a young person under the age of 18 to move out of home. When a young person identifies that they want to remain in the family home under difficult circumstances, it is up to us as case workers/coaches to support the young person in this choice. However, we also need to take into account risks to their safety. Even if a young person remains in the family home or a relationship that has been violent in the past, they leave the program with a greater sense of self worth, clarity about their identity and hope for the future.

One young person stated that the program 'instils strength' in you. This highlights Detour's commitment to identifying and building upon the strengths that young people posses to address their own challenges rather than pushing our views and opinions. It's about walking at their pace while providing a different way of looking.

A large part of coaching is about what's in our control and what's not. When working with a young person, we work with them to see what's within their control and what is not. It's about helping young people to be empowered by developing a more realistic and optimistic view of their circumstances. It's about helping them to identify the power they have to make positive changes and choices. This helps young people at risk to see a way forward, even if it's only a tiny step.

Detour focuses on their interests and where they want to go with their lives. By using the 'GROW'[32] model and the 'miracle question'[33] we support young people to imagine a better future and regain a sense of hope.

The Kids Under Cover studio, an integral part of the Detour program, has provided emergency short-term relief for young person where there are safety concerns about the home or relationship. We have found that many young people choose to stay in the home due to fear of disconnection and isolation if they leave. The studio gives young people a chance to breathe and explore safe alternative housing options while remaining connected to the family network.

Detour's coaching and case work with young people experiencing violence or at risk of family violence reveals an approach that helps develop self-awareness, engages strengths and builds optimism. Through coaching and the flexible application of support young people at risk are discovering renewed inner strength, power and hope for a better future.

A key challenge is the limited availability of specialist family violence services for the youth cohort, including young people over 18 (but under 25) where there is family violence and young people under 18 who are experiencing intimate partner violence. These two groups of young women are falling through the service gaps and are being directed to non-specialist services – such as our Frontyard Integrated Youth Services – without the opportunity to engage with a specialist family violence support service.

---

[32] https://creativerobert.wordpress.com/2013/01/14/the-miracle-question/
[33] Ashdown, N (2010) '*Bring out their Best*' Australian Leadership Publishing, p 50-55.
http://www.yourcoach.be/en/coaching-tools/grow-coaching-model.php

Recommendation 4:

That identified gaps in early intervention are funded, including:

- Scale-up of proven early intervention responses like the Detour Innovation Action Project, which is currently available at three locations in Victoria (Sunshine, Frankston and Shepparton)

- Psycho-educational models *(Melbourne City Mission believes that the Out of the Dark psycho-educational model – currently delivered in the corrections setting and described on the next page of this submission – has the potential to be adapted to an early intervention, community context).*

Recommendation 5:

- That the State Government use the procurement process that underpins its Homelessness Innovation Action Projects, to enable inter-sectoral collaboration and co-design of new innovative responses to family violence.

Question 15:

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

Out of the Dark

Out of the Dark is a group program run by Melbourne City Mission in women's correctional facilities in Victoria, for women who have experienced family violence. The program is funded to run 10 sessions over 5 weeks. The program has been funded by Corrections Victoria since 2009.

Program context

Most women who enter prison have extensive trauma histories associated with repeated exposure to violence – in particular, violence perpetrated by family members and/or intimate partners.

One-in-three Australian women will experience physical violence in her lifetime and one-in-five sexual violence from the age of 15. For women with Corrections involvement:

- Australian research shows between 57 to 90 per cent of women in prison have been victims of **childhood** sexual abuse.
- Studies show 87 per cent of women in Victorian prisons are reported to have experienced sexual, physical or emotional abuse **prior to their incarceration**.[34]
- 90 – 95 per cent of women who access Melbourne City Mission's Family Support services at the Dame Phyllis Frost Centre and Tarrengower report having experienced family violence.

Women exiting prison face multiple complex, interconnected challenges, including challenges associated with family reunification. Facing extreme marginalisation in the broader community, they are often at risk of returning to old networks and old relationships post-release, including relationships with violent men who also have justice system engagement.

To mitigate risks for women post-release and their children[35], Melbourne City Mission's suite of pre-release supports includes a specific program addressing family violence.

[34] See, for example, research cited in Mackay A (2013), *Women in Australian Prisons and Why They Need Human Rights Protections*.)

[35] On average, two-thirds of women sentenced to prison are primary caregivers for dependent children; studies have shown the figure is higher still for indigenous women – up around 80 per cent. Additional data is published at http://asiapacific.anu.edu.au/regarding-rights/2013/10/04/women-in-australian-prisons-and-why-they-need-human-rights-protections/

Best-practice elements

- **Out of the Dark is a psycho-educational program**
  The psycho-educational model empowers women to identify different forms of abuse, distinguish between healthy and unhealthy relationships, understand the impact of violence on children, and learn about family violence and the law. The model gives them a base understanding of what is happening and empowers them to develop strategies for moving forward. The psycho-educational model provides a stronger foundation for change

- **The structure provides a sense of forward momentum**
  Each session has a unique theme and employs different strategies to transfer knowledge and enable self-reflection and change. The program structure projects a sense of forward momentum –rather than returning to the same topic each week, different dimensions are unpacked – and women can learn, reflect and plan using different tools each week (for example, creative arts are used in some sessions). Many of the sessions have a guest speaker – for example, a community lawyer to talk about family violence and the law. Different voices and different perspectives again provide a sense of momentum.

- **The program is family-centred**
  Out of the Dark explores the impact of family violence on children and creates the space for women to think about their experience of family violence not only as an individual, but in relation to their parenting role. As noted earlier, on average, two-thirds of women sentenced to prison are primary caregivers for dependent children; studies have shown the figure is higher still for indigenous women – up around 80 per cent. The 2014 Out of the Dark cohort of 72 women had, between them, 147 children. Whilst participants find this content particularly confronting, they also note that it is one of the strongest agents for change.

- **The program promotes hope and capacity for change**
  Earlier in this submission, Melbourne City Mission highlighted the importance of strengths-based approaches. Consistent with this, Melbourne City Mission has adapted the New South Wales Out of the Dark model to incorporate sessions on the importance of play. This content sends an important message to women who feel distressed about their child's exposure to violence that "it's not too late – here's how you can turn things around".

Program effectiveness

In 2014, Melbourne City Mission ran seven (7) Out of the Dark programs across the Dame Phyllis Frost Centre and Tarrengower women's correctional facilities, involving a total of 72 women.

The program had a 73.6 per cent completion rate.

Qualitative research highlights the role that Out of the Dark plays in providing the knowledge, skills and confidence to instigate change:

- *"My life has already changed dramatically ... I have noticed an improvement with my life, my perspective of my life, my personal social skills, my communication skills, and my motivation for a better life post domestic violence, self violence and post prison".*

- *"I feel so empowered and no more violence! I'm currently doing this program called Out of the Dark, that teaches me about domestic abuse and it's helping me to understand why you were always upset when I would go back to him. I'm going to start a new life when I leave here because I know I will have support". (Authorised extract from a client's letter to her mother – the woman had not spoken to her mother for an extensive period, due to her abusive relationship.)*

"What does Out of the Dark represent?"

- *"New beginnings and new life"*
- *"Away from shame and time to open up"*
- *"Learning to deal with the issues from my past which I keep hidden deep inside and cause a lot of sadness and hurt."*
- *"A group that helps you come out and shows you how to express yourself better as a person, especially about the experiences you have had."*

"Where to from here?"

- *"Concentrate on my sentence, get out and move forward and not look back."*
- *"Work hard to get my children back home and raise them happy, healthy, wisely."*
- *"Break the chain."*
- *"Move on from the past."*
- *"Out of jail to have a happy, healthy, loving mutual relationship with my partner"*
- *"I will only be moving forward; I never want to go back to my old memories and will not be the victim anymore"*

Program gaps – Out of the Dark

Melbourne City Mission is unable to meet demand for Out of the Dark. The number of referrals (from Family Support and other services inside prison, as well as self-referrals) is such that – with funding to employ an additional worker – Melbourne City Mission could run two groups concurrently

Recommendation 6:

That funding is provided to double the current capacity of the Out of the Dark women's psycho-educational program at the Dame Phyllis Frost Centre and Tarrengower women's correctional facilities, to meet unmet demand.

Out of the Dark – ’s story

is a year-old woman, who has experienced family violence at the hands of two former partners. is the mother of a -year-old and is currently serving a sentence at the Dame Phyllis Frost Centre.

s father passed away years ago and she found herself pushed out of the family home by her mother. She became involved with drugs to cope with the experience of homelessness, the pain and loss associated with being separated from her large and once close-knit family, and the death of her father.

“When you don’t have no-one to trust, you’ve got nothing and that’s how I felt when my dad died.”

During this period, met and fell in love with her son’s father, and moved into his family’s home. After seeming “sweet” to at the beginning of their relationship, ’s partner (and his father) soon began to perpetrate physical violence and to exercise control over , for example, making it difficult for her to maintain communication with family and friends.

“They [perpetrators] put a major mask on so people don’t see it, only you see it.” was repeatedly told by her partner that his behaviour was her fault and that she was the reason he would flare up. She said the impact of being told this repetitively was that *“You eventually begin to believe it, that you’re the problem and not them.”*

When became pregnant, she thought she would *“see a different side”* to her partner, but the violence continued, including being tied up to prevent her from leaving.

“I couldn’t get away from him.”

After an attempted strangulation by her partner in hospital, two days after having a , the hospital discharged to her grandparents’ home due to safety concerns. returned to her partner’s home on separate occasions, as she felt her child should have two parents present and stable housing.

She explains, *“Coming from a tight family to nothing was a big shock. When I got with my son’s father, I felt like I had a home again. By the time he became abusive, I felt I was in too deep. I felt there was no way back.”*

“[Also] being homeless with a kid and having to constantly move from refuges to motels was a real hassle, especially without a car. Honestly, it just made me want to go back to the violence because I knew there was at least a roof over our heads and I had somewhere to feed my son.”

Work provided some respite, but the impact of family violence was such that the simple act of a colleague approaching her desk from behind would frighten her – “I was waiting to be grabbed and punched”.

eventually lost jobs due to her ex-partner coming to her workplace and *"raving"*. She says that although one employer in particular was very supportive, *"you get to a point where you give up, it's too embarrassing."*

An attack on her child was the impetus for to permanently leave the relationship. She subsequently re-partnered.

"At first, it was amazing", but it soon emerged that 's new partner had a heroin habit. *"It all went downhill and the violence started again. I got an IVO on him, but it didn't stop him."*

retaliated when her new partner took her son from her for several days. The consequence of 's retaliatory action led to a jail term. She states that although her actions are not excusable, she reached a point where there seemed no other way. says coming into prison was when she began to really face what she felt she had been running from for such a long time.

"I never wanted help because I didn't think I needed help. But, now that I've had that help, I wish I'd wanted it sooner."

's reflections highlight the need for workers to meet women 'where they are at'. *"At the beginning* [when had received prior offers of help to deal with the violence], *they would put pamphlets in front of me, but I'd chuck them in the bin. It meant nothing at the start. You just want to hurry up and get out of there."*

"Help doesn't always feel like help because of the way you're approached."

"You look at these women with their fancy folders looking at you. I was thinking, 'What the fuck do you think you can do for me, that I can't do?' I'm not a 'poor little thing'.

"They would say to me, 'Make sure you're out of harm's way' and I was like, 'How can I make sure harm's not around me when that's my whole life?' They'd say 'This will help you'. Well, no it won't. You look at these women trying to help you, and you think 'You're not behind those closed doors'.

was not initially interested in participating in the Out of the Dark program offered at the Dame Phyllis Frost Centre, but says the key to finally opening up was being able to trust the case workers and knowing they cared about her. *"If you feel comfortable with someone, then you're willing to listen to the fact that you need help. The [Out of the Dark program] lets the story come out naturally. They don't force you to say what you're not ready to say." By comparison, other programs felt "really judgemental" as though, if you reject help once, "my chance of getting help is gone".*

"In here [prison], you have to face everything. I felt like a bit of weight was lifted off my shoulders when I told my story for the first time. I'd been putting it off for so long."

After completing the Out of the Dark program, ███ says looking back she can now see the warning signs of family violence. What she perceived as acts of love, were really manipulative techniques to keep her close.

"He would pick me up from everywhere and at the start I thought, that's so sweet that he does that. I know things now that I didn't know before and that's going to help me see the signs if it happens again. I feel like now I can see ***relationship*** *love and* ***controlling*** *love."*

███ says the one thing that got her through it all was her son. *"I would not have been able to go through any of this without him. That love for my child is why I'm still here today."* She also says that as a victim of violence, *"You always hope for better days"* even amongst the most extreme circumstances.

"Out of the Dark has helped me heaps and helped me be able to talk about my story without tears in my eyes. Being able to finally tell my story is better than drugs."

Program gaps – no equivalent Men's Family Violence Program in the correctional environment

A current service/system gap is an equivalent men's program, targeted at behaviour change. A proposed model – 'Into the Light' – is suggested below.

Men's responsibility and behaviour change

Currently men in prison or on Community Corrections Orders can miss out on specialist family violence interventions when family violence is not understood as different from other acts of violence.[36]

The Corrections environment presents a unique opportunity for men in custody to understand and acknowledge their role in abusive relationships and engage in meaningful behaviour change.

Melbourne City Mission proposes a Men's Family Violence psycho-educational group program to be rolled out at existing men's correctional facilities in Victoria, incorporating concepts from the Out of the Dark women's program. The primary goals of the program would be for participants to:

- Be able to identify the type of family abuse/violence the participant is engaging in.
- Be able to identify with the impact of different types of family abuse/violence.
- Be able to identify and understand the impact of family abuse/violence on their partners and children.
- Be able to identify and develop strategies to manage the anger associated with their violence/abusive behaviour.
- Be able to improve relationships with children and victims.
- Be able to develop strategies for moving forward.

Melbourne City Mission's intention would be to target men who are willing to participate in a program that will educate them and aim to empower them to make changes – engagement in the program would be voluntary. Clinical services within the prisons would be consulted about the appropriateness of participants in a group setting.

Each series would comprise 10 sessions. In the first instance, Melbourne City Mission's proposal is to engage 8 – 10 participants per series, delivering men's behaviour change to approximately 50 participants per year. The cost of delivering the program would be $150,000 for three years.

---

[36] No More Deaths (2014) *Fact Sheet Number 3,* published at http://womenslegal.org.au/files/file/NoMoreDeaths%20Campaign%20Fact%20Sheet%203%20colour.pdf

Recommendation 7:

That a Men's Family Violence psycho-educational group program is funded and implemented at existing men's correctional facilities in Victoria, incorporating concepts from the Out of the Dark women's program.

Conclusion

Family violence is everyone's business. Whilst the specialist family violence sector has a key leadership role, there should be no 'wrong doors' for people seeking support. Other sectors need to be able to appropriately respond, so that women, children and young people can be safe. The importance of improved service integration and coordination across and between systems cannot be overstated. It is critical.

Importantly, victims of family violence need to **stay** safe. The system must be responsive to crisis, but it is vital that, going forward, the historic under-investment in prevention and early intervention is redressed, supported by ongoing policing and law reform that makes perpetrators accountable, and investment in primary prevention.

Appendix 1 – Case Studies

These illustrative case studies, prepared by Silvana Izzo on behalf of Melbourne City Mission, are designed to be read in conjunction with the practice published on page 47 of this submission.

EARLY INTERVENTION | Acute TRAUMA RISK

█ is a 17 year old who lives at home with his parents and two younger siblings. He is from a migrant background, settling in Australia when he was █ years old following refugee migration with his parents. █'s █ younger siblings were born in Australia following settlement. The family live on the outskirts of Melbourne in a new housing estate where other members from his migrant community also live. █ attends a large local state high school. His father has been unemployed for the past twelve months following an injury at work which he is currently negotiating with Work Cover. █'s mother works locally part time. Since the accident, █'s father has become increasingly verbally and emotionally aggressive in the family, with escalating conflict between his parents and between █ and his father. █ has stopped going to school regularly. He has been bullied outside of school by other students and has been having fights at school. His teachers report explosive anger, █ reports he feels like he is constantly 'on edge'. █ is having difficulty completing tasks, maintaining focus in class and handing in assignments. His parents speak limited English and school liaison is difficult due to language and cultural barriers. █'s parents are unaware of his difficulties at school and he has few friends.

During a recent fight at home, █'s father assaulted his mother who managed to lock his father out of the house during the attack. There had been some previous assaults in the past resulting in various physical injuries to █'s mother who had declined health, social and/or legal assistance as suggested by █ at the time. █'s mother was greatly concerned about others in the community finding out or government services getting involved. On this occasion a neighbour hearing the shouting, called the police. On their arrival, █'s father reported his wife had attempted to stab him. █'s mother denied this and requested the police leave. She declined a police report or intervention order and asked to remain at home with her husband and children. She was injured but declined a medical assessment.

The police unable to discern the situation took ███'s mother by ambulance to an Emergency Department for review; ███'s father was taken into custody with an interim intervention order application and instructed to remain out of the family home until his hearing. The ███ younger siblings were taken into care via Child Protection with a bedside hearing later in the evening with ███'s mother whilst in hospital as police identified that his mother's desire to return home to her husband increased the risk for his younger siblings and was not in their best interest.

███'s father was instructed to remain outside of the family home until his court hearing regarding an intervention order in a few days. ███'s mother was admitted overnight to hospital. ███'s ███ younger siblings were placed in the ongoing care of Child Protection in an undisclosed location. ███'s mother was informed about both an intervention order hearing at the Magistrate's Court and a child protection hearing at the Children's Court the following days. ███ was utilised as an interpreter for much of the proceeding regarding both his mother and father.

███ left the hospital distressed with a high degree of acute trauma unaddressed on a background of limited psychosocial supports, few friends and no family support. Too distressed to return home, his mother also expressed great concern regarding other members of the community being aware of the situation, urging him to remain private about the matter.

███ is found walking along the banks of the ███ River at ███ by police, distressed with vague suicidal thoughts. He identifies himself as homeless and is directed to the local youth homelessness service for crisis housing support by police.

LONG TERM — Ongoing TRAUMA RISK

is years old and living at home with her father who has diagnosed bipolar disorder. 's father remains stable when taking his medication and not drinking alcohol. manages her father's medications and ensures he maintains regular contact with his long term mobile support mental health team. 's mother lives 30 minutes away and has a longstanding history of alcohol dependence with frequent episodes of intentional self harm, particularly when intoxicated. 's mother frequently contacts her and asks for money and other supports. Both parent's receive the disability support pension and are in private rental.

Family life has included ongoing verbal, emotional and occasional physical violence between her parents; frequently in the presence of . 's parent's have a long history of separating and reuniting, with multiple housing moves and relocations. As a result, has attended multiple schools both primary and secondary. 's parents separated when she was years old during a long term mental health admission for 's mother following a significant suicide attempt on a background of a psychotic depression.

's mother was recently evicted from her flat due to rental arrears and property damage and moved into the unit shared by and her father in a temporarily arrangement. Initially stable, the situation deteriorated within a few months with frequent fights and conflict between her parents. Both parents commenced drinking and neither continued to take their medication. Rent was in arrears with escalating violence and unpredictable behaviour at home.

is attempting HSC at her local state high school where she commenced at years old. She is struggling with low mood and has recently started cutting. She has not spoken with her friends regarding the recent changes to her home life.

The family have been threatened with eviction due to rental arrears and complaints from neighbours. Police have been called out to the home on multiple occasions. [redacted] has called the Crisis Assessment Team (CAT) from the local Area Mental Health Service (AMHS) on multiple occasions during times of acute conflict between her parents but has been instructed to contact the police instead. [redacted] has asked for help from her mother's previous mental health case manager but was informed that her mother was now out of area and to ring the local area service instead.

[redacted]'s self harming was noticed by a school teacher who referred her to the school counsellor. [redacted] disclosed to the school counsellor that she feels distressed, unsafe and unhappy at home. The school counsellor attempted to refer [redacted] to a specialist Youth Mental Health Service for support, reporting low mood and suicidal ideation on a background of ongoing domestic violence but was instructed that [redacted]'s needs were too acute for their service and for her to contact her local Child and Adolescent Mental Health Service (CAMHS). The school counsellor made contact with [redacted]'s local Child and Adolescent Mental Health Service who instructed the counsellor that it was a situational crisis rather than an acute mental health issue. A referral to a youth housing service was recommended with possible referral to a youth psychosocial service for ongoing case management and support.

FUTURE FOCUS **Development RISK**

Trauma informed Education & Skill Development

Psychosocial Risk Screen
Goal focused interventions
Stabilise
Future Plan
Link

[redacted] is an [redacted] year old woman born in country Victoria. As a child [redacted] moved across the state multiple times and on [redacted] occasions interstate in the care of her mother, grandmother or other relatives. She attended multiple schools for brief periods of time and did not complete her schooling, leaving sometime between [redacted] years of age. [redacted] struggles to read and write at a functional level. During [redacted]'s childhood, her father was sporadically present, spending the rest of the time on the road or working in country Victoria; for some of the time he was in prison on a short term sentence for repeated offences. [redacted]'s mother receives the disability pension for longstanding depression with a background of childhood sexual assault. Both [redacted]'s parents had experienced high levels of conflict and abuse in their childhood homes being exposed to ongoing violence at young ages. Her parents had met as teenagers in their local country town and had [redacted] when they were in their late teens.

[redacted]'s mother was repeatedly assaulted by [redacted]'s father throughout [redacted]'s childhood with frequent police intervention and court orders. [redacted] has [redacted] younger siblings all of whom have been in foster care and all of whom have current child protection orders and plans in place. [redacted] has limited contact with her siblings frequently being unaware of their placement locations. [redacted] and her family have an extensive past history of episodic contact with child protection. At [redacted] was placed in a residential facility via a Child Protection court order following repeated break down of foster care placements. [redacted] repeatedly ran away from residential care facilities, often returning to her mother. [redacted] commenced smoking ice and had several psychotic episodes requiring medical management and support. It remained unclear how she was funding her ice use. She was admitted to Secure Welfare on two occasions during this time with the plan for assessment and treatment of both her substance use and mental health.

Complex developmental trauma was identified at each admission concurrent with her ice dependence and vulnerable mental health. She was lost to follow up at each discharge following a referral to community youth dual diagnosis services or not accepted by the local Child and Adolescent Mental Health Service (CAMHS) citing non compliance and failure to engage. She frequently failed to attend appointments and was often absent when Child Protection Officers attempted to bring ████ to any of her mental health or wellbeing appointments.

At ██ after repeatedly running away from residential care she spent █ months on the street sleeping rough, couch surfing or sharing rooms in adult rooming houses in Melbourne; unable to be located by Child Protection. After a physical assault by an acquaintance one night in a rooming house she returned briefly to live with her mother during which time her father also returned. ████ remained at home with her parents for █ months. One night during a violent conflict during which her father was repeatedly striking her mother she attempted to intervene following which her father threw her out of the home. Her mother suggested she try and find somewhere else to stay for all their safety.

████ sought support from a youth homelessness service and was accepted into a youth refuge for █ months but was evicted after █ weeks due to breeching the refuge rules regarding substance use, repeated damage to her room and her failure to engage with a refuge support worker. ████ has been cycling in and out of crisis accommodation and short term rooming house rentals for the past █ years seeking episodic and ongoing support from a youth homelessness service.

PSYCHO EDUCATION MODEL **Ongoing DEVELOPMENTAL RISK**

Trauma informed Education & Skill Development

Review Psychosocial Risk Screen + health
New or ongoing goals/needs identified
Goal focused interventions
Stabilise
Future Plan
Link

is a year old young man with a long history of complex trauma. Child Protection first removed him from his mother at months of age due to ongoing neglect on a background of his mother's alcohol and heroin addiction and family violence. 's mother was estranged from her family and had recently moved to Victoria with her husband, having no other support at the time of 's placement with Child Protection. has no siblings and has no recollection of his father whom his mother reports was a violent and abusive man who left when was months old whilst he was in care. At years of age was reunited with his mother, following her detox and ongoing abstinence. s mother cared for him with the support of community services and Child Protection disengaged their services.

Childhood was difficult; had a learning disability and childhood asthma requiring frequent acute intervention and often hospitalisation for days to weeks at a time. He missed long periods of school and steadily disengaged, attending sporadically. s mother had worked part time whilst he was a child but had found it difficult to care for and work. 's mother had ongoing difficulty paying for all their needs, including the rent and together they experienced ongoing financial strain and vulnerability. At decided to leave school to find a job to help pay the rent for the one bedroom flat they shared. had always slept on the couch and his mother in the single room as they had not been able to afford a 2 bedroom flat and his mother had been on the wait list for a Public Housing Unit since was a child.

At the same time, s mother commenced a relationship with a man, who after several years moved into their shared one bedroom flat.

After moving in, his mother's partner became increasingly controlling and emotionally abusive towards [redacted]'s mother and aggressive and critical towards [redacted], demanding [redacted] find somewhere else to live. [redacted]'s mother avoided conversations with [redacted] when he expressed his concerns about his mother's partner. The partner's controlling and emotionally abusive behaviour steadily increased and [redacted] began to spent most nights out couch surfing or riding the trains. He felt unable to do anything to change the situation. One evening his mother's partner had his belongings packed at the door and demanded he leave the house. [redacted] feeling unable to find another solution left.

[redacted] had not found ongoing employment in the years since leaving school and was largely supported by the Centrelink Youth Allowance at home rate of $281 per fortnight. He has no specific work skills, no household possessions or items and no savings for rent or bond. A Centrelink officer recommended a referral to the Centrelink Social Work team who made a referral to a youth homelessness service for assistance with private rental and psychosocial support. His mother's partner has blocked any contact between [redacted] and his mother.