

Submission to the Royal Commission into Family Violence

Colac Area Health



Colac Area Health is a unique, integrated health service that meets the needs of more than 30,000 people in the Corangamite, Colac Otway, and Surf Coast Shires of Victoria. Our Family and Community Programs team provide a range of support services, counselling and care to the wider community on matters that affect individual and family lifestyles, not least of which is family violence. As a large regional health service, working across a range of health issues, we offer a perspective on the experience of women, children and men impacted by family violence in rural and regional Victoria.

The rural and regional experience

The two key factors that characterises the rural and regional experience of family violence are firstly, the widespread geographical and social isolation and secondly, the lack of anonymity in a small community.

Many residents in our region experience a degree of geographic and social isolation. They may live large distances from services, in areas where public transport is largely non-existent. Families may have access to only one car, and this is likely to be used by one member of the family to travel to and from work. The stay-at-home parent – often the mother – may not have access to any form of transport and be completely reliant on her partner. This can place the woman at greater risk from controlling behaviours, but it also makes it extremely difficult for the woman to seek help, let alone escape an episode of violence. Attending a women’s refuge or attending court in order to apply for an intervention order can simply be impossible. The result of this isolation is that the affected family member is more at risk of experiencing violence, less able to seek safety during an episode of physical violence, and less able to seek the appropriate help to stop the violence from reoccurring.

In addition, in regional areas where many families and individuals are known to one another, the corresponding lack of anonymity, and the stigma associated with family violence, can be a barrier to disclosure and seeking help. Both the perpetrator and victim may be known to support workers, or the perpetrator may be a prominent local identity. The affected family member may feel that the benefits of disclosing family violence and seeking assistance will be outweighed by the consequences of community perceptions. Likewise, health professionals may feel unwilling to intervene due to a personal connection with the perpetrator or victim.

Overall, women in particular, are at greater risk of harm, and less likely to obtain support in a rural or regional area.

Gaps and deficiencies in current responses to family violence

In rural and regional areas, family violence remains a largely ‘hidden’ problem that only becomes visible once the problem has escalated to the point of serious harm.

There is a lack of focus on early intervention, with family violence usually being identified within a family, only once police have become involved. There must be more that services, other than the police, can do to identify and respond to family violence at much earlier stages.

And whilst the police response to family violence has improved in recent years, deficiencies in the police response can still be identified. For example, safety notices appear to be underutilised. In rural areas, safety notices play a very important role in providing immediate protection to people who have experienced family violence, particularly given that the affected family member may have difficulty in attending court to obtain an intervention order for the reasons outlined above. In addition, Police Family Violence Liaison Officers appear to be under resourced, and in our local region have been subject to a large number of staff changes in the position.

In addition to the lack of focus on early intervention, there is also a lack of focus on children who are experiencing family violence, especially on the cumulative harm associated with repeated exposure to the different forms of violence. Family violence continues to be seen as a problem between a perpetrator and a victim, with little attention being paid to the risks and harms experienced by children exposed to the violence of a parent. Furthermore, the focus on an 'incident' of family violence masks the compounding harm that a child experiences from being a member of a family where violence is ongoing.

In rural areas, the experience of attending court to obtain an intervention order can place women in a difficult and sometimes unsafe position. Getting to court in the first place can be difficult, and there is a lack of anonymity, but in general, the courts are not physically structured to make the affected family member feel safe. The victim is often required to share the same space in the lead up to their court appearance. This can result in the victim being exposed to the perpetrators pleas for forgiveness and for them to not go through with the proceedings; it can also leave the victim at risk of being openly intimidated. Often a woman's first experience of the court system results in a reluctance to experience it again.

The court system does not always serve children well, either. When intervention orders are made children are not always included on the order, particularly when there is a pre-existing family law court order. This can result in perpetrators continuing to have contact with children despite safety concerns, for children, young people, and the other parent, that should be obvious.

Intervention orders appear to be breached in a large number of cases yet these breaches are rarely taken seriously. The affected family member is forced to grapple with how to respond to breaches, when they are unable to provide evidence that a breach has occurred, or when a breach has occurred but it is not deemed a 'serious' breach. Women report that they are dissuaded from reporting 'minor' breaches. As a result, breaches of intervention orders go unreported, women are placed at risk, and there appears to be very little repercussions for the perpetrator.

A further gap in the current system, particularly in rural areas is the chronic underfunding of specialist family violence and related services. Family violence outreach services in rural areas are severely restricted and providers simply lack the resources to assist women in crisis. Homelessness services have a high representation of women escaping family violence needing to access their service, there is a lack of crisis housing and waiting lists are long.

Services for men who have been violent are largely non-existent. There is a lack of men's behaviour change programs in the region. As a result, men are referred to individual counselling, often to private counsellors, yet we know that individual counselling is not best practice in responding to men's violence. There is a lack of accountability, a lack of focus on the victims of violence, and the process is hidden, often leading to a situation where the counselling experience colludes with a perpetrators beliefs about why he is violent, leading to minimising or excusing his violence, not providing any real behaviour change, and not increasing the safety of women and children. Indeed, individual counselling can actually cause more harm than good, as men can emerge from the process believing they have addressed their use of violence, when in fact, they have not.

Improving current responses

From our perspective, the current response to family violence could be improved by placing far greater focus on children who experience violence within families. There needs to be greater awareness of the impact of family violence on children, even when the children are not the direct targets of the violence.

Cumulative harm is a key issue. The current focus on family violence 'incidents' fails to capture the harm that children experience when they are repeatedly exposed to family violence, regardless of if they were present at a particular incident, or not. Unfortunately, a parent's capacity to know if children are safe or impacted by family violence is limited. Parents often assume that their own violence, or that of their partner, is not affecting the children, yet we know this is not so. There is a strong case for greater assertive outreach, early intervention and more information sharing between agencies to ensure the safety of children and young people.

There is also a lack of education among workers about the impact of family violence on women as mothers and caregivers. Women can be blamed for the impact of the violence on their children, particularly where child protection involvement exists.

Ultimately, perpetrators need to be made more accountable for their use of violence, and the public and community agencies need to have a better understanding of how disabling family violence is for individuals, particularly children. All workers in community services, particularly early childhood services, need to be equipped with the skills to recognise family violence and respond appropriately.

We need to improve the current supports and services available to women, children and men who have experienced violence. We also need to ensure that men who have been violent can access appropriate behaviour change programs. But furthermore, we need to focus on early intervention, and be able to identify and respond to family violence at a much earlier stage.

Funding Models

Funding models for family violence and associated programs and services such as homelessness services in rural and small regional centres are often fragmented and disjointed, creating significant inefficiencies and less than adequate services. There are often multiple providers supporting minimal FTE with small amounts of funding all providing bits of a confusing service system. Homelessness services for example are provided by 4 different providers in this small catchment three being managed from Geelong. Our experience is that services being managed from outside the local area are not given the focus and priority required to provide a robust and well-coordinated service response. There is best intention and goodwill but this does not translate to local commitment and accountability, too often the demands of the much larger centre overshadow the needs of the smaller centre leaving a less than adequate local service response. Rural and small regional catchments need flexibility in funding models taking into account local needs and at the same time improving efficiencies and enabling a stronger and better integrated service model. A review of the funding models and service systems in regional areas would result in stronger and improved services for local women and children.