

Royal Commission into Family Violence

VCOSS Submission

May 2015

About VCOSS

The Victorian Council of Social Service (VCOSS) is the peak body of the social and community sector in Victoria. VCOSS members reflect the diversity of the sector and include large charities, peak organisations, small community services, advocacy groups, and individuals interested in social policy. In addition to supporting the sector, VCOSS represents the interests of vulnerable and disadvantaged Victorians in policy debates and advocates for the development of a sustainable, fair and equitable society.

This submission was prepared by VCOSS Policy Advisor Brooke McKail, drawing on input and advice provided during consultations with VCOSS members.

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Executive summary

The shattering and tragic effects of family violence are felt right across Victoria. It devastates victims and their families across the state, across every socioeconomic group, and every geographic area. Family violence also ripples further to those not directly affected, undermining the sense of cohesion, security and resilience of entire communities, families and individuals. It also creates further wide-reaching implications for social and public services, including those in the justice, health, housing, child protection and community sectors.

In the face of this, the Victorian Council of Social Service welcomes the Victorian Government's commitment to respond to the needs of victims, while also working to effectively respond to and end family violence in this state. We welcome the nation's first Royal Commission into Family Violence as part of this, and also the Victorian Government's commitment to implementing all the Royal Commission's recommendations.

In the last decade we have seen a dramatic increase in the number of family violence reports and intervention orders in Victoria, along with increased awareness and improved police and system responses. Police now respond to more than 600 incidents a day.¹ Family violence services report that victims are also experiencing escalating levels of violence, deepening the resulting trauma and severity of the consequences. This has placed overwhelming pressure on police, courts, specialist family violence services and other services, none of which have received commensurate resources to respond.

Trying to prevent family violence, and responding holistically to its victims in the many cases where it is not prevented, is complex and multi-dimensional, and beyond the capability of any single sector or organisation to achieve. Tackling family violence requires a whole-of-government and whole-of-community approach, including intensive collaboration with the community sector.

The community sector is among those best-placed to understand the key determinants and contributing factors to family violence, as well as the immediate and long-term needs of victims. Community organisations' direct work with people, families and communities affected by family violence, combined with its knowledge of the evidence base around the issue, make its involvement essential in developing innovative solutions for preventing family violence and supporting victims.

Gender inequality and a belief in rigid gender roles are key determinants of violence against women. There are also a wide range of other identified contributing factors that increase the risk of experiencing or perpetrating family violence, including social isolation, ill-health, poverty and exposure to violence as a child. Aboriginal women, women with disabilities and women from

¹ Graham Ashton, Victoria Police Chief Commissioner, *The Age*, Tuesday 26 May, 2015, p. 5.

culturally and linguistically diverse backgrounds are particularly vulnerable to violence. They also experience complex barriers to seeking help.

While no single contributing risk factor directly causes or excuses violence, these factors can increase people's likelihood of perpetrating or experiencing it. By reducing and overcoming these complex and multiple forms of disadvantage, communities and individuals can become more resilient and less likely to perpetrate or become victims of family violence.

Changing the societal factors that contribute to family violence requires a long-term approach. Deeply entrenched attitudes, behaviours and practices that support or condone violence must be challenged and shifted. Community organisations that have built up relationships with marginalised groups are well placed to promote and deliver programs that tackle these attitudes among people facing disadvantage.

Schools are important settings for universally fostering positive attitudes and promoting healthy relationships among young people in their formative years. Effective school-based primary prevention programs require whole-of-school approaches embedded in the curriculum from early primary school through to secondary school. Schools can also play an important role in identifying early signs of family violence and supporting families at risk of or experiencing it.

Early childhood services are another important setting for identifying signs of family violence and supporting families at risk of or experiencing it. Because families do not feel a stigma attached to accessing these universal services and because the services have high levels of participation across the community, they provide a great opportunity to engage families at risk of or experiencing violence, and link them to support. Integrated early childhood services, 'schools as community hub' models, and other place-based approaches to improving integration between universal and specialist services can be further explored. Other services, including Maternal and Child Health, playgroups, antenatal services, hospitals and general practitioners also offer opportunities to identify family violence, respond appropriately and refer people to supports.

Many people experiencing or perpetrating family violence will first come to the attention of universal or secondary services, including schools, and health and community services. To maximise the likelihood of people receiving the support they need as soon as possible, a coordinated approach is required, where workers and volunteers across the whole service system are able to identify, respond safely and refer people to specialist family violence support.

Professionals and volunteers in these services need appropriate training and resources to support them to identify and respond to family violence. Common risk assessment tools ensure workers across all sectors are guided by a consistent framework, with a shared understanding of family violence and risks. The Common Risk Assessment Framework (CRAF) is an important tool for building this shared understanding and ensuring all organisations have common information about family violence. Unfortunately, knowledge about the CRAF in the broader community and health services sector is inconsistent and participation in it has been limited.

Improving identification and referral of families into the specialist family violence system will not help these families if services are unable to respond and assist them. Specialist family violence services within the community sector are facing overwhelming demand for crisis accommodation, counselling, referral and legal assistance. The publicity around the Royal Commission, as well as improved system responses will only add to the pressure services are experiencing.

At current funding levels, refuges struggle to accommodate many women, including women without permanent visas, women with older male children and women with larger families. Referral services are forced to place many women in motels or other insecure accommodation, placing their safety at risk, and causing some women to return home to their violent relationships. Women with complex needs, including mental ill-health and alcohol and drug issues are often unable to access refuge accommodation. Improved collaboration between the mental health and alcohol and drug sectors and the family violence sector is needed to provide integrated care to women experiencing family violence.

The chronic shortages of public and social housing in Victoria and a scarcity of affordable housing, mean many women and children are unable to secure long-term housing, leading them to stay longer in refuges and crisis accommodation, or face homelessness. Growth in the social housing system is urgently needed, as well as investment in rapid rehousing programs that assist women quickly into secure tenancies. 'Safe at home' programs, which support women and children to remain safely in their homes if they choose to do so, can significantly reduce the trauma and disruption experienced by women and children made homeless by family violence.

Men's behaviour change programs hold men accountable for their choice to use violence. However, waiting lists are several months to a year long. It is increasingly difficult for men to self-refer or access programs without a court order. In some regions, there are no programs available at all. Funding is also required for other men's support services, including alternative accommodation for men, so that victims of violence can remain safely in the family home.

Children are present at about one third of family violence incidents attended by police. There are insufficient therapeutic services to address the trauma experienced by children who are victims of violence. Children are also often not considered as victims in their own right. Without specialist support, the long-term impacts for children can include developmental delays, mental and physical ill-health and increased risk of perpetrating violence later in life.

Adolescent violence in the home is also a growing problem. Many adolescent perpetrators have themselves witnessed or experienced violence or abuse in childhood. Standard police and system responses are often inappropriate when the perpetrator is a young person, and fail to address the specific needs of both the victims and the adolescent perpetrators.

Family violence is a factor in the majority of cases where children are removed from their families. Closer collaboration, more resourcing for child protection workers and shared understanding between family violence and child protection systems would improve support for vulnerable families and strengthen relationships between children and non-abusing parents. In turn, this would reduce pressure on the overwhelmed out-of-home care system.

As well as providing specialist support services, community organisations also play an important general role in building connected and resilient communities, which can help reduce risk factors for family violence such as social isolation, poor mental health and drug and alcohol misuse.

Neighbourhood houses, playgroups and other community groups build social connections, reduce social isolation and provide a 'listening ear'. Primary and community health services are often the first point of contact for people experiencing poor mental or physical health or struggling with alcohol or drug use.

However, despite the importance placed on preventing and responding to family violence, and the important role the community sector has to play in this, community organisations across the board are struggling with insufficient funding to meet surging requests for assistance, and respond to the increasingly complex difficulties people are facing.

The Victorian Government can support the important role community organisations play in strengthening communities, by adequately funding organisations to be sustainable, develop, recruit and retain skilled workforces, and increase the collaboration and integrated partnerships needed to tackle complex social problems. At the base of this funding issue is the need to apply a sustainable and appropriate funding indexation model across the community sector. This will help community organisations meet rising demand from people with increasingly complex needs, and help build the strong, cohesive, resilient communities that challenge rigid gender roles, and reduce other contributing factors to family violence, through providing appropriate supports.

The causes and impacts of family violence are complex and require a whole-of-government and whole-of-community response. VCOSS looks forward to working with the Royal Commission, the Victorian Government and the community sector to help prevent and respond effectively to family violence.

Recommendations

VCOSS makes the following recommendations to the Royal Commission to tackle family violence in Victoria:

Increasing incidence and system monitoring

1. The Victorian Government work with other jurisdictions to improve consistency of data collection and reporting, to allow for better comparison.
2. Agencies including police and hospitals improve consistency of data collection about Aboriginality, disability and CALD background.

The funding environment

3. The Victorian Government invest in specialist family violence services, including counselling, referral services, accommodation and legal services, to meet demand for crisis support.
4. The Victorian Government provide fair and sustainable indexation for the community sector using an appropriate formula.
5. The Victorian and Australian Governments work together to address the adverse effects of federal budget cuts that are resulting in uncertainty and upheaval for community organisations.

Vulnerable groups

6. The Victorian Government expand Aboriginal specific services, including family violence refuges and legal services state-wide.
7. Mainstream community organisations recognise the capacity of Aboriginal organisations and work in partnership, not in competition with them.
8. The voices of women with disabilities are strengthened by participation in decision making, planning and system development and improved access to information about their rights and the services that are available to support them.
9. Government, community and legal systems invest in improving the physical accessibility of buildings, including courts and accommodation services.
10. The agencies and workers involved in the implementation of the National Disability Insurance Scheme have an understanding of family violence and good practice in upholding the safety of women with disabilities.

11. The Victorian Government provide ongoing funding to deliver the Workforce Development Program on Gender and Disability.
12. Police and other agencies ensure women from CALD backgrounds have consistent access to interpreters.
13. The Victorian Government fund services providing migration advice to women without permanent visas who are particularly vulnerable to abuse.
14. The Royal Commission recognises the barriers people in rural and regional Victoria face in getting support, securing housing and maintaining privacy and community connectedness.
15. Family violence and community organisations ensure their practice is inclusive of and sensitive to the needs of gay, lesbian, bisexual, transgender and intersex (GLBTI) people.
16. The Royal Commission consider elder abuse as a distinct form of family violence.
17. Organisations that work with older people improve worker expertise in identifying elder abuse, responding effectively and making appropriate referrals.
18. The Royal Commission consider young people as a priority group, and examine relationship violence as a distinct form of family violence.
19. The Victorian Government expand therapeutic services to address the trauma and long-term impacts of family violence for young people.

Whole-of-government approach

20. A coordinated whole-of-government and whole-of-community approach be adopted to tackle family violence that includes mechanisms to engage the community sector.
21. The Family Violence Statewide Advisory Committee is reinstated to provide a forum for whole-of-government planning and collaboration.

Placed-based approaches to tackling complex problems

22. The Royal Commission examine the potential for place-based approaches that involve whole communities, utilise existing networks and infrastructure, develop community hubs and more integrated support systems, address entrenched disadvantage and promote early identification of family violence.

Priorities for change - Prevention

23. The Victorian government continue to work closely with Our Watch and the community to invest in long-term primary prevention campaigns that address the causes of family violence.

24. The Royal Commission and the Victorian Government recognise the importance of partnerships in primary prevention, and the time and resources community organisations must invest in them.
25. Schools implement whole-of-school approaches to primary prevention programs that are embedded in curriculum from early primary school throughout secondary school.
26. The Department of Education and Training work to embed a consistent approach to gender equity and violence prevention across all schools.
27. The Victorian Government recognise the important role community organisations play in reducing the risk of family violence by providing adequate funding to build sustainable organisations and skilled workforces.

Priorities for change – Early identification and intervention

28. The CRAF is supported and implemented consistently across community sector organisations and universal and secondary services as an important tool for anyone working with women and families.
29. The Royal Commission investigate the expansion of schools as community hubs models, to build collaboration between schools and community organisations and provide an important avenue of support for schools and their families.
30. The Victorian Government expand flexible learning options to support young people who have experienced family violence and disengaged from school.
31. Health professionals develop skills and expertise in identifying family violence and responding safely, privately and effectively.
32. Midwives, early childhood professionals and antenatal workers undertake training to improve knowledge and expertise about family violence.
33. Maternal and Child Health (MCH) Services extend their engagement with vulnerable families through expansion of home visits.
34. The Victorian Government invest in integrated early childhood care and education models to benefit vulnerable and at-risk families.

Priorities for change – Responses

35. The Royal Commission investigate the benefits of a separate funding stream for specialist family violence services that is focused on safety and support as well as accommodation outcomes.

36. The Victorian Government increase funding to men's behaviour change programs, including those that have attached funding for accommodation.
37. Men's behaviour change programs increase their capacity to tailor delivery to individual men's risk factors and learning styles, to increase the effectiveness of prevention and early intervention strategies.
38. Research is undertaken into instances of and best practice responses to adolescent violence in the home.
39. Community organisations ensure staff working with families and young people participate in training about responding to adolescent violence and making appropriate referrals.
40. The Victorian Government expand therapeutic services to address the trauma and long-term impacts of family violence for children in the early years and the middle years between the ages of eight and 12.
41. The Victorian Government expand social housing by investing an additional \$200 million per year in growth.
42. The Victorian Government expand 'safe at home' programs to support more women and children to remain in their homes and avoid homelessness.
43. The Victorian Government introduce a rapid rehousing program to assist women and children to establish stable housing more quickly.
44. The Victorian Government expand early intervention programs that work with vulnerable families.
45. Child protection workers undertake training in understanding family violence.
46. The mental health and alcohol and drug systems develop formal partnerships and improve collaboration with specialist family violence services.
47. The Victorian Government fund a sector-wide project to build the capacity of the mental health and alcohol and drug sector to understand, identify and respond to family violence.
48. Utilities providers develop policies and procedures that protect confidentiality in family violence situations.
49. Local governments and other agencies responding to natural disasters and emergencies recognise the needs of women and incorporate gender in planning and decision making.
50. Research is undertaken into the relationship between problem gambling and family violence, and best practice responses.

Introduction

Victoria is currently experiencing a crisis in the level and severity of family violence. Victorian Premier Daniel Andrews has referred to family violence as a “national emergency”.² With this in mind, the Victorian Council of Social Service (VCOSS) welcomes the opportunity to provide a submission to the nation’s first Royal Commission into Family Violence.

VCOSS is the peak body of the social and community sector in Victoria. Victoria’s community sector organisations make a significant contribution to strengthening the state’s social and economic fabric. They help build strong, cohesive self-reliant communities, by delivering positive service and advocacy programs that help people overcome disadvantage and build brighter futures. They also generate high levels of economic activity, employment and volunteer support.

The diversity of not-for-profit community organisations means people can find the type of service that is most effective in assisting them to overcome disadvantage. These diverse organisations often collaborate to provide people with the equally wide range of supports they need. The independence, diversity and autonomy with which community sector organisations operate mean they can respond to changing community needs and develop solutions.

The community sector is an essential partner in developing innovative solutions to address the causes of family violence, in building strong and resilient communities that reduce the risk of family violence and in providing support to victims and their families to address the ongoing impacts of experiencing family violence.

Since 2006, the Victorian government and community sector have worked together towards building an integrated service system in which specialist family violence services and other community and statutory service providers (including police and courts) collaborate to improve the safety of women and children who experience violence. The principles that underpin the integrated response system include a shared understanding of family violence across all services, prioritising the safety of those who experience violence, and taking a proactive approach to information sharing.

This effort has resulted in improvements in the way parts of the system work together and share information. But it is yet to deliver a truly integrated system. The inquest into the death of 11-year-old boy Luke Batty heard of numerous gaps in information sharing and collaboration both within and between police, child protection and other services. It heard that Luke’s mother Rosie was unable to get continuous support from any professional to assist her to manage the myriad of processes, while at the same time protect herself and her child.

² Premier of Victoria, *Media Release: Nothing off limits in Family Violence Royal Commission*, 19 January 2015.

More can be done to develop a shared understanding of family violence and a proactive approach to information sharing, not just across the family violence sector, but also across the broader health and social services system.

Many people experiencing or perpetrating family violence will first enter this system through universal or secondary services, including in the education, family support or health systems. Universal services are offered to the whole community, secondary services are for those with moderate concerns or special needs, and tertiary services are available for those with chronic, complex, severe problems. To maximise the chances that people can get the support they need as soon as possible, a coordinated approach is needed, where workers and volunteers across this whole system are able to identify, respond and link people in to specialist family violence support.

“We all need to take responsibility, to challenge ourselves, to test ourselves and hold all parts of the system accountable; because it might be that the whole system needs an overhaul.” - Ken Lay, former Victoria Police Chief Commissioner³

This submission examines the role of and capacity of community organisations across this spectrum in preventing and responding to family violence. It has adopted a structure that examines family violence on a continuum, from prevention and early intervention, through to responses from the specialist family violence and the broader community sector. It examines the complex and inter-related vulnerabilities people experience that contribute to, and result from, family violence, and the possibilities for partnerships across sectors to support integrated and holistic responses.

We have consulted widely with the VCOSS membership in the development of this submission. Consultation participants represent a diverse range of organisations, working in areas including specialist family violence, housing and homelessness, child and family support, community health, disability services and advocacy groups, neighbourhood houses and Aboriginal community controlled organisations.

The terminology and language used throughout this submission reflects the gendered nature of family violence in Victoria. VCOSS recognises that men as well as women can be both victims and perpetrators of family violence, and supports are required for all victims to live safely. All violence within relationships, regardless of the gender of the perpetrators or victims, is unacceptable. But the overwhelming majority of family violence is perpetrated by men against women.

VCOSS looks forward to working with the community sector and government to further develop our understanding of the extent and impacts of family violence in the community, and the whole of system response required to address and prevent it.

³ K Lay, 'Changing the Culture: Changing the System,' (edited extract from speech to the May 2014 VCOSS Summit), *Insight 11*, October 2014.

Tackling family violence – The current context

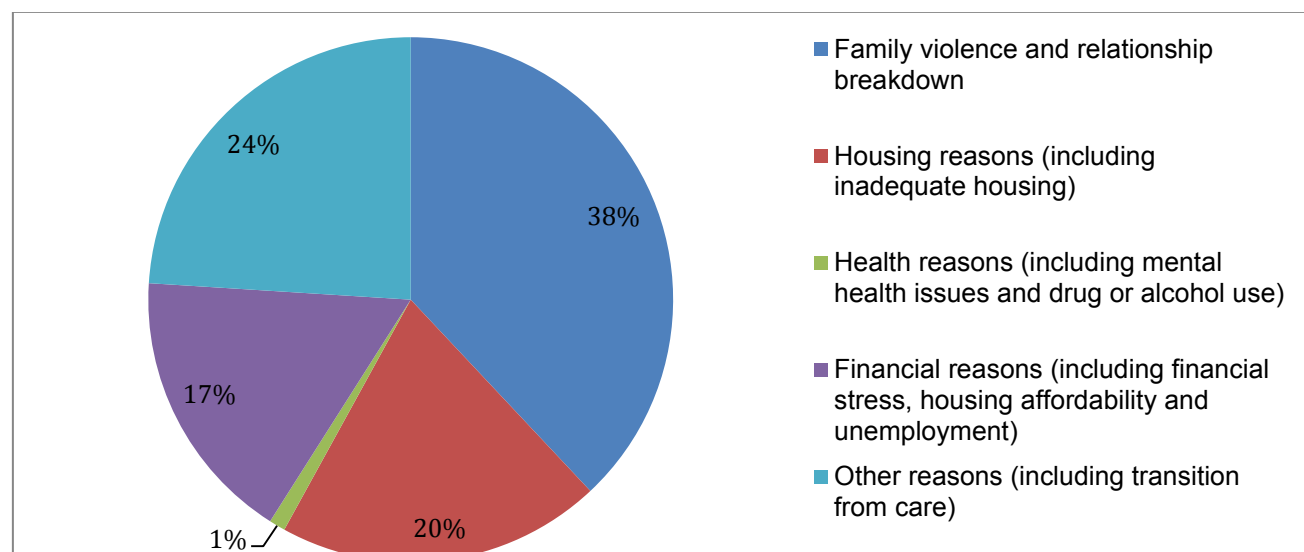
Increasing incidence and system monitoring

- The Victorian Government work with other jurisdictions to improve consistency of data collection and reporting, to allow for better comparison.
- Agencies including police and hospitals improve consistency of data collection about Aboriginality, disability and CALD background.

Victoria is currently experiencing a crisis in the level and severity of family violence. Family violence is a community wide problem. There is family violence in all areas of society, regardless of the victim's location, socioeconomic and health status, age, culture, sexual identity or ethnicity. One in three Australian women has experienced physical violence and one in five has experienced sexual violence.⁴ Rates are even higher when other forms of family violence are included, including emotional, psychological and economic abuse.

Family violence is a leading cause of homelessness for women and children, and can contribute to them experiencing poorer physical and mental health, unemployment, poverty and other disadvantage.

Reasons women seek support from homelessness services in Victoria⁵



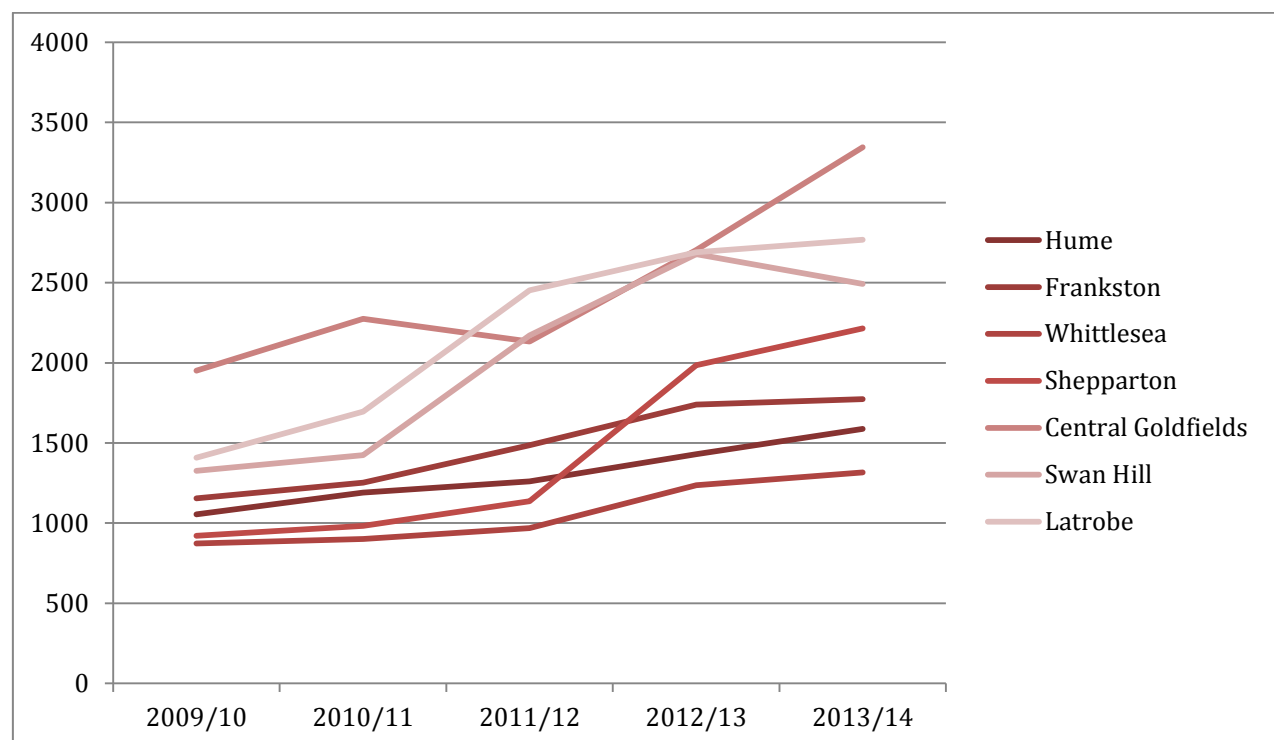
⁴ The Lookout, *Factsheet 7: statistics*, December 2013.

⁵ Source: Australian Institute of Health and Welfare, *Specialist Homelessness Services 2012-13, SHS demographics national cube*.

It is the biggest contributor to ill health, disability and death in Victorian women aged 15-44.⁶ Last year, 29 women and eight Victorian children died due to family violence. Children are present at about one third of family violence incidents attended by police.⁷ Family violence is also a factor in more than half of all cases where children are placed in out of home care.⁸

The number of family violence intervention orders has more than doubled over the last ten years. The family violence sector suggests the increase in reports is likely attributed to increased awareness of family violence and more people feeling their reports will be taken seriously by police. Some family violence organisations also report that the violence experienced by victims is becoming increasingly severe.

Family incident reports (rate per 100,000 population) – selected regions⁹



It is difficult to get a comprehensive picture of family violence in the Victorian community. Police data is likely to be an underrepresentation, as it relies on people reporting to police. The Victorian Family Violence Database also relies on officially reported data from agencies such as police and courts. Its focus is also on physical violence and behaviours, and therefore is an inaccurate reflection of rates of emotional, psychological and economic abuse in family relationships.

The recently announced Victorian Family Violence Index should provide improved information about the scale of family violence in the community, and what is working in addressing it. It is

⁶ VicHealth, *The health costs of violence; measuring the burden of disease caused by intimate partner violence*, 2004.

⁷ Victoria Police, *Family Incident Reports, 2009/10-2013/14*.

⁸ Department of Human Services, *Vulnerable babies, children and young people at risk of harm: Best practice framework for acute health services*, 2006, p. 3.

⁹ Source: Victoria Police, *Family Incident Reports, 2009/10-2013/14*.

important that this includes clear and accurate local level data, to help in developing effective place-based responses to preventing and addressing family violence.

Data and research on the experiences of family violence of women with disabilities and people from CALD backgrounds is also needed. Australian research on the experiences of family violence of people in gay and lesbian relationships is almost non-existent as well. Although Victorian Policy L17 forms request information about Aboriginality, disability and language spoken at home, there are reports of inconsistencies in practice. Some workers are reluctant to ask relevant questions and record information. Others are making assumptions, rather than asking the question and giving precedence to self-reporting.

Currently, community organisations report difficulty in obtaining data from government departments, and when data is obtained it is often confusing and inaccessible. Clear and accurate local level data is needed to ensure governments and the community are well informed about the nature and extent of family violence, to assist policy and program design by identifying gaps and areas of high need, and to better identify pathways for people seeking help.

There are opportunities for the Victorian government to work with other states to improve consistency of data collection and reporting. Comparing data across states and territories is difficult. Data collection and reporting varies across jurisdictions, and there is no central collection or national reporting point for police and human services data. Hospital data is very different across different states, so is also difficult to compare.

The causes and contributors of family violence

There is a growing body of evidence about the underlying causes of violence against women and children. These include the attitudes, behaviours, practices and systems that may promote, justify, excuse or condone it.¹⁰

VicHealth's ground-breaking 2007 study found that the key determinants of violence against women were support for gender inequality and rigid gender roles.¹¹

Communities that value women's participation and representation and in which there are fewer economic, social or political differences between men and women have significantly lower levels of intimate partner and sexual violence.

VicHealth framework for preventing violence against women¹²

Based on international evidence, the VicHealth framework highlights the following three themes for action:

- promoting equal and respectful relationships between men and women
- promoting non-violent norms and reducing the effects of prior exposure to domestic violence
- improving access to resources and support systems.

Using this evidence, the framework outlines the need to implement a coordinated series of strategies and actions to effectively prevent violence against women throughout society before it occurs.

By examining the causes of violence against women, the framework provides guidance in developing health prevention work in this field. It identifies population groups, preventive actions and their long-term benefits.

VicHealth's overall violence prevention program draws on evidence to develop and implement interventions aimed at the whole population, as well as interventions in priority settings where harmful attitudes and behaviours are most powerfully formed or supported.

These settings include:

- local government and community services
- sport and recreation
- workplaces
- schools and among young people.

¹⁰ Our Watch, *Policy Brief 3: International evidence base*, September 2014.

¹¹ VicHealth, *Preventing Violence before it occurs; a framework and background paper to guide the primary prevention of violence against women in Victoria*, 2007.

¹² Ibid.

“In Australia, up to one in five people believe there are circumstances in which violence can be excused, and one in five believe there are circumstances in which women bear some responsibility for violence.”¹³

There are also a wide range of factors that contribute to the risk of experiencing or perpetrating family violence. Alone, these may not cause violence, but can become relevant when combined with other key determinants, such as attitudes supportive of gender inequality and rigid gender roles. Multiple strategies are needed to overcome both the key determinants and the key contributing factors.

Figure 1: Determinants and contributing factors of violence against women¹⁴



¹³ VicHealth, *Findings from the National Community Attitudes towards Violence Against Women Survey*, 2014, p 17.

¹⁴ Women's Health in the North, *Building a Respectful Community: Preventing violence against women A strategy for the Northern Metropolitan Region of Melbourne*, 2011, p. 16.

The funding environment

- The Victorian Government invest in specialist family violence services, including counselling, referral services, accommodation and legal services, to meet demand for crisis support.
- The Victorian Government provide fair and sustainable indexation for the community sector using an appropriate formula.
- The Victorian and Australian Governments work together to address the adverse effects of federal budget cuts that are resulting in uncertainty and upheaval for community organisations.

Specialist family violence services are facing overwhelming demand. Crisis accommodation is at capacity and thousands of people wait for social housing. Community legal services report the highest turn-away rate of any category of community service.¹⁵ Men's behaviour change programs have waiting lists of up to six months.

It has been made clear to VCOSS by our community sector members that it will be difficult to achieve substantial and sustained change without a significant injection of funding to services working with people affected by, or at risk of, family violence.

Additional investment is urgently needed, and a failure to provide it will make it extremely difficult to generate change in other areas, including strengthening partnerships and improving cross-sector information sharing. Funding for family violence response services should also be complemented by, not be made at the expense of, additional funding for early intervention and prevention programs that tackle the causes of family violence and work to identify risk factors and build protective factors.

The community sector generally is struggling with insufficient funding to cope with increasing demand for services and increasing complexity in the issues people are facing. The sector needs a sustainable and appropriately indexed funding base to meet these challenges and account for the full cost of service delivery, including planning, infrastructure and administrative support. Indexation for the period 2012-2015 did not keep pace with rises in minimum wages and consumer prices. Wages and prices both rose faster than the indexation rate over the 2012-15 period, which, along with a failure to fully fund mandated superannuation increases, has left organisations with an estimated 2.6 per cent real funding cut. While indexation for 2015-16 has been provided on the same basis as the previous three-year funding and service agreement, at a rate of 2 per cent, VCOSS welcomes the government's commitment to work together on future years' indexation as part of ongoing service agreement discussions.

¹⁵ Australian Council of Social Service, *Community Sector Survey 2013 National Report*, 2013, p. 9.

At the same time this Victorian Royal Commission is examining ways to address and prevent family violence in Victoria, the federal government is making decisions that will have significant impacts on victims, their families and the services that support them. The community sector faced unprecedented upheaval and widespread uncertainty of services for those facing poverty and disadvantage caused by federal government funding cuts and retendering processes taken by the Department of Social Services (DSS) and the Department of Premier and Cabinet (retendering of services for Aboriginal people) in 2014.

In relation to the federal government's 2014-15 budget cuts, the Senate Finance and Public Administration Reference Committee Interim Report into Domestic Violence in Australia stated:

*"The committee is concerned about Commonwealth government funding cuts to a broad range of services essential to supporting victims of domestic violence. These include over \$64 million in funding cuts to Australia legal services over four years. \$44 million in funding cuts to new shelters and emergency accommodation, \$21 million in cuts to housing and homelessness peak bodies, abolition of the National Rental Affordability Scheme and abolition of the National Housing Supply Council... There has been a \$240 million funding cut to the Department of Social Services grants program, which has affected the funding certainty of many frontline domestic violence organisations delivering crisis services and men's behaviour change programs."*¹⁶

While there has been progress made on a number of these issues, including an extension to the National Partnership Agreement on Homelessness and a deferral of the cuts to legal services; cuts to National Rental Affordability Scheme and the DSS remain and community legal centres are now expecting a 26 per cent funding cut between 2016-17 and 2017-18.

The capacity of the youth sector to support vulnerable young people, including those experiencing or at risk of family violence was reduced when funding for the Youth Connections program was withdrawn.

In February 2015, the Senate referred to the Community Affairs Committee an inquiry into the impact on service quality, efficiency and sustainability of the 2014 DSS tendering process. The Committee expressed concerns that:

"The government's express goals of innovative service delivery and improved outcomes for service users have actually been hindered as a result of the way that the tendering process was designed and executed."

Some family violence related services funded through the DSS and the Indigenous Advancement Strategy have been offered funding for only one year, resulting in ongoing uncertainty for

¹⁶ Senate Standing Committee on Finance and Public Administration, *Interim Report; Domestic Violence in Australia*, March 2015.

organisations, their staff and clients about future funding. This contributes to workforce instability and makes it difficult for organisations to undertake medium and long-term planning.

Parent Child Program – Shepparton¹⁷

FamilyCare is a non-government, not-for-profit organisation offering family services, carer and disability support services to families and young people in Shepparton, Seymour, Cobram, Kinglake, Wallan and surrounding districts of the Goulburn Valley region.

FamilyCare in Shepparton had been operating a Parent Child Program for 20 years when it was advised that DSS would not continue funding this program after 30 June 2015. Subsequently the program will be forced to close down.

FamilyCare's Parent Child Program provides vital support to parents with young children, in particular through its mother/baby day-stay facility. Since 2000, the service has helped 4,500 families in the region. Parents are referred to FamilyCare by hospitals and government departments, for issues including drug and alcohol addiction and family violence.

There is no similar support in Shepparton for struggling new parents, unless they are able to travel to Melbourne. One report estimates the program closure could result in more than 100 new child protection notifications in Shepparton.¹⁸

Feedback from the community sector on the DSS and Indigenous Advancement Strategy retendering processes shows that in the context of addressing complex social problems, competitive tendering can create an environment of competition that discourages collaboration and information sharing and lead to significant service and workforce disruption. The reduction in the number of women-only and Aboriginal specific refuges in NSW also serves as a reminder to the Victorian system about the risk in relying on competitive tendering to deliver reform in this area. The Going Home, Staying Home reforms resulted in the closure of the oldest women's refuge in Sydney and a reduction in the number of specialist gender or culturally specific refuges.

¹⁷ ACOSS, Submission to the Australian Senate Community Affairs Committee Inquiry: *Impact on Service Quality, efficient and sustainability of recent community service tendering processes by the DSS*, March 2015.

¹⁸ J Taylor, *Family Support Program to close in June following funding cuts, prompting fears for children's safety*, ABC News online, 2 April 2015.

Vulnerable groups

Aboriginal and Torres Strait Islander Victorians

- The Victorian Government expand Aboriginal specific services state-wide, including family violence refuges and legal services.
- Mainstream community organisations recognise the capacity of Aboriginal organisations and work in partnership, not in competition with them.

Aboriginal and Torres Strait Islander people, especially women and children, are overrepresented as victims of family violence. Available data is limited, but we know that Aboriginal and Torres Strait Islander women are 34 times more likely to be hospitalised as a result of family violence than non-Aboriginal women.¹⁹ One in five Aboriginal women have been a victim of violence in the last year.²⁰

There are multiple complex factors contributing to the high levels of family violence in Aboriginal and Torres Strait Islander communities. As well as gender inequality, racial inequality is a contributing factor to violence against Aboriginal women and girls. Trauma related to dispossession and colonisation continues to impact on Aboriginal communities. The loss of culture and spirituality, removal of children and alienation from land has contributed to a breakdown of the traditional social structures, roles and values in Aboriginal communities, leading to a range of social problems, including family violence. The ongoing disadvantage experienced by Aboriginal people, including high rates of poverty, unemployment, ill-health and poor housing are all likely to be contributing factors.

Aboriginal people also experience barriers to accessing services and assistance. Generations of racism and discrimination has left many Aboriginal people reluctant to engage with mainstream services and systems. Memories of forced removal of children as part of the Stolen Generation, and the high rates of child removal experienced by communities today, means many women are reluctant to disclose their experiences of violence for fear of having their children removed. Aboriginal victims have also reported feelings of disloyalty and pressure from family and community not to report abuse.²¹

Some programs that have been successful in engaging Aboriginal women and children have struggled to secure ongoing funding. For example the Aboriginal Family Violence Prevention Legal Service Victoria experienced the loss of federal funding to their successful Sisters Day Out

¹⁹ Productivity Commission, *Overcoming Indigenous Disadvantage Key Indicators: 2014*, 2014, Table 4A.11.22.

²⁰ Productivity Commission, *Overcoming Indigenous Disadvantage Key Indicators: 2011*, 2011.

²¹ A George, *Landscapes of Violence: Women surviving family violence in regional and rural Victoria*, Deakin University, 2014, p. 49.

program, which targets Aboriginal and Torres Strait Islander women in communities across Victoria.

Sisters Day Out workshops²²

The Sisters Day Out program runs one day workshops that engage with Koori women, and in particular young Koori women, to prevent family violence by facilitating community networks to reduce social isolation, raising awareness of family violence and its underlying cause and impacts, and by providing information and tools to promote community safety.

The workshops provide a culturally welcoming and safe space for Koori women to come together and participate in a range of activities including beauty therapies, relaxation therapies and exercise activities. These activities attract community participants and place an emphasis on self-care and wellbeing. Each Sisters Day Out event includes a range of wellbeing activities, activities that build a sense of community and culture, and information and discussion about family violence.

Participants can privately consult FVPLS lawyers and/or counsellors for information or to take the first step in accessing ongoing assistance. The event is an opportunity for FVPLS and other organisations who are invited to participate to engage Aboriginal and Torres Strait Islander women in a relaxed, supportive and culturally safe environment. Regular and consistent funding would provide the community with a level of trust that the program will continue to operate, and allow FVPLS Victoria to reach more Aboriginal women across the state.

Responses to family violence need to build on the strengths of Aboriginal families and communities and encompass Aboriginal concepts of social, emotional, cultural and spiritual wellbeing.

Aboriginal women require holistic responses that meet their specific cultural and other needs.

Aboriginal people do not access mainstream services at the same rates as non-Aboriginal people. While some Aboriginal people will prefer mainstream services, and this option must be available to them, many will choose a specialist Aboriginal service. Some Aboriginal people indicate they would only seek family violence support from a culturally specific service.

Aboriginal family violence legal services provide culturally specific legal and related assistance to Aboriginal victims of family violence. However, in Victoria they are only available in metropolitan Melbourne, Gippsland, Barwon South-West and Mildura. This means the large Aboriginal populations in areas including Shepparton, Echuca and Swan Hill have no access to this specialist support. Similarly, while there are Aboriginal refuges in Mildura, Melbourne and Morwell, such services are unavailable in other areas.

²² Source: FVPLS Victoria, <http://www.fvpls.org/Prevention-and-Education.php>

While it is crucial that Aboriginal people are welcomed and supported by culturally competent mainstream services, they are not a substitute for culturally safe Aboriginal community controlled organisation. Funding of mainstream organisations must also not be at the expense of Aboriginal community controlled organisations. VCOSS encourages mainstream organisations to develop a partnership approach to planning and service delivery, which recognises the capacity of existing Aboriginal organisations and seeks to collaborate, rather than directly compete for funding or clients.

Women with disabilities

- The voices of women with disabilities are strengthened by participation in decision making, planning and system development and improved access to information about their rights and the services that are available to support them.
- Government, community and legal systems invest in improving the physical accessibility of buildings, including courts and accommodation services.
- The agencies and workers involved in the implementation of the National Disability Insurance Scheme have an understanding of family violence and good practice in upholding the safety of women with disabilities.
- The Victorian Government provide ongoing funding to deliver the Workforce Development Program on Gender and Disability.

About 18 per cent of Victoria's population is comprised of people with disabilities, roughly half of whom are women.²³ Women with disabilities are disadvantaged across a range of social and economic outcome measures, including employment, income, housing security and education.

Women with disabilities experience higher levels of all forms of violence than other women and are subjected to violence by a greater number of perpetrators. Over one third of women with disabilities experience some form of intimate partner violence and more than 70 per cent have been victims of sexual violence at some point in their lives.²⁴

There are a range of reasons women with disabilities are at heightened risk, including it being a reflection of community level discrimination and negative attitudes against people with disabilities, combining with sexism. Social isolation is also a risk factor for, and consequence of violence. Many perpetrators use social isolation as a form of violence against women with disabilities, also preventing them from seeking help.

Changing community attitudes about disability is an important part of preventing violence against women with disabilities. Government and community services can also strengthen the voices of

²³ Australian Bureau of Statistics, *Disability, Ageing and Carers: State Tables for Victoria*, 2012, Cat No. 4430.0, Table 1.

²⁴ Women with Disabilities Australia, University NSW and People with Disabilities, *Stop the Violence: Improving Service Delivery for Women and Girls with Disabilities*, 2013.

women with disabilities by providing avenues for active participation in decision making, planning and system development.²⁵

Women who live in group homes, supported accommodation or institutions are particularly vulnerable to violence. In these places, where the power resides with the staff and management, women are at a significant disadvantage. Often violence against women in group homes by other residents or staff is not considered family violence, despite it being in the woman's home environment. It is important that the Royal Commission is closely engaged with the ongoing Victorian Ombudsman and Parliamentary inquiries into abuse of people with disabilities in services and institutions and recognises the dynamics of power and control in these situations.

It can be difficult for women with disabilities to articulate or define abusive behaviour. People with disabilities can also feel forced to stay in abusive relationships longer, and feel they have fewer options for reaching safety. Women with disabilities need information on their rights and the services and systems that are available to help them.

Services may not always meet the needs of people with disabilities. Physical building design and accessibility is a barrier to women going to refuges or finding alternative accommodation. People with disabilities report difficulties in accessing buildings, including courts, and regular failures to make key documents available in accessible formats. A Disability Access Audit of key justice and community services would be a welcome step towards improving accessibility. Better incorporating disability accessibility into community organisations' accreditation requirements is another option.

Outreach is another way to overcome some of the barriers experienced by women with disabilities, including accessibility and social isolation. Some services have developed support models that incorporate outreach to the locations that best suit the needs of women with disabilities, for example the Safe Futures Foundation, which operates outreach day programs in the eastern metropolitan region.

The introduction of the National Disability Insurance Scheme (NDIS) should increase the level of choice and services for some people with disabilities. The NDIS will also be a critical opportunity for identifying and responding to family violence. Collaboration between the NDIS and the family violence sector, including strong referral pathways are important. The NDIS workforce must also have training and expertise in understanding family violence and the barriers experienced by women with disabilities.

Family violence and other community services need to ensure their programs are inclusive of women with disabilities. Similarly, disability services must be equipped to support women who have experienced, or are at risk of experiencing violence. The Workforce Development Program

²⁵ Women with Disabilities Victoria, *Position Statement; Violence against women with disabilities*, September 2014.

on Gender and Disability is a training package aimed at improving the quality of gender sensitive practice among disability service managers and workers. The program is co-facilitated by women with disabilities, working alongside trainers with expertise in violence prevention and response. Piloted in 2014, ongoing funding is needed to continue the work of this program.

Culturally and linguistically diverse communities

- Police and other services ensure women from CALD backgrounds have consistent access to interpreters.
- The Victorian Government fund services providing migration advice to women without permanent visas who are particularly vulnerable to abuse.

Women from CALD backgrounds are less likely to report family violence or access support services.²⁶ Data is limited but there is some evidence that this is despite women from CALD backgrounds being overrepresented as victims of family violence.²⁷ Underreporting is influenced by a lack of knowledge about rights and how to access them, a fear of authorities, and not knowing what constitutes family violence in Victoria. Newly arrived women are often from countries that do not have legal or support systems similar to Victoria's, so women are unaware of the existence of supports that might assist them. An already difficult situation is accentuated by language barriers, unfamiliarity with service systems, social dislocation due to immigration, alienation from culture and community, grief related to experiences of torture and trauma, and limited culturally appropriate services.²⁸

Considerable external pressure from family and community can also be a significant barrier,²⁹ as can social isolation, when women have limited access to social networks outside their immediate family.

Reluctance to disclose family violence or to leave a relationship can also be magnified for women who are on family or secondary visas and whose status is linked to their partner's. This level of dependence can lead to power imbalances in the relationship that contribute to or escalate the violence.

Women on temporary visas, including student and temporary working visas, have limited or no access to services including Centrelink and Medicare when they separate from a partner, and often have no income. As a result it is difficult to find alternative accommodation. In many cases, women feel their only options are to remain in the violent situation or face deportation. Additional resourcing is required for refuges to assist them in supporting women with no income.

²⁶ ECCV, *Policy Research Paper; Women surviving violence*, 9.

²⁷ Ibid.

²⁸ Intouch Multicultural Centre against Family Violence, *Submission to Senate Inquiry Domestic Violence in Australia*, 2014.

²⁹ Intouch Multicultural Centre against Family Violence, *Barriers to the justice system faced by CALD women experiencing family violence*, 2010, 7.

VCOSS understands that the InTouch Multicultural Centre Against Family Violence employs a registered migration agent to provide immigration support for women without permanent residency. This includes women on spousal visas who are eligible to apply for permanent residency through the special family violence provisions. Despite the high demand for this service, it is unfunded.

The availability and use of interpreters remains a barrier for women seeking help. If an interpreter is not present when police are first called to attend a family violence incident, issues can emerge surrounding different accounts of events and assumptions that the woman has already been briefed.³⁰ Reports from community organisations indicate this remains a common occurrence. This breakdown in communication can lead to a subsequent breakdown in trust that makes it less likely women will seek help again.

CALD communities are extremely diverse, which means flexibility is required in the approaches taken to address family violence. InTouch reports that improving outcomes in CALD communities requires extensive community engagement to identify the needs of individual communities.³¹

There are significant barriers that can make it difficult for service providers to establish trust of refugee and immigrant victims of family violence. Programs that provide a variety of services — from the victim's urgent need for direct services, to language classes, to 'community centres' to employment services — by themselves or with partner programs may, over time have a better chance at building that trust. Building expertise in multicultural community organisations and groups to identify and respond to family violence is vital.³²

Regional and rural women

- The Royal Commission recognises the barriers people in rural and regional Victoria face in accessing services, securing housing and maintaining privacy and community connectedness.

Rates of family violence are highest in some of Victoria's regional and rural areas.³³ Women in regional and rural areas who experience family violence can also face greater risks than women in urban areas, and encounter more barriers to escaping violence and accessing support and services. A 2014 Deakin University report found that some of the challenges women in rural and regional areas experiencing family violence encounter include: geographic and social isolation, limited private finances, greater opportunities for surveillance by perpetrators, challenges with

³⁰ Intouch Multicultural Centre against Family Violence, *Barriers to the justice system faced by CALD women experiencing family violence*, 2010, 21.

³¹ Intouch Multicultural Centre against Family Violence, *Submission to Senate Inquiry Domestic Violence in Australia*, 2014.

³² Ibid.

³³ Victoria Police, *Family Incident Reports 2009/10 – 2013/14*.

maintaining anonymity and privacy, transport disadvantage, limited crisis accommodation and housing, and fewer options for accessing support services.³⁴

People in rural and regional areas often live long distances from health, justice and legal services and have smaller or more distant support networks around them.

Some rural communities continue to hold on to traditional gender constructs and cultures of masculinity that can foster unequal power relationships between men and women and tolerance of abusive behaviour. Social structures based on old school ties, kinship, farming and other associations can operate to exclude women from participation in local power structures.³⁵

Scarcity of housing is an issue across the state, but can be particularly acute for rural and regional women who may be faced with travelling long distances to find other housing options. Women in regional areas may have fewer education and employment options, affecting their financial status and independence. Culturally appropriate and accessible housing and services for women from diverse backgrounds or women with disabilities are often limited.

GLBTI people

- Family violence and community organisations ensure their practice is inclusive of and sensitive to the needs of GLBTI people.

Violence within same-sex relationships is difficult to measure, but is a significant issue. Most data available is based on self-reporting, and likely to be an underrepresentation of its prevalence. Gay, lesbian, bisexual, transgender and intersex people report crimes to police at lower rates than the general population and are less likely than other people to take out intervention orders.

Heterosexism and homophobia can contribute to abuse and be relied on by the perpetrator as tools to control their partner. Homophobia can isolate the abused partner and prevents her/him from accessing resources such as family, friends, social services, police and the legal system.

The Australian Domestic and Family Violence Clearinghouse provide a number of examples of this kind of abuse, including:

- 'Outing' or threatening to out their partner to friends, family, police, church or employer
- Telling their partner that s/he will lose custody of the children as a result of being 'outed'
- Telling a partner that the police or the justice system will not assist because the legal justice system is homophobic

³⁴ A George, *Landscapes of Violence: Women surviving family violence in regional and rural Victoria*, Deakin University, 2014, p. 3.

³⁵ K Carrington and R Hogg, *Policing the Rural Crisis*, Federation Press, 2006, p. 167.

- Telling a partner that the abusive behaviour is normal within gay relationships and convincing the abused partner that s/he does not understand lesbian or gay relationships and sexual practices because of heterosexism.

One example of a targeted model for GLBTI people is the Alsorts transitional housing response for GLBTI young people at risk of homelessness, as well as a weekly support group and information to the sector about best practice in this space.

HIV/AIDs can also be a factor in abuse, although it is not specific to GLBTI communities. For example, HIV status has been shown to influence gay men's decisions to stay in relationships. One pilot study involving 81 people, comprising mostly gay men, explored participants' experiences of HIV/AIDS and family violence. It revealed that (of those who experienced family violence), most lived in a constant state of fear, including the fear of abusers disclosing their HIV status to parents or to employers without their consent.³⁶

Many people with HIV are reluctant to disclose their status to service providers, for fear of discrimination or concerns about their privacy. Increased awareness and more sensitive practice would provide a safer environment for people with HIV to access support.

Older people

- The Royal Commission consider elder abuse as a distinct form of family violence.
- Organisations that work with older people improve worker expertise in identifying elder abuse, responding effectively and making appropriate referrals.

It is important that elder abuse is considered by the Royal Commission as a distinct form of family violence. Elder abuse is a form of violence experienced by older people. Elder abuse, like other forms of family violence, is related to control, and can include physical, sexual, psychological or financial abuse. It is estimated about five per cent of older people experience elder abuse perpetrated by a family member.³⁷ Older women are more likely to experience elder abuse than older men. With an ageing population in Victoria and a growing number of family carers, elder abuse is likely to become more prevalent.³⁸

Understanding the dynamics of power and control in cases of abuse against older people is crucial. Many perpetrators hold rigid stereotypes based on gender, age and their position in the family. However, there remains a general lack of awareness among service providers and the community about elder violence, and poor recognition of the problem. Older people also experience significant barriers to reporting or escaping abuse, including restricted mobility,

³⁶ C Chan, *Domestic Violence in Gay and Lesbian Relationships*, Australian Domestic and Family Violence Clearinghouse, 2007, p. 4.

³⁷ D Bagshaw et al, *Preventing the abuse of older people by their family members*, Australian Domestic and Family Violence Clearinghouse, 2009, p. 4.

³⁸ Ibid.

reduced cognitive capacity, mental or physical disability, lack of awareness about what constitutes abuse, a perceived lack of options and the need to preserve the relationship with the abuser.

Organisations and individuals who work with older people, including health services, police, disability and aged care providers need better access to training to help identify elder abuse, respond effectively and make appropriate referrals. In particular, improved communication and collaboration between aged care services and the family violence sector would support better responses for victims of elder abuse.

To prevent elder abuse occurring, we need commitment to education campaigns tackling the ageist stereotypes and other societal beliefs that contribute to it. Community organisations and groups that support social inclusion and community participation of older people are also important, because social alienation is both a risk factor and an indicator of elder abuse. Increased capacity of organisations like neighbourhood houses, and Universities of the Third Age, would support older people to build social networks and engage in community activities.

Young people

- The Royal Commission consider young people as a priority group, and examine relationship violence as a distinct form of family violence.
- The Victorian Government expand therapeutic services to address the trauma and long-term impacts of family violence for young people

Despite not being identified in the terms of reference as a priority population group, the Royal Commission should specifically consider the experiences and needs of young people. The period of adolescence and young adulthood often includes important life transitions such as leaving schools, commencing higher education or employment, forming adult and sexual relationships and leaving the home environment. Experiencing violence during adolescence can have significant effects on a person's life, including increased risk of disengagement from education and unemployment, difficulty forming relationships and increased risk of becoming violent themselves.

Relationship violence is a form of violence that is particularly relevant to young people. In 2010, a survey of girls aged 14-18 in Victorian schools showed that more than 90 per cent of the young women surveyed had experienced at least one form of abusive or controlling behaviour from their boyfriends, and more than half reported experiencing five or more controlling behaviours.³⁹ However, many young people are not well informed about relationship violence, and may neither identify it nor associate it with the broader issue of family violence. As a result, some young people may be less likely to engage with family violence services.

³⁹ M Sety, 'What do we know about dating violence among Australian adolescents?' *Australian Domestic and Family Violence Clearinghouse*, July 2012, p. 4.

While youth services have developed a range of responses for responding to the needs of young people who have experienced family violence, many of these programs lack sustainable funding to continue in the long term. About one quarter of respondents to the VCOSS and Youth Affairs Council of Victoria survey of youth services reported sexual assault and domestic violence as identified gaps in the youth services system.⁴⁰

Specialist family violence services can also be limited in their capacity to support young people due to overwhelming demand and no specialist knowledge in the needs of young people. There is an urgent need for age-appropriate therapeutic care for young people who have been exposed to family violence and relationship violence.

⁴⁰ VCOSS and the Youth Affairs Council of Victoria, *Building the Scaffolding*, 2013.

Priorities for change – Strengthening the system

Whole-of-government approach

- A coordinated whole-of-government and whole-of-community approach be adopted to tackle family violence that includes mechanisms to engage the community sector.
- The Family Violence Statewide Advisory Committee is reinstated to provide a forum for whole-of-government planning and collaboration.

The impacts of family violence are felt across systems including the health, education, housing, justice and labour force. It crosses departmental boundaries and is beyond the capacity of any one organisation or agency to address or respond to. Addressing family violence is complex and requires a coordinated whole-of-government and whole-of-community approach. VCOSS welcomes the state government's commitment to a whole-of-government approach to addressing family violence in Victoria, demonstrated by this Royal Commission and the relocation of the Office of Women's Affairs to the Department of Premier and Cabinet.

Too often, decisions about funding and service delivery are made by one level or part of government, without proper consideration of the effects on others. People experiencing family violence are affected by a range of government decisions and policies, across different departments and ministerial responsibilities. For example, organisations consulted in the development of this submission reflected on how reduced incomes and rising costs of housing, health and other services make it more difficult for women experiencing violence to leave violent home situations, or to build a secure life for themselves and their children once they leave.

Tackling family violence also requires avenues through which the community sector can provide feedback and help develop an overarching direction with government. Community organisations are uniquely placed to inform and advise government. Government policy and programs work better if they draw from the community sector's on-the-ground experience and expert analysis of complex problems and their potential solutions.

The Royal Commission should consider the best mechanism to achieve this planning and collaboration. VCOSS suggests collaborative working processes at statewide, regional and local levels are needed to better coordinate activities and plans to tackle family violence. Reinstating the Family Violence Statewide Advisory Committee or a similar body with broad participation from across government and community, would provide a forum for government and non-government agencies to undertake some of these important conversation and planning processes.

Place-based approaches to tackling complex problems

- The Royal Commission examine the potential for place-based approaches that involve whole communities, utilise existing networks and infrastructure, develop community hubs and more integrated support systems, address entrenched disadvantage and promote early identification of family violence.

Families experiencing or at risk of family violence who come into contact with community organisations often face a range of different complex and related vulnerabilities. Place-based approaches aim to address these complex problems by focusing on the social and physical environment of a community and on better integrated and more accessible service systems, rather than focusing principally on the problems faced by individuals.⁴¹

A place-based approach targets an entire community and aims to address issues that exist at the neighbourhood level, such as poor housing, social isolation, poor or fragmented service provision that leads to gaps or duplication of effort, and limited economic opportunities. Every community is different and the strategies for change need to vary as well.

At the heart of successful place-based approaches are extensive community engagement in decision making and strong local knowledge. This requires investing time and resources in communities and the development of strong partnerships. Place-based approaches:

- are an efficient way of addressing place-based disadvantages
- address the conditions under which families are raising young children as well as the presenting problems
- involve the community in the development of initiatives and interventions, and provide services and facilities that are more responsive to community needs and more acceptable to families
- build the capacity of communities to take responsibility for their own issues over time
- create integrated service systems that are able to reach out to and engage families more successfully and respond to their needs in a holistic fashion.⁴²

The Royal Commission should examine the potential for place-based approaches that involve whole communities, develop community hubs and more integrated support systems and address entrenched disadvantage.

⁴¹ Centre for Community Child Health, Place-based approaches to supporting children and families. CCCH Policy Brief No. 23, The Royal Children's Hospital, 2011.

⁴² Ibid.

Go Goldfields

Go Goldfields is an alliance of organisations, created to respond to social issues that are too complex and long-term for previous solutions. The alliance has developed community-driven approaches to improve social, education and health outcomes for children, youth and families.

The identified whole-of-community outcomes are:

- a reduction in the incidence of notifications to DHS Child Protection services
- improved communication and literacy skills, opportunities and positive life experiences for children and their families
- improved community connectedness for children, youth and families
- improved youth connection to appropriate training and education to achieve employment outcomes
- increased breastfeeding rates.

During consultations for the preparation of this submission, community organisations emphasised the importance of building on existing infrastructure and networks to foster this approach.

“We don’t need to reinvent the wheel – just resource it!”⁴³

For example, primary care partnerships already operate as voluntary networks that bring together health and human service organisations to work towards better regional planning, coordination and service delivery for people in their regions. These existing networks can be a valuable resource for improving collaboration across health and social services and encouraging place-based approaches to preventing and responding to family violence.

There are also a range of existing local networks of family support and children’s services, including the Hume and Whittlesea Early Years partnerships, which formed to provide a forum for sharing information and resources, and to develop an integrated planning system for services to families and children. Existing networks can be encouraged to incorporate improved family violence responses into their priorities and key indicators, to improve collaboration and information sharing.

⁴³ Consultation participant, VCOSS submission to the Royal Commission into Family Violence, April 2015.

Priorities for change - Prevention

Addressing the key determinants

- The Victorian government continue to work closely with Our Watch and the community to invest in long-term primary prevention campaigns that address the causes of family violence.

Primary prevention initiatives aim to stop violence before it occurs, by addressing the key determinants that lead to family violence. Victoria is leading the way in family violence prevention work, through the combined efforts of organisations including VicHealth, Our Watch and the women's health sector. Our Watch, which was established to drive Australia-wide change in the culture, behaviours and attitudes that underpin and create violence against women and children, has examined international evidence. It found that effective programs that change deeply entrenched attitudes, behaviours and practices are a long-term endeavour, requiring a sustained, multi-pronged and population-wide approach.⁴⁴

Effective primary prevention strategies require a long-term approach. However few countries have taken this approach and the evidence of effectiveness tends to be related to small-scale prevention initiatives. VCOSS encourages the Victorian government to continue to work closely with Our Watch and the community, and to invest in long-term primary prevention campaigns that address the causes of family violence.

Prevention in community organisations

- The Royal Commission and the Victorian Government recognise the importance of partnerships in primary prevention, and the time and resources community organisations must invest in them.

Community service organisations with existing relationships with marginalised groups are well placed to promote and deliver programs and messages about gender equity and violence prevention to otherwise hard-to-reach communities.

⁴⁴ Our Watch, *Policy Brief 3: International evidence base*, September 2014.

Baby Makes 3⁴⁵

First-time parents are a key target group for primary prevention activities. The transition to parenthood represents a 'window period' during which it is possible to engage and work with both men and women, when traditional notions of parenthood are exerting a powerful influence on how they approach and negotiate their parenting roles. The decisions that couples make during this key stage of life can have important consequences on the level of equality within their relationship, and between men and women more generally.

Funded by VicHealth, the Baby Makes 3 project involved a partnership between Whitehorse Community Health Service, the lead agency, and the City of Whitehorse Maternal and Child Health Service, a key service for engaging first-time parents. A valuable partnership was also established with the Drummond Street Services Just Families project.

A key impact of the Baby Makes 3 program was that participants developed a greater awareness of how traditional attitudes to gender and parenting roles were shaping their new families. Through their involvement with the program, couples developed a shared understanding of the influence of gendered norms and expectations and a shared language for openly discussing their effects.

Participation in the Baby Makes 3 program led to a significant shift in couples' attitudes, characterised by greater understanding of their partner's role, and greater support for gender equality in new families. There was also evidence that some couples implemented changes to how they structured their parenting and relationship roles, in response to seeking a more equal relationship.

In consultations for this submission, organisations repeatedly highlighted the importance of long-term relationships in effective primary prevention programs. Programs that work with communities over several months and/or years are likely to be much more effective in changing attitudes and behaviours than once-off activities. However, building these relationships takes time and resources. Many organisations find it difficult to secure additional funding for this kind of activity, and as a result are limited in their capacity to engage in prevention work or, if they do attempt it, find themselves quickly stretched too thin.

Often these programs involve collaboration across services, and co-design with clients and community members. Governments can support this collaboration through developing funding and contracting systems that enhance it. When organisations are forced to guard against each other in highly competitive funding environments, the culture of collaboration can be lost, and can then be difficult to rebuild.

⁴⁵ Carrington Health, *Baby makes 3*, <http://www.carringtonhealth.org.au/services/groups/baby-makes-3>

Prevention programs also result in increased awareness, which can in turn lead to disclosures of family violence. Community organisations need the capacity to respond to individuals or groups that seek support as a result of increased awareness of family violence.

iMatter - Helping young people avoid family violence and develop healthy relationships⁴⁶

Doncare, a community organisation supporting families, the aged, youth and disadvantaged people in Melbourne's outer-east, has launched two Smartphone Apps in the last six months; LiveFree and iMatter. iMatter is a violence prevention program. The program's youth leadership approach enables young people to empower each other to navigate their relationships safely. The program's overall aim is two-pronged: to build self-esteem, respect and resilience; and to prevent violence and promote healthy relationships. iMatter achieves this through the delivery of school workshops, community seminars and the iMatter Smartphone App.

The iMatter workshops and the iMatter App provide platforms for young people to raise awareness and create change around societal pressures and social attitudes, identify potential risks in relationships, recognise and address controlling and abusive behaviour, understand the dynamics of healthy relationships and learn how to support themselves and others who are experiencing violence.

iMatter workshops are currently available to young women and will also be available to young men in the near future. Previous pilot workshops with young men and women have resulted in outstanding outcomes.

Doncare also provides individual and group support for women and children affected by family violence. Often women talk to them about signs evident early in the relationship that they were not being respected. Frequent comments such as "If only I'd known", or "I should have realised when we were dating..." led Doncare staff to think of ways to provide information to young people, about what is and is not respectful behaviour in a relationship, and to educate them about early warning signs of abusive and controlling behaviour.

Since launching the iMatter App Doncare has received overwhelmingly positive feedback from people who have found it beneficial.

"I am a young woman and I was in an abusive relationship for years and wasn't aware of it until making my statement to the police. After learning about the iMatter workshops and then using the App it has helped me realise so many things and I am proud to say that I have learned to love myself and I am now in a healthy relationship." – █████

⁴⁶ VCOSS Voice, iMatter – helping young people avoid domestic violence and develop healthy relationships, April 2015.

Good People Act Now

Good People Act Now (GPAN) is a program initiated by Banksia Gardens Community Services, a neighbourhood house and community services organisation located in Broadmeadows. It was initially funded by the Department of Justice and is now supported by a philanthropic partner.

A volunteer group of young people aged 16-25 from diverse backgrounds formed a Youth Action Group, undertook training and is now planning and delivering community activities about gender equity, health relationships and bystander action. The group discusses these issues with guest speakers and community mentors from other community organisations, media, psychologists and others.

They are planning or have already delivered activities including:

- Developing Bystander Action interactive videos for young people, which will be available soon on the Banksia Gardens website.
- Presenting to other Banksia Gardens community groups, including girls' circles and homework clubs, about gender equity and respectful relationships.
- Holding a stall at the Hume Festival of Music to encourage community members to make pledges against violence and provide information packs to young people and adults who attended.

Banksia Gardens reports the project has had significant additional impacts across the organisation, including building relationships with other family violence organisations, encouraging organisation wide discussions about gender and family violence and building a stronger anti-violence culture.

Prevention in schools

- Schools implement whole-of-school approaches to primary prevention programs that are embedded in curriculum from early primary school throughout secondary school.
- The Department of Education and Training support schools to embed a consistent approach to gender equity and violence prevention.

Educational settings are an important focus area for violence prevention and gender equity programs aiming to foster positive attitudes and relationship skills in young people.

Childhood is a period during which people develop ideas and attitudes about gender. Adolescence in particular, is a unique developmental stage when young people are defining their individual identity and values, and being exposed to increasing spheres of influence, including beginning their own intimate relationships.

Secondary schools are mandated to deliver health and physical education units which address sex education and consent, but there is no mandated requirement for students and staff to be taught about healthy relationships.

By incorporating the promotion of equal and healthy relationships between men and women into broader school policies and approaches, we can help young people form viewpoints and understandings that help prevent family violence. This includes promoting equal gender opportunities for leadership roles and representative groups, encouraging equal participation in sports and activities, and a range of other measures to promote gender equity within the school context.

The Victorian government has identified five criteria for good practice in school-based primary prevention programs:

- a whole-school approach
- a program framework and logic
- effective curriculum delivery
- relevant, inclusive and culturally sensitive practice
- impact evaluation.⁴⁷

Some schools continue to offer programs that are only of short duration or fail to engage the wider school community, beyond a particular class or age group. Other schools may implement programs not based on current research. There is a need for whole-of-school approaches that ensure respectful relationships and gender-based information and education are modelled and available to all primary and younger secondary aged students. One example of where this is happening is the Victorian Department of Health and Human Services funded Respectful Relationships Education in Schools project. Through this project twenty schools are being supported to implement whole-school approaches and build partnerships. Project Implementation Leaders from Our Watch have been placed in regional Department of Education and Training offices for an 18 month pilot to provide expert support to schools, including training staff.

Currently, primary prevention programs in schools remain dependent on individual principals and parent groups. Some community organisations suggested during consultations for this submission that despite the development of good models by the Department and partners and good practice from individual schools and strong partnerships between some schools and community organisations, the Victorian Department of Education and Training could do more to support schools to embed gender equity and family violence prevention across the system.

⁴⁷ Department of Education and Early Childhood Development, *Respectful Relationships Education; Violence prevention and respectful relationships education in Victorian secondary schools*, November 2009, p. 5.

Sexual Assault Prevention Program for Secondary Schools (SAPPSS)⁴⁸

The SAPPSS model provides a framework for school-based sexual assault prevention. SAPPSS was initiated in 2004 by CASA House.

SAPPSS has been identified as a leading practice program in Victoria. It is a comprehensive, whole-of-school model that aims to develop long-term partnerships between schools and specialist agencies, to sustain culture change over time.

SAPPSS has three related aims; to reduce the incidence of sexual assault in school communities, to establish safe environments for young people and school staff to discuss relationships, consent and communication, and to enhance the capacity of secondary schools to respond to sexual assault and provide young people with access to support.

It is delivered through a series of components, including:

- whole-of-staff professional development on the issue of sexual assault and the aims of the SAPPSS model;
- six-session, gender-specific curriculum for Year 9/10 students;
- Train-the-Trainer workshops for key groups of teaching and support staff;
- development of school policy and procedures to support the program;
- peer educator training for students in Years 11 and 12;
- evaluation embedded throughout the model.

Evaluation of the SAPPSS student curriculum has shown positive shifts in participating students' knowledge, skills and attitudes towards sexual assault and respectful relationships, over both the short and medium term. Students consistently report that the curriculum enabled them to talk about sensitive issues they were not able to discuss elsewhere. Evaluation has clearly demonstrated the most effective way to achieve and sustain positive shifts in knowledge, skills and attitudes is to implement a whole-of-school approach.

One of the vital features of the SAPPSS model is the ongoing partnership between sexual assault services and schools. This requires developing trust between the partners, including through frank and open communication, commitment from the school leadership group and a long-term commitment to the program, especially from schools.

⁴⁸ L Hyde et al., *Feminism in Schools; Exploring the prevention of sexual assault in school communities*, April 2011.

Addressing contributing factors and strengthening communities

- The Victorian Government recognise the important role community organisations play in reducing the risk of family violence by providing adequate funding to build sustainable organisations and skilled workforces.

Family violence is community wide. People from all backgrounds and communities can experience it. However, community organisations work with people experiencing a range of complex social issues that can be contributing factors to family violence, including financial vulnerability, mental ill-health, educational disadvantage and social isolation. Community organisations are key partners in preventing family violence, especially in vulnerable communities.

Social isolation is a contributing factor that can increase the risk of family violence. Social connectedness can act as a protective factor, reducing the risk of family violence and supporting early identification. Community organisations play an important role in building community connectedness, particularly for marginalised people. For example, neighbourhood houses bring people together to connect, learn and contribute in their local community through social, educational, recreational and support activities, using a community development approach that enables communities to identify and address their own needs. Neighbourhood houses effectively engage people facing disadvantage, and people at risk of social isolation.⁴⁹ The proportion of neighbourhood house participants who report having a disability or identify as Aboriginal or Torres Strait Islander is higher than among the general Victorian population.⁵⁰

The benefits of involvement at a neighbourhood house for participants include reduced social isolation, stronger community connectedness and activity. Participants identify meeting new people, spending time with others and improving personal wellbeing as the main benefits of being involved.⁵¹

Similarly, evaluations of supported playgroups have found parents report improved feelings of connection with others, aligning with research that shows the positive social outcomes from supported playgroups include expanded social networks and reduced isolation and loneliness for participants. In an adequately resource and professionally delivered supported playgroup environment parents strongly welcome advice, support and information relevant to their children's

⁴⁹ Association of Neighbourhood Houses and Learning Centres, *Multiple Benefits; How Neighbourhood Houses are good for individuals, communities and government*, 2013, p. 4.

⁵⁰ Ibid.

⁵¹ Ibid.

needs. The combination of a ‘listening ear’ from a professional facilitator and information about services and supports has been found to be particularly meaningful.⁵²

Although they rarely receive funding for family violence prevention activities, a large number of community organisations are involved in preventing family violence through building connected and resilient communities. Governments can recognise the important role community organisations and groups play in reducing the risk of family violence by providing adequate funding for sustainable organisations and skilled workforces.

Whittlesea CALD Communities Family Violence Project⁵³

Whittlesea’s growing Iranian community is part of an innovative new project to prevent violence against women and children. It is one of two pilot projects funded by Our Watch as part of its Prevention of Violence against Women in CALD communities project.

The project is led by a partnership between Whittlesea Community Connections, Salvation Army Crossroads Family Violence Service, and Women’s Health in the North, with support from member agencies of the Whittlesea CALD Communities Family Violence Project.

The partnership will engage with representatives of the local Farsi-speaking Iranian community to design and deliver a range of culturally appropriate and linguistically relevant strategies to prevent violence against women and children. Strategies include:

- empowering women and engaging men by supporting and resourcing community groups
- building the capacity of community and religious leaders as violence prevention advocates
- supporting newly arrived community members through early settlement legal education
- the development and design of other community-led violence prevention activities.

Violence against women and children affects all communities, regardless of culture or postcode, however CALD communities often face challenges in engaging with mainstream support programs, due to language or other barriers. The Our Watch funding recognises that projects are more likely to succeed if they are designed and delivered in partnership with the communities they aim to engage.

Regional organisations VCOSS consulted also identified sporting clubs as presenting an opportunity to strengthen community wellbeing and engage individual community members who

⁵² Department of Education and Early Childhood Development, *Supported Playgroups and Parent Groups Initiative Outcomes Evaluation*, 2012, p. 7.

⁵³ Whittlesea Community Connections, *More funding to prevent violence against women and children in Whittlesea*, 28 November 2014.

might otherwise be difficult to reach. Sporting activities also provide a unique opportunity to engage whole families together in the same environment.

Fitzroy Stars football club

Fitzroy Stars in north and west metropolitan Melbourne engages Aboriginal people and families through sport. The club has adopted a broad approach to community wellbeing, holding family days at football and netball games, where it takes a stand and highlights different issues, including strong messages about saying no to family violence. The Fitzroy Stars use their games to provide access to the Victorian Aboriginal Health Service, where supporters can get regular health checkups. The club also provides professional speakers and other skill-building workshops. Besides being a sports club, the club is a hub for the Melbourne Aboriginal community, supporting individual players to develop their cultural identity and encouraging pathways to education and employment, which can act as protective factors against family violence.

Priorities for change – Early identification and intervention

Approaches to early identification and intervention

- The CRAF is supported and implemented consistently across community sector organisations and universal and secondary services as an important tool for anyone working with women and families.

A family experiencing violence may have contact with a wide range of community, education and health services without directly reporting the violence. Many people experiencing or perpetrating family violence will first enter this system through these universal or secondary services. Seeking help directly is often unsafe for women and children, as it could increase their risk of immediate violence. Training professionals in services used by families will help them identify family violence indicators, assess the risks and respond appropriately.

To intervene earlier, key professionals – such as court officials, staff in hospitals, GPs, early years and education professionals must know how to recognise signs of family violence and respond appropriately. Reports from various sources indicate that training in recognising and responding to family violence is inconsistent across agencies, even those directly involved in the family violence system, such as courts and child protection workers.

The Common Risk Assessment Framework is an important tool in ensuring all professionals working with women and families are informed about family violence and able to respond appropriately to disclosures or concerns. Unfortunately through the consultation process it became clear many organisations and workers in the community sector are unaware of their ability to access CRAF training or unaware that it is relevant to them. There is a perception in some parts of the sector that CRAF training is only for family violence workers, and not appropriate for people who are not directly working with victims.

Other organisations report that although staff in their organisation undertook CRAF training when it was first rolled out, this had not been maintained. As the organisation experienced staff turnover, skills and expertise in this area were lost.

Many community organisations operate on extremely tight budgets, and funding for staff training and backfill is scarce. When made aware of its existence, many organisations welcomed the new online CRAF training as an alternative where resources and time are limited. Additional promotion and perhaps retargeting of the CRAF training is necessary to increase its take-up among organisations in the mainstream sector.

Some organisations warned about the difficulty of increasing expectations on already overburdened workers in mainstream, often volunteer-based organisations, including playgroups, neighbourhood houses and sporting groups. The potential for vicarious trauma was identified as a risk. Ongoing monitoring and resources may be required to support organisations and workers.

Opportunities for identifying family violence

Early intervention in schools

- The Royal Commission investigate the expansion of schools as community hubs models, to build collaboration between schools and community organisations and provide an important avenue of support for schools and their families.
- The Victorian Government expand flexible learning options to support young people who have experienced family violence and disengaged from school.

Some studies estimate almost one in four young people have experienced family violence. It is estimated the number of young people living with violence at any one time is about one in 10.⁵⁴

Not all young people respond to family violence in the same way. Contributing factors vary widely and impact differently over time and in different situations. Protective factors for children and young people include having close relationships with non-abusive family members and a strong support network.⁵⁵ However, the potential impacts of family violence on children and young people are significant, from difficulty concentrating at school, to low self-esteem, aggression, anxiety, developmental delays and difficulty forming relationships. The young person's experiences can also be influenced by complex issues related to the violence, including poverty, and living in temporary or unstable accommodation.

Schools are an important avenue for identifying the early signs of violence, making appropriate referrals for both the young person and the family and providing support, even where external assistance is not accessed. Current school responses are variable, and based on the commitment of individual schools and the people that lead them. VCROSS supports the development of a more consistent approach across the education system that involves all schools accepting their role in identifying and responding to family violence, and incorporating risk assessment and identification training in staff professional development programs. Advice to schools staff on dealing with disclosures about violence have been developed, including the DET 'Building Respectful Relationships' module and the Partnerships in Prevention network. In person training and support is being delivered through the Respectful Relationships Education in Schools project in 20 schools. Wider access to this support would benefit more schools and students.

Developing schools as community hub models is one way to develop place-based solutions that build collaboration between schools and community organisations to support the complex social, emotional and health needs of children. This involves providing a range of social services either within schools, or in collaboration with schools. It can also involve the hub being a welcome place

⁵⁴ D Indermaur, 'Young Australians and domestic violence', *Trends and Issues in Crime and Criminal Justice*, No. 195, Australian Institute of Criminology, 2001.

⁵⁵ C Humphreys, *Domestic Violence and Child Protection; Challenging directions for practice*, Australian Domestic and Family Violence Clearinghouse, 2007.

for student's families, and sometimes the broader community. There is limited data available about the effectiveness of schools as community hub models, but research shows improvements in young people's education and wellbeing, earlier identification of young people's needs, and quicker access to services among the outcomes.⁵⁶

Doveton College⁵⁷

Doveton College is a birth-to-Year 9 school based in Melbourne's outer south-east, in a community where people face high levels of disadvantage. It brings together traditional schooling, kindergarten, early learning and childcare with a wide range of services that 'wrap around' the child and family, including Maternal and Child Health services, mental health specialists and dental services.

Doveton College is premised on the idea that engaging with parents is one of the pathways for major change in children's lives – not just an 'add-on'. People come with their children to school, making it a safe space for them, and Doveton builds on this by creating opportunities for them to access other services in that safe space.

Community and health services involved at Doveton College include:

- City of Casey
- Southern Community Health
- Connections UnitingCare
- The Smith Family
- Family Life
- Good Beginnings Australia

One Year 1-3 teacher interviewed for VCROSS Insight Magazine said there's no comparison with the other schools in which she's worked. She gives an example of a child presenting in her class with a family issue that is causing the child distress. "Straight away, I can log the issue on a central database, shoot an email to the primary welfare worker, and within 20 minutes she'll be over, and have external services contacted and involved." The teacher said that at previous schools, support could take much longer to organise, and there would often be little follow-up. "Here it's about nipping it in the bud," she said. "The child comes back to class feeling that his or her issues were valid, that what they were going through was real, that people were caring, and they are able to get on with their learning. It's far more productive and far less disruptive for everyone."

Staff at Doveton College participate in a comprehensive professional development program, particularly around trauma and its physical, psychological and mental effects on children.

⁵⁶ The Royal Children's Hospital Centre for Community Child Health and the Murdoch Children's Research Institute, *Primary Schools as Community Hubs; A review of the literature*, prepared for the Scanlon Foundation, July 2012, p. 13.

⁵⁷ VCROSS, *Doveton College: opening doors out of disadvantage*, Insight Magazine, 2014.

There are challenges in the development and implementation of hub models, including in developing strong partnerships and shared goals.⁵⁸ Organisations and schools report funding for this type of partnership work is limited, which presents a barrier to developing such collaborative models.

Unfortunately improving early identification in schools will do little to assist those young people who have already disengaged from the education system. There are a range of flexible learning models already in existence that support young people who experience a range of complex issues, including family violence and for whom mainstream schooling has not worked well. The government can support young people experiencing or at risk of family violence by expanding flexible learning options.

The Pavilion School⁵⁹

The Pavilion School is an example of a flexible learning option for students who have disengaged from or been excluded by mainstream schools or education providers. The school aims to re-engage young people by providing students a relevant and individually tailored education program. The Pavilion School is particularly suited to students who have high risk and complex life situations, including a significant number who have experienced family violence, and who present with a range of risk factors. The Pavilion School provides students with a supportive and productive learning environment.

The benefits for students at The Pavilion are significantly improved life outcomes, and the benefits for the community are more engaged and connected young people.

The Pavilion School transitions 82 per cent of its exiting students to further education and employment, thereby reducing demand on Centrelink and easing youth unemployment rates.

⁵⁸ The Royal Children's Hospital Centre for Community Child Health and the Murdoch Children's Research Institute , *Primary Schools as Community Hubs; A review of the literature*, prepared for the Scanlon Foundation, July 2012, p. 13.

⁵⁹ The Pavilion School, <http://thepavilionschool.com.au/>

Early intervention in health services

- Health professionals develop skills and expertise in identifying family violence and responding safely, privately and effectively.

Health professionals have an important role to play in early detection and intervention of family violence. More than one in five women experiencing family violence will make their first disclosure about it to a health professional.⁶⁰

Experiencing family violence is linked to a range of other health problems, including post-traumatic stress disorder, anxiety, depression and substance misuse. It is also associated with poor physical health, chronic pain, gynaecological problems, gastrointestinal disorders and sexually transmitted diseases.⁶¹ Women may seek medical attention for injuries related to the violence or underlying health conditions that may be associated with it.

*The medical profession has key roles to play in early detection, intervention and provision of specialised treatment for those who suffer the consequences of domestic violence, whether it be physical, sexual or emotional.*⁶²

Estimates suggest general practitioners may see up to five women per week who have experienced some form of family violence in the last 12 months. However many GPs report they do not see many patients who have experienced or are experiencing violence.⁶³

When a disclosure of violence is made to a GP, it is important the GP is confident in offering appropriate support and referrals. One impediment to screening and disclosure to health professionals is lack of privacy. This was particularly highlighted in the context of antenatal services, where partners or family members were often present. It is important that health professionals are able to identify possible warning signs of abuse and ensure victims have the opportunity to talk privately with them.

Some challenges for victims in speaking to healthcare providers about family violence include high turnover and lack of continuity of service providers, time constraints on appointments with healthcare professionals and negative service provider responses. For example, one organisation reported that a client who disclosed family violence to their GP was told to “go home, see what happens, and come back in a month if there is still a problem”. Some family violence services also report that they receive very few referrals from local GPs.

⁶⁰ Jo Spangaro and Anthony Zwi, *After the Questions: Impact of Routine Screening for Domestic Violence in NSW Health Services*, The University of New South Wales, 2010, p. 22.

⁶¹ K Fraser, *Domestic Violence and Women's Physical Health*, Australia Domestic and Family Violence Clearinghouse, 2003.

⁶² Australian Medical Association, *AMA Position Statement: Domestic Violence*, 1998.

⁶³ K Hegarty and R Bush, 'Prevalence and Associations of Partner Abuse in Women attending General Practice A Cross-sectional survey,' *Australian and NZ Journal of Public Health*, 2002, p. 437.

More consistent training, access to resources and support for projects such as the examples below would help improve identification and responses of family violence among health professionals.

When she talks to you about violence⁶⁴

The Australian Medical Association NSW and Women's Legal Services NSW partnered to launch a family violence resource for doctors titled *When she talks to you about violence*.

The resource toolkit was developed in response to indications that one in five women experiencing domestic violence will first report it to her GP. The resource will assist doctors identify and respond to women and children who have previously experienced, or are currently experiencing, family or domestic violence.

The toolkit contains a list of indicators to help a GP identify domestic violence and guidelines for patient care from a range of sources, as well as some legal information relevant to the role of the general practitioner.

White Envelope Project⁶⁵

The White Envelope Project is an initiative developed by Aboriginal Family Violence Prevention and Legal Service Victoria, in partnership with the Barwon South West Indigenous Family Violence Regional Action Group, Centrelink, the Close the Gap Program, Emma House Domestic Violence Service, Gunditjmarra Co-operative, Gunditjmarra Health Service, Southwest Health Care, South West CASA and Warrnambool Community Health.

This project aims to ensure all Aboriginal community members presenting at the emergency department at Southwest Hospital, Warrnambool, receive information about a range of both Aboriginal and mainstream services that can provide assistance, particularly if there are family violence issues impacting on health and wellbeing.

The project also provides training to service providers, including medical staff at Southwest Hospital, to ensure they are responding to Aboriginal community members experiencing violence in a culturally safe and responsive manner.

⁶⁴ Women's Legal Services NSW, <http://itstimetotalk.net.au/gp-toolkit/>

⁶⁵ Source: FVPLS Victoria, <http://www.fvpls.com.au/images/files/Newsletter%2015.3.pdf>

Acting on the warning signs: Addressing violence against women through hospital settings project⁶⁶

A partnership between North Melbourne Legal Service and the Royal Women's Hospital (the Women's) aims to empower and protect a significant number of Victorian women by providing legal assistance and training within the hospital context. North Melbourne Legal Service has been providing a legal assistance outreach service at the Women's since 2009. The Acting on the Warning Signs project came about through recognition that an increasing number of clients accessing the service were seeking advice in relation to matters involving family violence.

This health/legal partnership is being established to assist health professionals at the Women's to identify family violence and provide basic family violence information to patients, complemented by a range of health, legal and social welfare assistance available at the hospital site. The project aims to create momentum for other hospitals throughout Victoria, to develop a clear understanding of the importance of a multi-disciplinary approach to family violence and the importance of 'warm' referrals in supporting women. The Acting on the Warning Signs project builds on this approach by implementing a legal assistance outreach post at the Women's. This outreach post aims to ensure the hospital site is a safe and accessible hub where women can obtain a range of coordinated support services to address family violence.

Research shows that people with legal issues often seek advice from people/services with which they are already in contact. This places health professionals in a powerful position to make appropriate referrals and to take steps to protect and empower Victorian women.

Early intervention in early childhood services

- Midwives, early childhood professionals and antenatal workers undertake training to improve knowledge and expertise about family violence.
- Maternal and Child Health Services extend their engagement with vulnerable families through expansion of home visits.
- The Victorian Government invest in integrated early childhood care and education models to benefit vulnerable and at-risk families.

Infants and children under four years of age are at increased risk of witnessing or experiencing family violence. Children aged 0-4 years comprise about 40 per cent of the children present at incidents of family violence, according to police data.⁶⁷

⁶⁶ Legal Services Board, *Prevention of Violence against Women Funded Projects; Report of developments 2012*, March 2013

⁶⁷ Victoria Police, *Family Incident Reports, 2009/10-2013/14*.

High participation rates mean early childhood services are often well placed to identify children who are at risk of family violence and intervene as early as possible. Most Victorian children now access some form of kindergarten in the years before school. In 2012, enrolment in Victorian pre-school programs had increased to about 98 per cent of all eligible children in the year before school.⁶⁸

Access to high quality integrated early childhood education and care models would benefit vulnerable families. Because early childhood education and care does not carry a stigma, by integrating services we can reach vulnerable and at-risk families, while promoting optimal child development to give these children the greatest chance of success in later school and life.

Traditionally, early childhood education and care has been conceptualised as a service for children but new community hub models deliver an integrated service for the whole family. If children can attend a high quality integrated early childhood education and care service that offers a range of services, it can improve children's cognitive development and learning in the short and long term. Research shows that it is children from disadvantaged families who benefit the most from this support.⁶⁹

Recent changes to early childhood qualifications now include information about family violence, including early identification and referral. While this is very welcome, it is important that already established early childhood workers who may not have received this training are able to access information and assistance. The sector would benefit from more targeted information and resources being provided to early childhood professionals and others working with young children (including playgroup and parent group volunteers) on how to identify and respond to early warning signs of family violence.

Maternal and Child Health services are an important opportunity for identifying families with infants and young children who may be at risk of or experiencing family violence. Victoria's MCH service provides universal access to health and wellbeing supports in the important developmental stages of the early years of a child's life. MCH can be a pathway into the broader service system that allows identification and referral before problems become entrenched. MCH nurses provide home visits within one week of birth. This potentially places them in an ideal position to identify early and refer women and children who are at risk to ongoing support services and more targeted interventions.

Routine family violence screening has been introduced for all MCH nurses in Victoria. MCH nurses are required to observe women, children and the family environment for any signs of family

⁶⁸ Department of Education and Early Childhood Development, *State of Victoria's Children Report; early childhood, a report on how Victoria's young children are faring*, 2012, p. 68.

⁶⁹ D Phillips and J Schonkoff, *From neurons to neighbourhoods: The science of early childhood development*, National Academy of Sciences, 2000.

violence at the one-week home visit. Specific questions are asked at the four-week consultation. Nurses assess the safety of the woman and child, and make appropriate referrals and complete a safety plan if necessary.⁷⁰ While screening is important, some organisations report practice remains inconsistent and additional support may be needed to help MCH nurses feel comfortable asking family violence related questions and recognising risk signs at earlier consultations.

Some participants in consultations for this submission reported there is room for improving the reach of MCH services to families at risk of violence. MCH staff are able to visit most families only once, soon after birth. Enhancing MCH nurses' ability to make home visits to vulnerable families would improve their capacity to identify early warning signs of violence.

The risk of family violence is also high during pregnancy and in the period immediately following birth. The Australian Women's Safety Survey reported 42 per cent of respondents who had experienced violence at some time in their lives were pregnant at the time of the violence.⁷¹ Women with unexpected or unwanted pregnancies are more likely to experience violence, especially young women.⁷² Pregnancy may also be a time when women are more likely to have contact with a doctor or other support services that can provide opportunities for identification and appropriate response.

There is an opportunity to improve midwives' and other antenatal workers' knowledge and expertise in early identification of family violence. Pregnancy is an important intervention point, but consultation participants reported many professionals working with pregnant women have not had the opportunity to undertake CRAF or similar family violence related training.

right@home sustained home visiting programs⁷³

right@home is a nationwide program, currently being evaluated through a randomised control trial that will provide intensive home nursing visits to vulnerable expectant mums. In Victoria, approximately 300 expectant mums in the Dandenong, Frankston, Ballarat and Whittlesea areas will participate. The mothers will receive regular home visits from the same local MCH nurse from when they are 16 weeks pregnant, until their children turn two.

Similar nurse home visit trials in the US showed a:

- 67 per cent reduction in behavioural and intellectual problems in six-year-olds
- 56 per cent decrease in emergency department visits for accidents
- 50 per cent reduction in language delays in 21-month-old children.

⁷⁰ Department of Education and Early Childhood Development, *Maternal and Child Health Service: Practice Guidelines 2009*, 2009.

⁷¹ Australian Bureau of Statistics, *Women's Safety Australia*, Catalogue No. 4128.0, 1996.

⁷² A Taft, *Violence against women in pregnancy and childbirth; current knowledge and issues in health care responses*, Australian Domestic and Family Violence Clearinghouse, 2002, p. 5.

⁷³ Royal Children's Hospital News, *Home Nursing Help for New Mums*, 30 April 2013 and ARACY, I rights@home, <https://www.aracy.org.au/projects/righthome>

Priorities for change - Responses

Specialist family violence services

- The Royal Commission investigate the benefits of a separate funding stream for specialist family violence services that is focused on safety and support as well as accommodation outcomes.

The most substantial challenge currently facing family violence services is the overwhelming demand they face. With the number of family violence intervention orders more than doubling in the past decade, family violence services have experienced a parallel increase in the demand for their services. Unfortunately this growth in demand has not been matched by an increase in funding for crisis accommodation, specialist counselling and referral services, and legal assistance.

Recent media reports indicate the extent of the challenge facing specialist family violence services.⁷⁴ About one quarter of calls to the national family violence counselling service are going unanswered. Victoria's Safesteps family violence response centre reports a 130 per cent increase in calls to its crisis line over the past two years. Safesteps also reports an escalation of the level of violence experienced by women, with more being assessed as at high risk. However, it has not received any additional core funding in recent years to meet this demand.

The publicity around the Royal Commission into Family Violence and an increased focus on appropriate identification and referrals by mainstream and universal services will increase demand for specialist family violence services. They will require adequate resources to respond to women and families needing help.

Most specialist family violence organisations are funded through homelessness funding streams. The focus of this funding is naturally on reducing homelessness and supporting people into secure accommodation. However this focus on accommodation does not adequately recognise the importance of safety for victims of family violence. One organisation reported that less than one third of women who contact their service are housed in refuge accommodation; others are supported to remain in the home through 'safe at home' models, or stay with family and friends. A separate stream of funding targeted specifically at specialist family violence services would better meet the needs of people contacting these services for support, and provide more comprehensive data about the work the services provide and the outcomes they achieve.

⁷⁴ See for example, J Ireland, 'Domestic violence calls going unanswered as demand spikes', *The Age*, 1 May 2015.

The refuge system itself can be a barrier for women. Women with larger families and with older male children can find it difficult to secure refuge accommodation. In particular women with no income can struggle to find refuge accommodation. This includes women awaiting refugee status and women on temporary visas, including student and working visas. As a result they have no access, or limited access, to Centrelink and healthcare services. While many refuges will try to assist where possible, most women in this situation are unable to access public housing and so tend to stay at refuges for long periods of time.

Additional resources and changes to refuge operations and policy frameworks are required to enable women with no income, with larger families, or older male children, to find safe accommodation when they need it.

As a result of these and other capacity challenges, family violence crisis services are regularly forced to place women and children escaping violence in motels. Many women continue to feel unsafe in this situation, perpetuating their anxiety and resulting in more women choosing to return home to the violent situation.

In regards to legal assistance, more than 95 per cent of community legal centres reported to the Australian Council of Social Service in the 2014 Community Sector Survey that they were unable to meet demand, which was the highest rate of any category of community services.⁷⁵ With more than a third of cases dealt with by community legal centres in Victoria currently related to family violence, this is a significant level of unmet need. The Productivity Commission, in its 2014 final report on *Access to Justice Arrangements*, found that an additional \$200 million is required to narrow Australia's growing justice gap for people experiencing disadvantage.⁷⁶ Despite this, the federal budget shows Victorian community legal centres can expect a 26 per cent cut in federal funding in the next three years.

The government can improve crisis support options for victims of family violence by investing in specialist support services, including crisis accommodation and community legal centres.

⁷⁵ Australian Council of Social Service, *Community Sector Survey 2014 National report*, 2014, p. 9.

⁷⁶ Productivity Commission, *Access to Justice Arrangements; Final Report*, 2015.

Men's programs

- The Victorian Government increase funding to men's behaviour change programs, including those that have attached funding for accommodation.
- Men's behaviour change programs increase their capacity to tailor delivery to individual men's risk factors and learning styles, to increase the effectiveness of prevention and early intervention strategies.

Holding perpetrators to account for their choice to use violence is critical to reducing family violence.

Men's behaviour change programs play a vital role in early intervention and response strategies. Men are commonly referred to behaviour change programs by police, but they can be accessed at many points, including prior to police involvement. These programs aim to reduce the likelihood of men and boys using violence, by changing the beliefs, values and discourses that support violence, through challenging the patriarchal power relations that promote and maintain violence, and presenting alternative constructions of masculinity, gender and selfhood.⁷⁷

Improved community attitudes and strengthened integrated service systems have led to increasing numbers of men being referred to behaviour change programs, yet waiting lists are often several months, to a year long.⁷⁸ One service estimated that less than 20 per cent of men potentially eligible to use these programs actually reach the entry point, because of a lack of funding.

Regional areas and urban growth corridors report particular difficulties in enabling people to access behaviour change programs, with some regions having no programs at all. Other organisations fund programs internally, but some report this will no longer be possible when additional federal funding cuts come into effect in July 2015.

Men with minimal previous contact with the criminal justice system are more likely to engage with behaviour change programs, and those linked into these programs immediately after contact with services are most likely to complete them.⁷⁹

*A police callout to a family violence incident is a crisis in the life of many men, and an opportunity which needs to be more effectively seized, particularly in the two to three weeks following callout.*⁸⁰

⁷⁷ M Flood, 'Changing Men: Best practice in violence prevention work with men', *Home Truths Conference: Stop sexual assault and domestic violence: A national challenge*, September 2004.

⁷⁸ No To Violence, *Holding men who perpetrate family violence accountable: A system near crisis point*, 2013.

⁷⁹ Centre for Innovative Justice, *Opportunities for Early Intervention; bringing perpetrators of family violence into view*, RMIT, March 2015, p. 33.

⁸⁰ No to Violence, *Enhancing the front end work to responsible to police active referrals for men*, 30 September 2014.

A recently completed independent five-year research project in the UK, 'Mirabal', found a broad range of positive outcomes from men's participation in accredited perpetrator programs, including:

- most men stopped using violence and reduced most other forms of abuse
- most partners/ex-partners of men on programs felt and were safer
- the programs were integrated with other services to ensure safety for victims and children
- the programs helped change men's understanding and behaviour in relation to abuse and relationships, with gradual changes over time.⁸¹

However, men's behaviour change programs should not be viewed as the only answer to perpetrator accountability. Evidence suggests that where the man is required by court order to participate in behaviour change programs, effectiveness is increased by a criminal justice response for non-compliance. Where there are delays in entering programs, or the criminal justice system fails to enforce sanctions for not complying, this can reinforce perpetrator beliefs around the acceptability of family violence.⁸²

There is opportunity to further develop the capacity of men's programs to identify individual risk factors and learning styles and tailor program intensity and focus accordingly. The importance of joined-up programs was highlighted by participants in consultations for this submission, with organisations supporting co-location of behaviour change programs with other services including counselling, child support and drug and alcohol services.

Access to a broad range of support is important for male perpetrators. A recent RMIT Centre for Innovative Justice report highlights that although it is vital that victims and their children have the opportunity to remain in their own home, allowing perpetrators to 'slip off the radar' when ongoing accommodation is not identified or arranged, can be an opportunity lost.⁸³ As the Luke Batty Inquest heard, police can have difficulty locating family violence perpetrators, and when they are excluded from the home without alternative arrangements, their anger can be fuelled, posing further risks to victims. Community organisations also noted that when women know the perpetrator of the violence has no other accommodation arrangements they can feel additional pressure to allow them back into the house. New funding models, including accommodation funding attached to men's behaviour change programs are very welcome, however capacity is limited and significant expansion of these programs is needed.

⁸¹ RESPECT, Men and Women Working Together to End Domestic Violence, 'Highlights from Mirabal Research Findings: Respect Accredited Domestic Violence Perpetrator Programmes Work', January 12, 2015.

⁸² Centre for Innovative Justice, *Opportunities for Early Intervention; bringing perpetrators of family violence into view*, RMIT, March 2015, p. 41.

⁸³ *Ibid*, p. 51.

Some consultation participants also discussed the impacts on men of general access to pornography and violent sexual imagery. The most significant concern is for younger men, whose entire experience of sexuality is often informed by pornography, where women are frequently degraded, subjugated and physically harmed.

Research and experiences of professionals working with men show impacts including emotional desensitisation, shame and disconnection from their bodies and sexuality. Advocates emphasised the importance of information and education for men and the people who work with them, and the creation of safe spaces, in which men can examine the impacts of pornography in a non-judgemental way. Governments also have a role in implementing technological solutions that separate internet content, allowing consumers to choose the type of content they access, and in educating the public about the risks of pornography consumption.

An effective family violence system that prevents further violence needs to recognise both victims and perpetrators require a range of services. Some organisations consulted reported they find it challenging to discuss the need for support for male perpetrators, as they do not want to condone the violent behaviour. Services for this group can also be seen as a low priority, compared to services for victims.

Legal responses

The legal system's response to family violence is a vital component of improving responses for victims of family violence and addressing perpetrator accountability. In this regard, VCOSS chiefly refers the Royal Commission to the submissions of the Federation of Community Legal Centres and Women's Legal Service Victoria as organisations with significant expertise.

We also note the following issues raised by consultation participants:

- There is an ongoing concern that the overall focus of the legal system continues to remain on women keeping themselves safe, through leaving, reporting breaches etc., rather than expecting perpetrators to take responsibility.
- Breaches of safety orders are not always pursued by police, and the number of breaches is increasing rapidly.
- Perpetrators and victims often do not understand the contents and conditions of their safety orders. Legal assistance services have limited capacity to assist. As a result, orders are being breached inadvertently.
- Most court environments are neither welcoming nor safe spaces for victims, forcing them into waiting areas with perpetrators and with limited support such as childcare available.
- There are conflicts between family violence orders and family law, with its emphasis on continuing contact between child and parent.

Services for adolescents who use violence

- Research is undertaken into instances of and best practice responses to adolescent violence in the home.
- Community organisations ensure staff working with families and young people participate in training about responding to adolescent violence and making appropriate referrals to targeted programs.

A growing concern among community sector workers during consultations was adolescent violence against other family members, including parents. Less than 10 per cent of all family violence incidents reported to police are in relation to adolescent violence in the home.⁸⁴ However, this is likely to be an underrepresentation of the scale of the issue for a range of reasons, including parental embarrassment, emotional difficulties of reporting children's behaviour to the police and fear of child protection consequences.⁸⁵

Organisations consulted for this submission believe Victoria's legal and support system is inadequately addressing the complexities of adolescent violence. Many adolescent perpetrators have witnessed or experienced violence or abuse in their own childhoods.⁸⁶ Standard police responses to adult perpetrators of violence, such as safety notices and referral to men's behaviour change programs, are often inappropriate when the perpetrator is a minor and has been a victim themselves. Some legal services suggested a separate legal framework for young perpetrators of family violence is required to adequately address the needs of these families. Others suggested better use of police and legal system discretion to respond to the needs of the individuals and families involved.

Reliance on mainstream support services can also be problematic, if they do not take into account the complex power dynamics within the family. Parents often report feeling blamed, with services assuming the violence is a result of poor parenting. Not only is this unsupportive of the victims, potentially putting their safety and wellbeing at further risk, it fails to adequately address the young person's needs. The opportunity to intervene in a way that supports the development of life skills needed to resolve conflicts and develop more respectful relationships and communication techniques should not be missed.⁸⁷ Existing programs to support young people's violence in the home can be built upon to provide more consistent access across the state.

More research and data is required regarding instances and practices in relation to adolescent violence in the home. Specific training is also required for workers in family violence services as well as access to specific programs that address the needs of violence adolescents.

⁸⁴ A Horsburgh, *Adolescent Violence in the Home: A scoping study and mapping of Victorian services*, Good Shepherd Youth and Family Services, 2012, p. 4.

⁸⁵ Ibid.

⁸⁶ Ibid.

⁸⁷ Ibid, p. 5.

Support for children

- The Victorian Government expand therapeutic services to address the trauma and long-term impacts of family violence for children in the early years and the middle years between the ages of eight and 12.

Children are present at about one third of family violence incidents reported to police. About one quarter of Australian children have experienced violence against a parent.⁸⁸ Children's experience of family violence is much broader than simply 'witnessing' it. The experiences of children in the aftermath of family violence can include them calling emergency assistance, coping with their parents' or their own injuries and trauma, becoming homeless, seeing a parent being arrested, and living with a parent who is alternately caring and violent. Children can also experience cumulative harm, where the problems compound as they live with family violence and its impacts over a period of time.

All of these experiences can have serious and often long-term negative effects for children, including psychological and behavioural impacts, health and socioeconomic impacts, and sometimes, intergenerational violence. Children who have experienced violence may require a range of supports to address the long-term impacts of it, including counselling, group therapy and other evidence-based interventions to rebuild relationships, address trauma and developmental delays, and reduce the risk of further victimisation, or becoming perpetrators of violence themselves.

However community organisations consulted for this submission reported that there is insufficient priority given to the needs of children as victims of family violence. Specialist family violence services often do not have the capacity to support children, separate to the non-abusing parent. Family support services may have expertise in this area, but often receive no family violence specific funding and have limited capacity to provide the intense level of support needed. One family support service reported that the majority of their clients have family violence related issues, but they receive no funding for this work. Accessing specialist supports for children is especially difficult in rural and regional areas. Regional organisations highlighted the need for better services for children in their early years, to prevent developmental delays and other long-term impacts.

Organisations also reported a gap in support for children in the middle years, between the ages of eight and 12.

*"They are too old for children's services and too young for youth services."*⁸⁹

⁸⁸ C Humphreys, *Domestic Violence and Child Protection; Challenging directions for practice*, Australian Domestic and Family Violence Clearinghouse, 2007, p. 3.

⁸⁹ VCOSS and the Youth Affairs Council of Victoria, *Building the Scaffolding*, 2013, p. 67.

The middle years are a critical age for early intervention, to prevent more complex issues developing in the adolescent years and beyond. Support for this age group is often highlighted as a funding gap. Some services reported that they provide services to this group, despite not receiving any funding to do so, as there are no alternatives available in their area.

Integrated Mental Health Program⁹⁰

The Royal Children's Hospital Melbourne Integrated Mental Health Program (RCH IMHP) has developed a range of family violence early intervention programs that have been piloted, evaluated and adapted where necessary, and are now run by various service providers around metropolitan Melbourne, as well as in Tasmania.

'BuBs (Building Up Bonds) On Board' is designed to strengthen the relationship bond between mothers who have experienced family violence and their babies/toddlers and to train family violence workers on the mental health needs of infants. The 'Peek-a-Boo Club' is a group work intervention for mothers and babies up to age three in a play-centred therapeutic environment, to help them develop a healthy attachment to each other.

The RCH IMHP has also developed a program specifically for male perpetrators and their children: 'Dads on Board', a group work intervention for fathers who have successfully completed a men's behaviour change program, to help them develop safe, healthy and appropriate skills to relate effectively with their infants.

Safe from the Start⁹¹

Safe from the Start, initiated by The Salvation Army, is an early intervention research project for young children up to age six affected by family violence and homelessness. The main aims of the Safe from the Start project were to:

- identify key elements of best practice for working with children, aged up to six, affected by family violence
- identify effective assessment tools
- train children's service workers to work with the developed resources.

The project developed a training program and resource kit for non-specialised workers and parents to address the needs of children who have experienced family violence. The Salvation Army developed the resources kit after observing children, who at first sight appeared well-behaved and quiet, but were in fact traumatised. The kits are designed to help children who have been traumatised by family violence to express their experiences

⁹⁰ The Royal Children's Hospital Melbourne, *Addressing Family Violence Programs*, http://www.rch.org.au/mhs/services/Addressing_Family_Violence_Programs/#Dads_on_Board

⁹¹ A Spinney, 'Safe from the Start? An Action Research Project on Early Intervention Materials for Children Affected by Domestic and Family Violence', *Children & Society*, Vol. 27, 2013.

Housing and homelessness

- The Victorian Government expand social housing by investing an additional \$200 million per year in growth.
- The Victorian Government expand 'safe at home' programs to support more women and children to remain in their homes and avoid homelessness.
- The Victorian Government introduce a rapid rehousing program to assist women and children to establish stable housing more quickly.

For women and children experiencing family violence, access to affordable social housing is crucial to their ability to re-establish their lives free from violence. However, Victoria is facing a housing crisis. Housing costs continue to rise to record levels, and there is a severe shortage of social housing. There are nearly 34,000 people on the public housing waiting list.⁹² This is making it increasingly difficult for women experiencing, or at risk of, family violence to find secure, stable homes.

As a result, women are forced to stay in refuges for longer periods, placing additional pressure on these services. The chronic shortages and increased waiting lists, together with a scarcity of affordable private rental properties, has created a severe bottleneck in the service system, where women and their children are unable to move on from supported accommodation, and others in turn are unable to access assistance.

Expanding our social housing system is essential to providing people experiencing family violence with affordable, well-located, secure homes. VCOSS and other Victorian housing and homelessness peak bodies estimate \$200 million a year is needed for meaningful growth in social housing stock levels.⁹³

Family violence is a leading cause of homelessness for women of all ages and from a broad range of cultural, social and economic backgrounds.⁹⁴ In 2011–12, family violence accounted for 32 per cent of all clients receiving assistance from specialist homelessness services in Australia.⁹⁵ Recent research into youth homelessness found that 56 per cent of young people experiencing homelessness had to leave the home at least once due to violence, and 90 per cent had witnessed violence in the home.⁹⁶ People who leave their home because of family violence experience severe disruption to their social, cultural and support networks and to schooling, poorer housing conditions and financial disadvantage.

⁹² Department of Health and Human Services, *Public Housing Waiting and Transfer List*, March 2015.

⁹³ Community Housing Federation of Victoria et al, *Making Social Housing Work*, 2013.

⁹⁴ K Crinall et al, 'Safe at Home' programs in the context of Victorian Integrated Family Violence Service System Reforms; a review of the literature, SAFER Research Program, 2013, p. v.

⁹⁵ Australian Institute of Health and Welfare, *Specialist homelessness services 2012–13*, 2013.

⁹⁶ P Flatau et al, *The Costs of Youth Homelessness In Australia: Snapshot report 1*, Centre for Social Impact, 2015.

Women's efforts to find alternative crisis accommodation for themselves and their children are often fraught. Of those who try to access emergency accommodation in refuges, about half are turned away, some at highest risk are moved to hotel rooms, while many others try to rely on family and friends, which is often not a viable solution in the long term. Others sleep in their car. It is also a tragic reality that many women return to violent situations because of a lack of alternative accommodation options.

VCOSS is supportive of 'safe at home' programs that enable women and children escaping family violence to avoid homelessness by safely remaining in their homes (with the perpetrator being excluded), if they choose to do so. Such approaches represent a paradigm shift in the way family violence is addressed, that is both more just and can significantly reduce the trauma and disruption experienced by women and children made homeless by family violence. Features of 'safe at home' models that have been implemented in Victoria include enhanced family violence crisis and outreach support, the development of partnerships and protocols between services, intensive coordination of police and specialist service responses, installation of security and alarm systems and the provision of dedicated emergency mobile phones.⁹⁷

The Bsafe pilot project was run through Women's Health Goulburn North East, aiming to prevent further violence and enable women and children to live safely in their own homes and communities. Evaluation of the BSafe pilot in Victoria found that that a majority of the women involved in the program were able to not only remain safely in their own homes, but to also regain their participation in community and 'lead normal lives'. Importantly they expressed being able to live without the debilitating dread of constant fear.⁹⁸

*(BSafe) improved the physical and psychological health of women and their children and had a profound impact on homelessness. It was effective for a diversity of women with varying needs; Aboriginal women, rural women, women with disabilities and women with limited English language skills.*⁹⁹

Further investment in 'safe at home' models is required to support more women and children to avoid homelessness. Safe at home programs are also relatively new in Victoria and there is a need to build the evidence base, increase collaboration between service providers, further develop service models, secure funding and consolidate program evaluation.

Facilitating access to the private rental market is another important strategy in addressing the housing needs of women escaping family violence. The Council to Homeless Persons recently found that there is only one Melbourne suburb – Melton – where a working mother earning the

⁹⁷ K Crinall et al, 'Safe at Home' programs in the context of Victorian Integrated Family Violence Service System Reforms; a review of the literature, SAFER Research Program, 2013.

⁹⁸ E Taylor and R Mackay, *Bsafe final evaluation report*, Women's Health Goulburn North East, 2011.

⁹⁹ Ibid.

average wage could afford to rent a two-bedroom house on her single income.¹⁰⁰ For women who are out of the workforce, the situation is even worse, with only three out of every 100 rentals affordable for these women.¹⁰¹

A rapid rehousing program is one way to assist women and children experiencing violence establish a secure base more quickly and free up space in emergency accommodation and transitional housing for people with more complex needs. Many people experiencing violence have been previously housed and are able to maintain a tenancy in permanent housing. A rapid rehousing program uses flexible resources to secure and maintain new tenancies quickly, such as establishing relationships with real estate agents and negotiating with potential landlords, providing guarantees, bonds or subsidies and working with people to ensure their tenancies are successful. While there are some programs like this available, many people continue to experience long and disruptive periods of emergency and transitional housing before they gain permanent homes.

There are also other barriers to women accessing private rental including debts accrued by violent partners and difficulties changing leases.

Family Violence Outreach Program Private Rental Access Program¹⁰²

The Family Violence Outreach Program Private Rental Access Program (FVOP PRAP) delivered in a partnership model by The Salvation Army and HomeGround Services over the past 12 years has been identified as a best practice strategy in family violence homelessness prevention.

The FVOP PRAP supports women who have experienced family violence by helping them access the private rental market and maintain sustainable long-term housing. The program works alongside family violence outreach services, providing an alternative for some women to temporary emergency accommodation. Women are assisted to secure private rental accommodation with case workers able to help in a number of related areas. These include: financial assistance, practical information, referrals, regular ongoing contact for the duration of the brokerage period, and liaison with a range of other services including landlords, family violence support services, community and legal resources.

Despite an adverse rental market, FVOP PRAP has been extremely successful in facilitating access to long-term private rental accommodation for women facing family violence. The multi-disciplinary approach of the service has been recognised as critical to its success, with vital links established between housing and family violence support services.

¹⁰⁰ Council to Homeless Persons, *Women fleeing family violence trapped by lack of affordable housing says peak*, 29 April 2015.

¹⁰¹ Ibid.

¹⁰² S Coutts et al, 'Private Rental Access Program: Debunking the myth of the impossible private rental market', *Parity: Renting and Homelessness*, Council to Homeless Persons, April 2009, p. 40.

Child protection

- The Victorian Government expand early intervention programs that work with vulnerable families.
- Child protection workers undertake training in understanding family violence.

Family violence is a factor in more than half of all cases where children are removed from their families in Victoria.¹⁰³ Recent evidence suggests it could be as high as 90 per cent of cases where the child is Aboriginal.¹⁰⁴ The number of child protection reports is continuing to rise to record levels, with more than 82,000 reports of abuse and neglect received by the Department of Human Services in 2013-14, a 12 per cent increase from the previous year.¹⁰⁵ The overwhelmed child protection system and family support services is at crisis point.

While the priority of the system must always be the safety of the child, too often the focus of child protection services is on the woman's failure to protect their children from family violence, rather than on addressing the perpetrator's violence. Significant pressure can be placed on women to leave abusive partners or risk losing their children. However the time around separation is a period of high risk for women and children, and should always be accompanied by appropriate safety planning.¹⁰⁶

Even though women who are experiencing family violence may need support themselves, this does not necessarily mean they are unable to act as effective caregivers for their children. There is clear evidence that the safety and wellbeing of children is closely linked to the safety and wellbeing of their mother, as well as that a strong relationship in which they feel supported by their mother and have high levels of extended family support, are protective factors that promote resilience in children.¹⁰⁷ There is also research that parenting can improve significantly in the first six months following separation if the abuser's violence is curtailed.¹⁰⁸

The child protection system can act as a support to vulnerable families. However this requires resources for child protection workers to provide or refer families to counselling and other practical and financial support services. As the number of reports increase, the ability of child protection workers to engage in earlier intervention and more intensive support for families is limited.

¹⁰³ Department of Human Services, *Vulnerable babies, children and young people at risk of harm: Best practice framework for acute health services*, 2006, p. 3.

¹⁰⁴ Commissioner for Aboriginal Children and Youth People Andrew Jackomos, *2015 Report on Government Services; An open letter from Andrew Jackomos*, 3 February 2015.

¹⁰⁵ Victorian Treasury, *Victorian Budget 2014-15, Budget paper No 3*, 2014, p. 168.

¹⁰⁶ Department of Human Services, *Family Violence Risk Assessment and Risk Management Framework and Practice Guides 1-3*, 2012, p. 19.

¹⁰⁷ C Humphreys, *Domestic Violence and Child Protection; Challenging directions for practice*, Australian Domestic and Family Violence Clearinghouse, 2007, p. 14.

¹⁰⁸ *Ibid.*

To reduce the demand on the out-of-home care system we can increase the focus on programs that work with vulnerable families before crisis, including through supporting the non-abusing parent in building a strong parenting relationship in a safe environment free from violence. Child FIRST is one such program. It operates in 24 catchments across Victoria, providing community-based referral points to connect vulnerable children, young people and their families to the community services they need to protect and promote their development. If Child FIRST assesses that a family requires more intensive support, a referral is made to Integrated Family Support Services.

Closer collaboration between child protection agencies and community organisations that can address the impacts of family violence, including mental health, alcohol and drug and counselling services could also improve the safety and wellbeing of children and families.

However, there are challenges to collaboration between child protection and community organisations. Organisations reported that child protection workers often had limited understanding of family violence, and non-abusing parents were often blamed for not preventing violence, despite being victims themselves. Relevant literature highlights many examples of mistrust and poor practice in the interface between child protection and specialist family violence services have been identified, including:

- the failure of child protection to understand the dynamics of family violence
- holding women, rather than perpetrators, responsible for the protection of children in family violence situations
- inadequate training for child protection workers
- the use of inappropriate ultimatums to women to leave their abusive relationships and keep their children, or stay and lose their children
- lack of cultural awareness regarding Aboriginal and CALD women in family violence situations.¹⁰⁹

VCOSS understands that high turnover of child protection workers means many current workers have not undertaken CRAF training or similar training. We also understand that risk assessment and information sharing with family violence services is inconsistent, and based on individual workers and teams. All child protection workers need training in understanding family violence, and a commitment to examining individual family dynamics and risk factors, to make the most informed decisions about the safety of children in families experiencing violence.

¹⁰⁹ C Humphreys, 'Crossing the Great Divide: Response to Douglas and Walsh', *Violence Against Women*, Vol. 16, 2010, pp. 509-515.

The power of the child protection system to remove children is a deeply held fear for many women experiencing family violence, and is often cited as a reason for not reporting or seeking assistance. Mothers feel they walk a tightrope, where admitting they need help may jeopardise their right to care for their children. But avoiding reaching out to police or other support can leave mothers and their children in greater danger.

In particular, children with Aboriginal or intellectually disabled parents are currently overrepresented in the child protection system and this has a direct impact on women seeking assistance for family violence. Complex factors contributing to Aboriginal overrepresentation in the child protection system include past policies such as forced removals, lower socioeconomic status, differences in child rearing practices, as well as intergenerational trauma.¹¹⁰

A higher proportion of families that have a parent with an intellectual disability also come to the attention of child protection and support agencies because of allegations that a child has been, or is at risk of, abuse or neglect.¹¹¹ It has been shown that prejudice and lack of understanding have contributed to these heightened rates.

To ensure their safety, mothers and their support people must trust that child protection authorities will not take hasty punitive action ahead of attempting to support mothers to continue caring for their children.

¹¹⁰ Human Rights and Equal Opportunity Commission, *Bringing Them Home*, 1997.

¹¹¹ A Lamont and L Bromfield, 'Parental Intellectual Disability and Child Protection', *NCPC Issues No. 31* Australian Institute of Family Studies, 2009.

Mental health and alcohol and drug use

- The mental health and alcohol and drug systems develop formal partnerships and improve collaboration with specialist family violence services.
- The Victorian Government fund a sector-wide project to build the capacity of the mental health and alcohol and drug sector to understand, identify and respond to family violence.

Women who experience family violence are significantly more likely to experience mental ill-health, including depression, post-traumatic stress and anxiety disorders. In 2004, Access Economics associated nearly 18 per cent of all depression and 17 per cent of female anxiety disorders with family violence.¹¹² Women who have experienced violence are significantly more likely to attempt suicide. Children can demonstrate mental health related impacts from experiencing or being exposed to violence, including depression, anxiety and emotional problems.¹¹³

Women with a mental illness are also more vulnerable to abuse and violence, particularly when acutely unwell. They often find it difficult to access mainstream support services and to exercise their rights, including leaving abusive relationships. Unresolved pain and trauma of experiencing family violence can hinder women's recovery from mental illness.¹¹⁴

Similarly, women who have experienced family violence are more likely to have alcohol problems, to smoke and to use non-prescription drugs than other women.¹¹⁵

The capacity of the alcohol and drug (AOD) and mental health sectors to recognise and respond to family violence must be increased. Despite the clear links between mental health, alcohol and drug issues, and family violence, the system is not always well equipped to respond to the complex needs of people experiencing both.

There are several examples in Victoria of successful partnerships between mental health and family services to improve outcomes for women with a mental illness.¹¹⁶ Features of these initiatives include family violence training and secondary consultation for mental health clinicians, consumer brochures and posters, jointly facilitated support programs, reciprocal staff training, service provider meetings, data collection, development of referral processes to help mental health consumers to access family violence and other support services, and changes to mental health triage/intake processes to improve early identification of abuse and/or assault.

¹¹² Access Economics, *The cost of domestic violence to the Australian economy: Part 1, Violence*, 2004.

¹¹³ R Braaf and I Meyering, *Domestic Violence and Mental Health*, Australian Domestic and Family Violence Clearinghouse, May 2013.

¹¹⁴ R Braaf and I Meyering, *Domestic Violence and Mental Health*, Australian Domestic and Family Violence Clearinghouse, May 2013.

¹¹⁵ Ibid.

¹¹⁶ Ibid.

According to AOD service providers there is variability in the confidence and skill levels of AOD staff in asking questions about violence and exploring the issue of family violence. However, there are also many examples of good practice in the area of family sensitive or family inclusive practice across AOD services in Victoria. These include the delivery of brief interventions with family members who contact AOD services via telephone or in-person; through to structured programs which deliver education and support to family members in individual and group-based settings; the employment of specialist family counsellors in AOD treatment services; and the delivery of single-session models of family work to assist and support family members who are impacted by a loved one's substance use. Unfortunately some organisations report that due to changes in funding and service delivery models in the last year, they are no longer able to offer family services previously available, or that their capacity to undertake family work is now limited.

While expansion of some of these mental health and AOD initiatives is likely to be quite low-cost, others will require additional investment to support the development of long-term partnerships and resources. One of the barriers to responding to family violence in AOD and mental health settings may be a limited understanding of the interconnection between the two issues among workers and limited organisational capacity to build workforce understanding and clinical skill. There is room to increase the understanding of workers in both sectors about the role of the other, through targeted training and workforce development.

Some services also state there would be benefit in placing funded specific mental health and alcohol and drug support worker positions, in specialist family violence organisations.

A number of consultation participants reported challenges in finding refuge and supported accommodation for women and children escaping family violence with co-occurring mental health and/or AOD issues. Some refuges have insufficient resources to appropriately support women with very complex issues. Additional resources for these refuges would build their capacity to assist women experiencing multiple vulnerabilities.

Some organisations also cited the new central intake arrangements for mental health and AOD treatment services as a barrier to people getting support. Previously, family violence support organisations were able to refer clients directly to local services, with whom they had established relationships. Now organisations must refer clients to the new central intake service in their region. Organisations report that waiting times for support can be weeks or even months. In regional areas, organisations said that local knowledge is particularly important. Some reported clients being allocated appointments in areas where there were few transport options or that were impractical for people on low incomes

Essential services

- Utilities providers' develop policies and procedures that protect confidentiality in family violence situations.

Substantial debt is often a consequence of economic abuse. It is common for perpetrators to attempt to control finances as a way of exercising power and control over their victims. This can include utility accounts.

The Consumer Utilities Advocacy Centre has undertaken research about how utilities providers can reduce the burden on victims of family violence.¹¹⁷ Many providers' current policies do not adequately address the needs of women who are victims of violence and can even put women at further risk. Victims can be left liable for joint accounts, required to assume debts of an abusive partner, unable to establish a new account or concerned about the security of their information, potentially putting their safety at risk.

The report makes a number of recommendations including:

- Regulators should develop industry-wide best practice hardship guidelines that include specific policies for household breakdowns.
- The Energy and Water Ombudsman should publish guidelines to clarify what is fair and reasonable to assist retailers in resolving disputes involving outstanding joint debtors and prevent the transfer of debt.
- Energy retailers should immediately change practice to prevent the transfer of debt to women who have experienced violence.
- Utility providers should ensure employees receive training in identifying hardship and understanding the impacts of family violence.¹¹⁸

¹¹⁷ Consumer Utilities Advocacy Centre, *Helping not hindering: Uncovering domestic violence and utility debt*, August 2014.

¹¹⁸ Consumer Utilities Advocacy Centre, *Helping not hindering: Uncovering domestic violence and utility debt*, August 2014.

Emergency management

- Local governments and other agencies responding to natural disasters and emergencies recognise the needs of women and incorporate gender in planning and decision making.

While there is limited data and evidence in Australia regarding family violence incidents in relation to emergencies and natural disasters, what does exist suggests a rise in family violence incidents following emergencies and natural disasters.¹¹⁹ There is also evidence of escalation in the severity of violence.

While the causes of the increase are not certain, some reports suggest increased stress, combined with financial pressure, grief and loss, are key contributors. Others cite the primary reason as a loss of control over many aspects of life motivating the perpetrator to seek more intense control over their family.¹²⁰ At the same time, the period following a disaster is likely to be a time when community organisations are facing reduced capacity, increasing barriers for people seeking support.

Any response to natural disasters and large scale emergencies should recognise the gender dynamics that lead to increased family violence. Women's organisations can also play an important role in assisting communities to respond to emergencies. At a minimum, governments and community organisations can improve support for and recognition of the needs of women following emergencies, by incorporating gender into decision making, planning, policy development and service delivery.

¹¹⁹ Australian Domestic and Family Violence Clearinghouse, *Domestic Violence and Natural Disasters*, February 2012, p. 3.

¹²⁰ Ibid.

Gambling

- Research be undertaken into the relationship between problem gambling and family violence, and best practice responses.

There is growing evidence of the link between family violence and problem gambling. A University of Melbourne study found that over half of the participants presenting at gambling counselling services in Victoria, South Australia and Tasmania reported they were either the victim or perpetrator of family violence in the previous 12 months.¹²¹ Victimization was experienced by 44 per cent of participants, and was most likely to be an outcome of anger brought on by immediate gambling losses and frustration. The perpetration of family violence was more likely to occur as a reaction to deeply-rooted and accumulated anger and mistrust, with 33 per cent of participants who reported family violence reporting perpetration. Twenty two per cent reported both victimisation and perpetration.¹²²

Problem gambling can compound the impacts of family violence, including social isolation, poverty and mental ill-health.

VCOSS has been advised of situations where women who are concerned for their safety are advised to go to a gaming facility. The long opening hours, solo nature of the activity and presence of security are reasons why pokies facilities and gaming venues might be considered appropriate safe spaces.

However, it is likely these women are already vulnerable and therefore at increased risk of developing gambling problems. Research by the Women's Information and Referral Exchange with older women showed that many who developed gambling problems through playing the pokies felt overwhelmed by troubles in their lives, which engendered feelings of helplessness and hopelessness. Such troubles underpinned, usually unconsciously, the behaviours that led to gambling problems.¹²³

The link between problem gambling and family violence should be better researched, and the dangers of encouraging vulnerable women to attend gaming venues recognised.

¹²¹ University of Melbourne, 'Problem gambling and family violence strongly linked: new study' *The Melbourne Newsroom*, 6 September 2013.

¹²² Ibid.

¹²³ WIRE, *The Perils of Pokies; Research into the information needs of older women and their families*, 2005, p. 4.

Conclusion

The Family Violence Royal Commission is a once-in-a-generation opportunity to drive long-term cultural and structural change in Victoria. The Royal Commission is Victoria's chance to lay out a long-term, whole-of-society strategy to begin to challenge ingrained attitudes, and support public and social services to prevent and respond to family violence. While much can be done in the short-term to improve responses and challenge attitudes, the reality is that ending family violence will take time, requiring the momentum created by the Royal Commission to be maintained across all sectors of society, for decades to come.

Family violence has roots that are deeply embedded in our culture. Longstanding inequality in gendered power dynamics and rigid cultural beliefs about roles for men and women will not dissipate overnight. While several public campaigns and activities are already challenging these underlying attitudes, efforts need to be sustained and built upon for many years, reaching across the whole of society, to achieve a lasting shift that brings real cultural change and ends family violence.

This submission aims to highlight that while specialist services and justice responses have an important role to play in innovatively responding to and ending family violence, for which they also require additional resources, the overall response to this whole-of-society problem must be far broader in scope.

As the peak body for community services, and an advocate for people experiencing disadvantage, VCOSS observes that the causes and consequences of family violence ripple much further across the system of social and public services than solely those responding to crisis. By engaging the universal services system and the broader community sector, we can work more effectively to intervene at the earliest opportunity and prevent family violence.

The long-term work of community development, community building, modelling and communicating ideas of respect, gender equity and harmonious relationships throughout society is not always highly visible work. But over the long term it will be the most effective way of creating a culture where people no longer resort to violence, especially in family relationships. This approach is consistent with the work of community organisations, which help create strong, cohesive, resilient communities where people are supported to overcome key factors that contribute to the risk of family violence.

VCOSS urges the Royal Commission to recognise that responding to and ending family violence is a whole-of-community task. By recommending the changes in this submission that aim to drive change and improve supports across government, the community sector and the community more generally, the Royal Commission can drive lasting social change that will improve responses to family violence where it occurs, and help end it for generations to come.

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