

# **Royal Commission into Family Violence**

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## 1. EXECUTIVE SUMMARY

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### Introduction

Eastern Access Community Health (now EACH) strongly welcomes the Royal Commission into Family Violence and the overdue attention required to address the devastating impact of family violence on individuals particularly women and children. While we may not offer any new insights or solutions, we hope that our submission will join with others to reiterate and highlight the need to take a long term and coordinated view to addressing the myriad impacts and causes of family violence. There is no one solution – it requires interventions on the full continuum – starting with the social determinants of violence through to crisis intervention. This submission offers responses to a number of the Commission’s guiding questions and focusses on the need for integrated and coordinated solutions based on evidence and good practice.

EACH social and community health is a not for profit organisation which began 40 years ago as a community health organisation. Over the years, we have grown through amalgamations with like-minded organisations to become a national service provider spanning four states with flagship programs located in outer eastern Melbourne. EACH offers a comprehensive range of services that address physical, mental and psychosocial needs at a primary and community level.

We believe that health and wellbeing are achieved through a holistic approach which includes not only biomedical factors, but through addressing the social determinants of health and wellbeing such as access to safe and affordable housing, education and employment.

EACH currently delivers the following services:

- Mental health support.
- Counselling/ Psycho-social support.
- Primary health care.
- Disability support.
- Aged care.
- Child/ Youth/ Family support.
- Employment support.
- Housing.

EACH is committed to integrated and coordinated service provision. We recognise the increasing need for linkages between these various service areas, particularly for people with complex needs. This includes families experiencing violence and trauma.

EACH's contribution to the Royal Commission into Family Violence is founded on the following:

- Practice experience through many years of direct service provision to survivors and perpetrators.
- Drawing on local and national social and public policy.
- Consideration of current legal frameworks.
- Evidence based qualitative data from evaluations and case studies.

### **Current failures**

EACH recognises that failures in current policy and legal frameworks and practices will continue to act as barriers to prevention and response if not addressed, including:

- Inadequate approaches to dealing with children's safety, health and wellbeing through child protection and court systems where the removal of children from their mothers is punitive and does not recognise women's powerlessness or children's needs.
- Disproportionately less funding for prevention and early intervention programs compared with funding on crisis response.
- Culturally inappropriate responses to a disproportionately higher prevalence of family violence in Aboriginal and Torres Strait Islander communities.
- Inadequate knowledge and skills of front line workers to identify and detect situations of family violence upon presentation.
- Lack of early intervention diversionary programs for young people who are experiencing instability in multiple environments – family, school, justice system, housing and peers.
- Disconnected and disjointed interventions between services, health practitioners, the police, schools and child protection leading to reactive measures without any long term impact.
- Lack of funding and programs which seek to raise community awareness and understanding of the causes and impacts of family violence thus, changing community attitudes of discrimination, stigma and recrimination.
- Lack of research and evaluation to inform public policy and new innovations.

## Recommendations

As signatory to the Together for Equality and Respect (TFER) Regional Strategy, we join with 25 other agencies across seven local government areas in the Eastern Metropolitan Region Melbourne, in recommending a focus on prevention. We also support the solutions outlined in Victoria's Action Plan to address Violence Against Women and Children, 2012-2015. We therefore, support the following recommendations:

### Prevention

- 'Gender equity' is key to prevention.
- Long term coordinated action across society.
- Increased and sustained funding and policy emphasis on prevention.
- Recognising the intersection of different forms of discrimination faced by women.
- Importance of listening to the voices of women and children.
- Invest in behaviour change programs.

### Early intervention

- Development of joined-up service systems that work in a coordinated way.
- Improve a range of court related interventions to ensure children's needs in relation to custody, access and intervention orders are paramount and not compromised.
- Greater emphasis on safe and healthy relationships particularly for school aged children.
- Increased focus on groups with increased risk – Aboriginal and Torres Strait Islander women; women from culturally and linguistically diverse backgrounds; women with disabilities; women who live in rural setting etc.
- Resource and build capacity of Aboriginal people to be employed in mainstream and Aboriginal family services.

### Response

- Improved coordination and sharing of information and data across sectors.

- Strengthen the workforce to ensure awareness among staff and support for women experiencing family violence.
- Improve training of the broader work force to identify those at risk of or experiencing family violence.

Other

- Research and evaluation to inform innovation and policy reform.
- Reporting on progress by government on effectiveness of funded programs.
- Ongoing governance to ensure leadership at all levels of government and community.

## 2. INTRODUCTION AND BACKGROUND

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### 2.1 EACH social and community health

#### Who we are

Eastern Access Community Health (EACH) was formed in 2000 through the amalgamation of the Outer East Council for the Development of Services in Mental Health, Healesville Adults Day Care Services and Maroondah Social and Community Health Centre. These organisations had long histories of service delivery to their respective communities dating from the early 1970s. EACH has a comprehensive range of services that address physical, mental and psychosocial needs at a community and primary care level. We believe that health and wellbeing are achieved through a holistic approach which includes not only biomedical factors, but the social determinants of health and wellbeing such as access to safe and affordable housing, education and employment.

EACH currently delivers the following services:

- Mental health support
- Counselling/ Psycho-social support
- Primary health care
- Disability support
- Aged care
- Child/ Youth/ Family support
- Employment support
- Housing

EACH is committed to integrated and coordinated service provision. We recognise the increasing need for linkages between these various service areas, particularly for people with complex needs. We strive to provide seamless coordinate care that meets these needs.

EACH's vision is to build health and inclusive communities. We recognise that health and wellbeing are determined by a combination of medical, behavioural, social and environmental factors. This holistic approach provides the rational for EACH's cores services and health promotion as its key endeavour. EACH recognises the social determinants for health include:

- Freedom from violence and discrimination.

- Access to safe and secure accommodation.
- Access to education.
- Gender equity.
- Food security.
- Access to a secure income and freedom from poverty.
- Equal access to health care and other resources for health
- A safe and sustainable environment.
- Social justice and equity.

Consequently, EACH works to:

1. Provide a wide range of services that directly target the social, physical, medical determinants of health and wellbeing.
2. Promote health through prevention and advocacy for better health and wellbeing for individuals communities.
3. Prioritise services and supports to individuals and communities having poorer access to resource for health, who experience disadvantage and discrimination, or who are marginalised. These individuals often have multiple and complex needs.
4. Address policies and structural inequities which lead to inequalities in health and wellbeing.

In all aspects of service provision EACH seeks to enable people to increase control over their health to improve their overall wellbeing.

## **2.2 Policy, programs and partnerships**

EACH has 40 years of experience in the provision of holistic and integrated primary care, psychosocial and disability support, and community health services. We have a multi-disciplinary workforce of 1000 employees and more than 300 volunteers. EACH manages \$65 million of Government funding to deliver more than 130 programs over 50 service sites across Victoria, as well as in New South Wales, Australian Capital Territory, Queensland and Tasmania.

### *Alcohol and Other Drugs (AOD) Recovery*

- AOD partnerships and services.
- Reconnexion.
- Eastern Victims of Crime.

- Youth and Family Services.
- Eastern Gamblers Help and Financial Counselling.

#### *Mental Health Recovery Services*

- Mental health recovery, transition and quality.
- Clinical services.

#### *Participation and Choice*

- Disability services.
- Older adult services.
- Employment services.

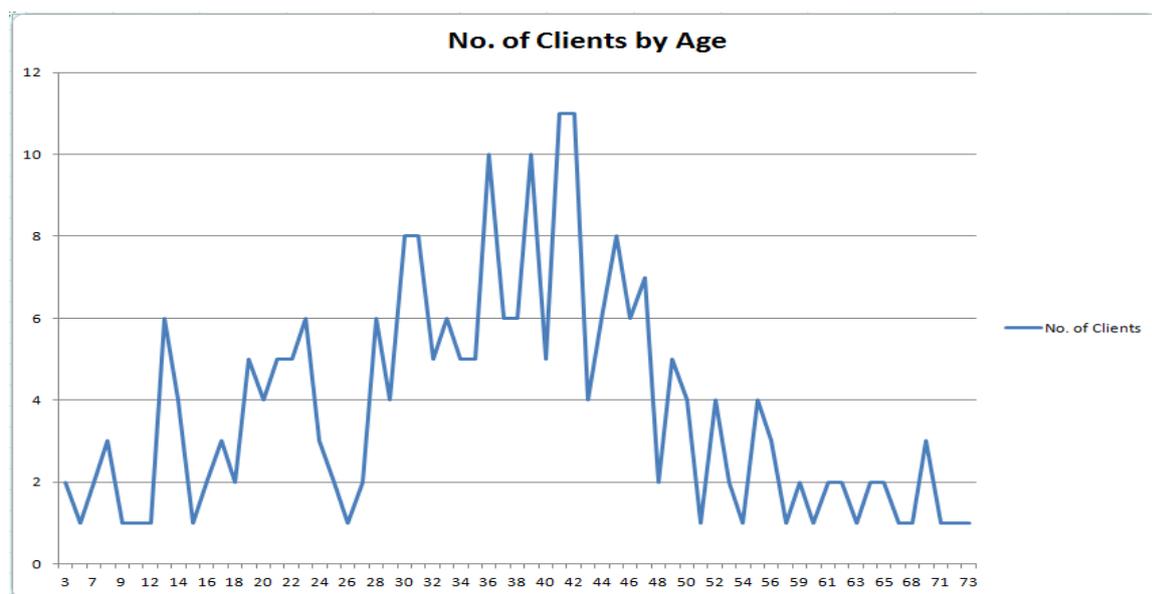
#### *Community Health, Clinical, Allied and Oral Services*

- Clinical services.
- Oral health and clinical quality.
- Health promotion.
- Child and Family Services including Early Childhood Intervention Service (ECIS).
- Childcare.
- Family Relationships Centre (FRC).
- Aboriginal Health Promotion and Chronic Care (AHPACC).

EACH works directly with survivors and perpetrators of violence through a range of programs including: Family Violence Counselling, Family and Children Services, Youth Services and Victims of Crime Assistance, Family Relationship Support Programs and the Boorndawan Willam Aboriginal Family Violence Healing Services. This submission draws heavily on our practice experience over many years as well as our advocacy work. More recently, we have enhanced our commitment by developing a range of internal policies and practices which seek to increase staff knowledge and awareness. One such example is the *Prevention of Violence Against Women and their Children Strategy, 2015* which provides a strategic framework and key actions for the prevention violence against women and their children across all programs and services and within the communities in which EACH works. Accordingly, a number of human resources policies have been adopted to ensure appropriate support for staff experiencing family violence.

The profiling of EACH clients with documented family violence issues over the current financial year (1 July 2014 to present) reveals some interesting facts.

We learn that 91% of these clients are female, and 9% are male. The majority, around 52%, are between 30 and 48 years of age. 26% are under 30 and 19% are over 50, while 8% are under 18.



Of the total number of family violence affected clients, 11% are of Aboriginal or Torres Strait Islander descent. Around 7 % of female clients are indigenous, compared to 3% of male clients.

Indigenous by Gender	% of Clients
<b>Female</b>	<b>91%</b>
Aboriginal	7%
Not Aboriginal or TSI	80%
Not Stated/inadequately described	4%
Torres Strait Islander	0%
<b>Male</b>	<b>9%</b>
Aboriginal	3%
Not Aboriginal or TSI	5%
Not Stated/inadequately described	1%
Torres Strait Islander	0%

Around 85% of clients identify as either Australian or Australian Aboriginal. 2% of clients are of Chinese background, 2% are of English (UK) background and 2% are New Zealanders. The latter three broadly reflect the profile of all EACH clients.

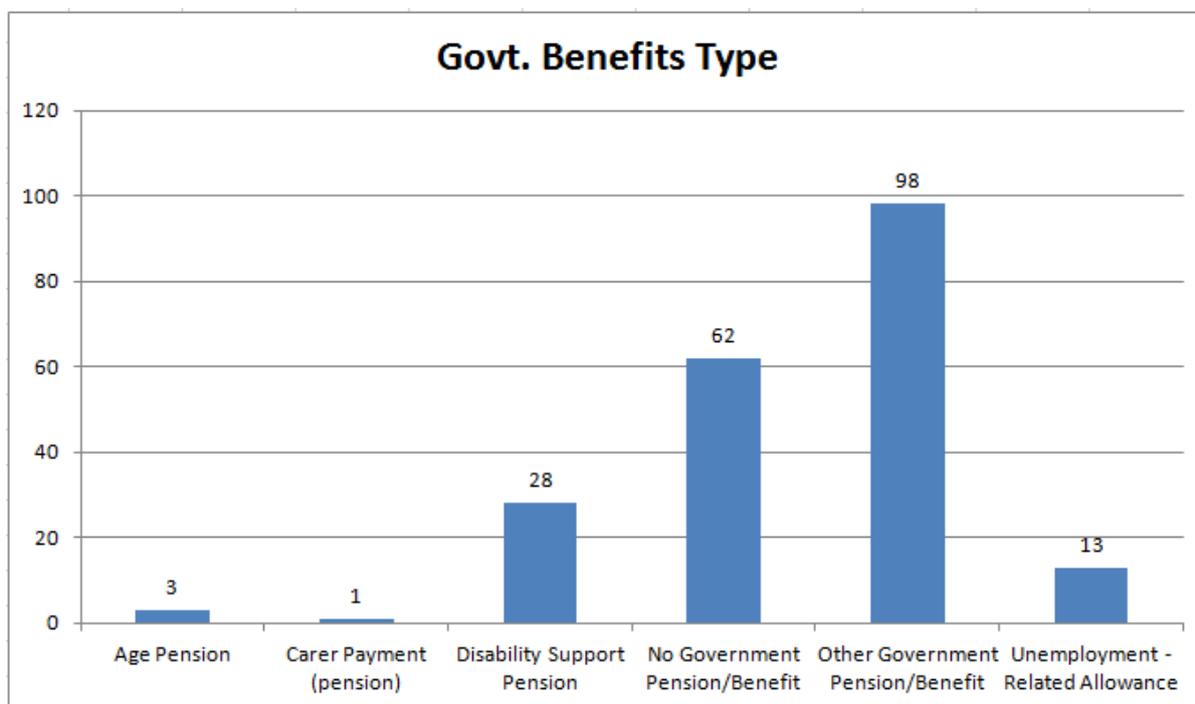
The lifestyle profile of clients affected by family violence is as follows. 44% live in private rental accommodation, 10% live in public housing and 25% live in properties they own. Nearly 4% are in emergency/shelter accommodation while around 2% are homeless.

Just over 7% of clients lived alone at the time of service delivery, whereas 5% lived with a spouse or partner. 70% lived with another family member.

Living Arrangements	% of Clients
Lives alone	7%
Lives with either spouse / partner and other family member(s)	5%
Lives with family	70%
Lives with others members of the community	4%
Lives with others	5%
Lives with spouse / partner	6%
Other arrangements	3%

Accommodation Setting	% of Clients
Homeless	2%
Occupied Rent Free	2%
Other accommodation, no elsewhere classified	4%
Private residence – owned/purchasing (includes Mobile home)	31%
Private residence – private rental	44%
Private residence – public rental	10%
Shelter/Refuge (not including homeless persons shelter)	1%
Short-term crisis emergency or transitional accommodation	1%
Supported accommodation or supported living facility	1%
Transitional Housing	2%

Around 30% of clients do not receive any government pension or benefit. 13% are on a disability pension, 6% on unemployment benefits and 47% of clients are on another (unspecified) type of benefit. Nearly 12% are employed, whereas 20% claim 'home duties' and 13% are students.



EACH's contribution to the Royal Commission into Family Violence is founded on the following:

- Practice experience through many years of direct service provision to survivors and perpetrators.
- Consideration of local and national social and public policy.
- Consideration of current legal frameworks.
- Evidence based qualitative data from evaluations and case studies.

Working towards the prevention of violence against women and children is one of the key priorities for EACH. This commitment is clearly stated in our *Prevention of Violence Against Women and their Children Strategy, 2015* (PVAWC). This strategy recognises that the key determinants of violence against women and their children by men are:

1. Inequality of power relationships between men and women.
2. Gender role stereotyping of women.
3. Lack of structural and legal sanctions against men who perpetrate violence against women and their children.

EACH's PVAWC Strategy provides a mechanism to coordinate and integrate activities across the organisation to maximise efforts and to promote actions aimed at preventing violence against women and their children before it occurs (primary prevention). EACH notes that the experience of violence is gendered with men's experience of violence being from acquaintances and strangers while women's experience of violence is from family members and in the context of an intimate relationship. The purpose of this strategy is to address the significant and widespread issue of men's violence against women and their children. The strategy commits EACH to three tiers of prevention – primary; secondary; and tertiary.

In addition to programs and policies, we are also committed to working in partnership. EACH has numerous partnerships across a range of health and community sectors which facilitate service integration and builds capacity for collaboration, referrals and sharing resources. Some of the key partnerships which support our work in addressing family violence are detailed below.

EACH is a strategic partner in the Outer East Family Services Alliance and the Outer East Health and Community Support Alliance which focus upon:

- Partnership Development.
- Integrated Health Promotion.
- Service Coordination.
- Integrated Chronic Disease Management.
- Prioritising vulnerable families.

EACH partners with culturally and linguistically diverse (CALD) communities and services and participates in the regional Refugee Health Network meetings and work with AMES and the Migrant Information Centre to develop programs appropriate to the needs of CALD communities.

EACH auspices Boondawan Willam Aboriginal Family Violence Healing Service, an Indigenous Healing Centre, and previously auspiced the establishment of Mullum Mullum Indigenous Gathering Place with which it continues to work in partnership, offering health services, family support, and occasional child care for Aboriginal families. We are partners in Wurrun Child and Family Place, host the Healesville Boorai Occasional Care program and work closely with Victorian Aboriginal Child Care Agency (VACCA) in responding to the needs of Aboriginal families and children across the Outer East catchment.

## 2.3 Legal and policy context

In our commitment to a coordinated and integrated approach to family violence interventions, we note the following key strategies and reforms which seek to address the cause of and response to family violence:

- Victoria's Vulnerable Children Strategy 2013-2022.
- Sexual Assault Reform Strategy 2011.
- Living Free from Violence – Upholding the Right – Victoria Police's strategy to reduce violence against women and children 2009-2014.
- Strong Culture, Strong Peoples, Strong Families: Towards a safer future for Indigenous families and communities 10 year plan 2008.
- Victorian Homelessness Action Plan 2011-2015.
- The Elder Abuse Prevention and Response Guidelines for Action 2012-2014.
- Whole of Government Victorian Alcohol and Drug Strategy 2013-17.
- Services Connect 2013.
- The Victorian Health Priorities Framework 2012-2022.
- Kooling Balit: Victorian Government Strategic Directions for Aboriginal Health 2012-2022.
- National Plan to reduce Violence towards Women and their Children 2010-2022.

EACH provides services to members of the community and works with statutory bodies such as Victoria Police and Justice Systems to support members of the community impacted by family violence. EACH's highly skilled and experienced clinicians and intake staff are adept at working with vulnerable people, building their trust and obtaining information that enables early identification of family violence or other potentially risky behaviour. Strong partnerships and referrals processes are in place to support vulnerable persons to facilitate access to advice and other services.

The Family Violence Protection Act 2008 defines what 'family' means and what family violence is, for the purposes of establishing whether crimes have been committed. The response to an investigation of family violence is governed by the Victoria Police Code of Practice for the Investigation of Family Violence (2014), applicable legislation and the Victoria Police Manual. EACH works closely with the police through a number of programs including Rebound (Youth Services) Substance Use Recovery Eastern (SURE) (AOD early intervention), Victims of Crime and Family Relationships Support Programs as well as through Boorndawan Willam Aboriginal Family Violence Healing Service<sup>3</sup>. counselling.

*Victoria's Action Plan to Address Violence Against Women and Children: Everyone Has a Responsibility to Act* (2012) and *Victoria's Vulnerable Children: Our Shared Responsibility* (2013) highlight the importance of intervening earlier when children or young people are vulnerable and/or at risk of continuing to use family violence into adulthood. EACH Child and Family Services is proactive in identifying and supporting families experiencing family violence. This includes family support services, special needs childcare, long day care, occasional care, Maternal and Child Health Services, Early Childhood Intervention Services, family violence counselling, Family Relationship Services (mediation and legal), and family therapy. Early intervention seeks to identify risk factors for young people and their families such as: history of family violence, situational stress, alcohol and other substance misuse and mental health problems.

EACH manages the Ringwood Family Relationship Centre supporting separated parents to focus on the Best Interests of the Children post separation by providing Family Dispute Resolution services and applies the Common Risk Assessment Framework - Family Violence screening tool (DHS Victoria) at the initial intake and assessment in all cases and throughout the intervention with the family.

EACH also manages the Parenting Orders Program which is a program that provides intense support to high conflict family's court ordered by the Federal Circuit Court. This service uses the Detection of Overall Risk Screen - Family Violence screening tool (Commonwealth Attorney General's Department) when working with these families.

In both of these services the screening for Family Violence as defined by the Family Law Act (1975) identifies Family Violence featuring in 70% of all cases.

### **3. RESPONSES TO COMMISSION QUESTIONS**

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This section of the submission provides responses to a selection of the questions raised by the Royal Commission into Family Violence. Some questions lend themselves to multiple responses from different service areas. In these cases the responses are broken into sections, shown by headings, to identify the different service areas from which they are attributed such as Youth Services, Aboriginal Health Services, Early Childhood Intervention, Family Counselling and Health Promotion.

This aims to provide the Royal Commission with a more complete overview of **EACH's** perspective of the key issues, good practice and recommendations for consideration of the next steps and action plan to address violence against women and children.

## 1. Other goals the Royal Commission should consider

### **Skewed resource distribution – disproportionately less funding for prevention than response**

One of the key issues in current program funding in the area of family and domestic violence is the disproportionate allocation of resources to programs that address violence *after* it has occurred.

Although awareness of the devastating effects of domestic and family violence is growing amongst communities, organisations and governments, the percentage of funding directed to prevent the violence before it begins remains disproportionately low in comparison to response services and programs. This is occurring despite ample evidence that violence is predictable and preventable, and can be reduced. International research demonstrates that violence is a learned behaviour that can be prevented. For example, in a 2007 study of 52 schools across the US demonstrated that school-based violence prevention efforts have reduced violence by 15% in as little as six months.

Programs that assist those adults, young people and children that are the victims to escape violence or remove them from harm, as well as those that respond to the perpetrators of violence, such as policing, courts, child protection health care and counselling systems and programs are essential. Funding these systems and programs at the expense of those that play a role in the prevention of the problem in the first place, however, makes little policy or financial sense to global funding and planning administrators, and no difference at all the future incidence of violence occurring between adults and children in the longer term.

## 2. The extent to which recent reforms and developments have improved responses to family violence and where they need to be expanded or altered

### **Primary prevention and gender equity**

Whilst recent developments and reforms have improved responses to family violence, there is still a need to focus our efforts further upstream to prevent violence against women well before it takes place. This involves a **primary prevention** approach to tackle the underlying social determinants of violence against women which include rigid gender stereotypes, patriarchy, gender inequity and gendered power relationships between men and women (VicHealth, 2009). **Gender equity** is therefore the key to prevention and needs to be central

to any effort aimed at preventing family violence (VicHealth, 2014). A gender equity approach recognises that the playing field is not level and so treating everyone the same will not get us to equality, but rather may perpetuate existing gender inequalities (Women's Health East, 2015).

VicHealth (2009) has placed particular emphasis on strengthening primary prevention responses to Violence Against Women, as illustrated through their Framework to guide the primary prevention of Violence Against Women in Victoria: Preventing Violence Before it Occurs:

<https://www.vichealth.vic.gov.au/media-and-resources/publications/preventing-violence-before-it-occurs>

The primary prevention of violence against women needs to be strongly supported by government policy in accordance with all evidence based approaches. As advocated by Women's Health East (WHE) (2015), a whole of government long term commitment is required. This must be matched with a substantially increased and sustained funding allocation in order to effect long term change (ibid). The investment in prevention is currently grossly inadequate.

It is also important to invest in evaluation in order to build the evidence base for the primary prevention of violence against women. Whilst there is evidence to support the need for coordinated action to address the key determinants of violence and while there is information known about some specific interventions, there are still gaps in our knowledge, particularly in relation to what works with specific population groups and in particular settings (WHE, 2015). This is particularly true of the inadequate state of the evidence regarding the most effective interventions with perpetrators.

### **Prevention programs that can address the rates of violence**

There are a number of programs in Australia directly addressing this issue. Australian Red Cross introduced a violence prevention program aimed at working with Aboriginal communities who experience entrenched intergenerational disadvantage. At the heart of its success is the training and support of local indigenous members to becoming educators in their own community. It aims to provide education to support healthy, non-violent relationships and build community capacity to respond to factors known to increase family

and community violence. It is based on a program called RespectED, developed by Canadian Red Cross, who have worked on preventing violence since 1984, reaching millions of people in Canada alone. Through a package of evidence-based education and capacity building, key leaders and community members themselves have tackled local issues and reduced the level and impact of violence. The violence prevention program is now also being successfully implemented by other Red Cross Societies (organisations) in 48 first, second and third world countries.

### **Youth and families**

The reforms in the past few years are a step in the right direction for protecting young people and families. The best interests of the young person are served by systems that promote meaningful and safe relationships with both parents. Unfortunately, too often the systems intervene too late after their safety has already been compromised. Partially this is due to successful intervention relying too heavily on traumatised partners to initiate and see through lengthy and unsupportive legal processes. Resourcing of key services, such as refuges, victims support services, and family violence counselling services remains inadequate. Whilst Victoria's responses for child victims of family responses has improved in recent times, the system still relies too heavily upon under-resourced and understaffed child protective services.

Services for adolescent perpetrators of family violence and their victims also remain highly inadequate and are often not accessed by families due to issues of shame and parental consent. Greater investment in these services would seem essential if prevention of family violence, rather than mitigation, is the goal.

Police are often the first line of response for family violence incidents and, increasingly, are being asked to assume more responsibility in these situations. However, it is not fair or sustainable for police to assume these roles without more effective resourcing, internal systems, and community partnerships.

Perpetrators of family violence are overwhelmingly male, although not exclusively so. It is commonly known that men are less likely to access services voluntarily, even for general non family violence issues such as health. Targeted strategies for improving male engagement with services would seem an area for greater emphasis in strengthening system responses. As previously mentioned, significantly more research is required to evaluate the efficacy of interventions aimed at perpetrators.

## **Victims Assistance Program**

The Victims Assistance Program provides information, referral, and practical assistance. It offers support to access the criminal justice system (for both reported and unreported violent crimes) and to lodge Victims of Crime Assistance Tribunal (VOCAT) applications where appropriate.

Practical assistance is wide-ranging and can include:

- Reparation of damage.
- Changing of locks and installation of other security measures.
- Relocation assistance.
- Counselling.
- Referral to other services.
- Advocacy.
- Community education and training.
- Assistance with transport.
- Support at VOCAT hearings.

Recent reforms and developments have increased public awareness of the extent of family violence and have brought it into the arena of 'a crime' which has increased the reporting and action. Police have taken a harder line on breaches of intervention orders which has been positive. Similarly, where police are able to issue safety notices it has been positive and reduced the onus on victims to have to make this decision about an order.

## **Families and children**

EACH counsellors working with families observe considerable impacts of family violence on children. The most notable and prevalent of these include: the impacts that living with violence has on children both when they are living in a situation of continuing threats; violence and conflict; and after separation where they are used as pawns for the abusive parent to continue the harassment and intimidation of their former partner.

Despite the changes that have occurred, the reforms have been inadequate for dealing with situations involving children. When granting Intervention Orders in the Family Court, The Children's Court and in the Magistrate's Court, there has been consistent failure to sufficiently consider the situation of children. EACH advocates that urgent attention be given to addressing this situation. There is a need for all agencies, mainstream services, women's services, child protection, family services, police and the courts to work together to build a protective environment around children.

This must be more than simply having police pass on a referral to child protection if they attend a family violence incident and children are present. It must be more than Child Protection threatening the mother with removal of the children if she does not leave a partner who continues to use and threaten violence in all its forms against her. Relying on these steps as the strategy to protect children ignores the complexities involved, it ignores the powerlessness that women can experience in such situations and it ignores the need for stability and security in the child's lives.

#### *Examples of failed approaches with children*

- EACH counsellors have often witnessed situations where, because the woman does not leave a violent partner or he continues to return to the home where the woman and children are, the children have been removed from the mother by Child Protection to be placed with another ex-partner who has also been violent in the past.
- EACH counsellors have often witnessed situations where an abusive partner is granted ongoing contact with the children and uses the opportunity to intimidate and threaten their former partner. In such cases, when counsellors have attempted to involve Child Protection, the response from Child Protection has been to refer the parents back to the Family Court.

EACH does not have an immediate answer to this complex issue, other than to suggest that a joined-up approach is required with all of those who work with the children and the family involved in developing a lasting solution. This would involve:

- Partnering with the non-offending parent to develop a safe environment for the children.
- Engaging with and holding the perpetrator accountable for his actions.
- Risk assessments taking account of not just the safety of the children but the continuing impact on the child's development and the steps required to address this.
- Recognising that separation in itself does not create a safe environment.
- Where children require access to therapy or support programs because of the impact of trauma or developmental delays or disabilities ensuring the offending parent cannot block their access to services.
- Recognising that early intervention with children is critical and exploring forms of intervention that can be provided even while steps are being taken to provide an environment for them that is free from violence or conflict.
- Recognising the importance of working with both parents to prevent further harm to the child.

The work that David Mandel has done on developing a Domestic Violence Informed Child Welfare system Practice Continuum Chart (David Mandell and Associates LLC 2013) is worthy of consideration to guide future policies and practices.

EACH counsellors report recent observation of the Child Protection system and the courts being caught up in the Domestic Violence Destructiveness stage where adult survivors are seen as the major cause/impediment of domestic violence related child safety concerns. This is illustrated by the case studies in section 12.

### **3. Which of the reforms to the family violence system introduced in the last ten years have been most effective? Why? How could they be improved?**

Evidence indicates Aboriginal and Torres Strait Islander people experience violence at much higher rates than non-Indigenous Australians. The Productivity Commission's *Overcoming Indigenous Disadvantage: Key Indicators 2011 Report* reveals persistent trends in personal, family and community suffering associated with violence and abuse.

Existing family violence programs such as the Red Cross RespectED violence prevention programs could be evaluated and piloted in urban areas to determine if they have capacity to be used for direct training and community awareness. Red Cross' project is run in close consultation with the community and staff and local residents are trained as Community Violence Prevention Educators with the aim of addressing bullying, domestic violence and child abuse. The Community Violence Prevention Educators also work with other locals to respond to community led violence prevention initiatives such as campaigns and advocacy to raise awareness of the impacts of violence, challenge dominant norms that violence is okay and is a private matter and reduce the incidence of violence within their local areas.

There is a need for more training for Aboriginal community members to be employed in Aboriginal and mainstream family violence programs. One such example is the difficulty that Boorndawan Willam Aboriginal Family Violence Healing Service have had in finding men with suitable qualifications and skills to lead such programs in suburban and outer east region. Consideration should be given to the way Aboriginal people address family violence and a greater awareness and acknowledgement of the impact that colonisation has had on Aboriginal family relationships.

**4. If you or your organisation have been involved in programs, campaigns or initiatives about family violence for the general community, tell us what these involved and how they have been evaluated.**

*Together For Equality & Respect (TFER)*

EACH is a partner organisation in the Eastern Region Strategy for the primary prevention of violence against women led by Women's Health East. The Together For Equality and Respect (TFER) Strategy is the first of its kind and scale in Victoria and brings together a range of partners committed to working together over time to demonstrate the impact of their collective efforts to prevent violence against women before it occurs. The Strategy promotes the prioritisation, coordination and integration of effort, and supports accountability, efficiency (through shared resources/tools) and consistency in messaging and peer-learning opportunities among partner organisations (WHE, 2015).

Examples of local initiatives taking place in the EMR under the umbrella of TFER include:

- Gender Equity training being delivered to TFER partner organisations.
- Organisational Gender Audit tool being utilised by TFER partners.
- Social marketing capacity building – and the use of shared messaging to promote gender equity.
- Consultations with Chinese and Indian communities to build knowledge on effective prevention.
- Gender equity initiatives focused on specific population groups, for example, early years providers, young women, primary and secondary school children, first time parents, Aboriginal young people and sporting clubs.

TFER has a focus on rigorous evaluation at a regional level of the impact of TFER activities to prevent violence against women across a range of settings and population groups (WHE, 2015). The evaluation is enabled through the development of shared objectives and indicators of success, as well as shared resources and tools for data collection. It addresses an identified gap in knowledge around the impact of mutually reinforcing primary prevention initiatives within a designated area across multiple settings (WHE, 2015). A key outcome will be to generate data that captures the impact of an integrated regional Strategy, including barriers and enablers to good practice (WHE, 2015). EACH has contributed resources to the regional evaluation and has representation on both the Strategy Leadership group and the Regional Evaluation Working Group.

Link to the TFER Strategy:

[http://whe.org.au/whe/wp-content/uploads/sites/3/2014/10/2013\\_Resource\\_TFER-Strategy.pdf](http://whe.org.au/whe/wp-content/uploads/sites/3/2014/10/2013_Resource_TFER-Strategy.pdf)

TFER Action Plan:

[http://whe.org.au/whe/wp-content/uploads/sites/3/2014/11/2014-10-29\\_TFER\\_Action-Plan\\_Final.pdf](http://whe.org.au/whe/wp-content/uploads/sites/3/2014/11/2014-10-29_TFER_Action-Plan_Final.pdf)

All seven local governments in the EMR, as well as all seven of the Community Health Services and a range of other partners including Doncare and Victoria Police (Eastern Divisions 1 and 2) have committed to the implementation of activities aligned with one or more of the regional objectives. This commitment is demonstrated in the plans of each of these organisations.

The evaluation design is informed by evaluation for systems prevention and socio-ecological frameworks as well as participatory, developmental evaluation approaches (Patton, 2008; Patton 2012). Given the novelty of the approach, the evaluation aims to also capture the process of the evaluation itself in order to inform future evaluations of this kind. Finally, the evaluation seeks to explore and document the barriers and enablers to implementing the activities associated with the Regional Strategy and to determine the extent to which the Strategy itself has acted as a forum or mechanism for advocacy, knowledge sharing and communities for practice across the region.

### **Knox Accord to end violence against women (Knox Accord)**

The City of Knox is situated in the Outer Eastern metropolitan sub-region of Melbourne. It is a diverse community with 27 percent of residents born overseas and the second largest Aboriginal population in the eastern region. Knox Community Health Service developed the Knox Accord prior to amalgamation with EACH to invite residents to take a stance against violence against women. The Knox Accord aims to promote community driven consensus and action towards preventing violence against women in the Knox community. Central to the project is the community driven development of a commitment statement and protocols previously known as the Knox Accord to End Violence Against Women.

The Knox Accord commitment statement has been reoriented recently to reflect a stronger emphasis on primary prevention, resulting in the title: The Knox Accord to Prevent Violence Against Women. A number of settings have been engaged through the Knox Accord project since it commenced in 2007, including workplaces and local football clubs through a partnership with the Eastern Football League (EFL) in 2009. Despite the challenges associated with limited resourcing and sustainability of this initiative, the evaluation of this latter phase of the project demonstrated the following achievements:

- Engagement of EFL at all levels.
- Effective media campaign.
- High attendance figures (good reach) at all associated functions and events.
- Ongoing discussions – online, young footballers with families.

### **Safe Futures model**

Even when the child is safe, the services that respond to women are often unable, because of a lack of resources or support, to fully consider the child's developmental needs. This has become clear to us through the work that we are currently doing with Safe Futures which we would suggest provides a useful model for post separation intervention with a focus on the child's developmental needs.

The Safe Futures model is collaboration between the women's refuges and the managers of transitional housing in the Safe Futures consortium and EACH Child and Family Services.

The model has three elements:

- Provision of professional development for the Safe Futures staff to support them to identify developmental concerns and understand the importance of early referral and intervention.
- Provision of a supported playgroup model which is staffed by experienced clinicians with an understanding of family violence and children's development and where women and their children are supported to attend with their caseworker.
- Streamlined referral pathways for children where developmental delays are identified.

**5. If you or your organisation have been involved in observing or assessing programs, campaigns or initiatives of this kind, we are interested in your conclusions about their effectiveness in reducing and preventing family violence.**

No Response.

## 6. What circumstances, conditions, situations or events, within relationships, families, institutions and whole communities, are associated with the occurrence or persistence of family violence?

There is strong evidence that violent behaviour is influenced by broader social norms about gender relations and violence against women (Flood & Pease, 2006; VicHealth, 2009, p. 14). Social norms are influenced by and closely related to attitudes and beliefs. Past research has demonstrated that men who hold traditional views about gender roles and relationships tend to have a strong belief in male dominance (VicHealth, 2009; Abrahams et al, 2006; Adams-Curtis & Forbes, 2004). Furthermore, people with traditional views about gender roles are more likely to accept violence against women than those who hold more egalitarian beliefs (VicHealth, 2009). Findings from the 2013 National Community Attitudes toward Violence Against Women survey (ACAS) demonstrate that people's understandings of violence against women and their attitudes to gender equality have significant impacts on their attitudes to violence against women. The ACAS acknowledges the importance of focusing efforts on shifting the attitudes that support violence.

Link to the ACAS 2013:

<https://www.vichealth.vic.gov.au/media-and-resources/publications/2013-national-community-attitudes-towards-violence-against-women-survey>

## 7. What circumstance and conditions are associated with the reduced occurrence of family violence?

The prevention of violence against women is a long term undertaking (VicHealth, 2009). Family violence will only cease when community norms and societal structures that perpetuate unequal relations between men and women are changed (VicHealth, 2007; VicHealth, 2011). Effective prevention requires coordinated action across a range of sectors and settings (as shown in the VicHealth Framework). Strategies need to be multi-level, mutually reinforcing and evidence based (VicHealth, 2007; VicHealth, 2011).

The VicHealth Framework (2009) promotes action across three interrelated themes including:

- Promoting equal and respectful relationships between men and women.

- Promoting non-violent social norms and reducing the effects of prior exposure to violence (especially on children).
- Improving access to resources and systems of support.

The TFER Strategy is an example of coordinated action. The findings from the TFER evaluation will contribute to the evidence base for the primary prevention of violence against women and will have important implications for future prevention efforts in Victoria and nationally. The evaluation findings will be available from June 2017.

**8. Tell us about any gaps or deficiencies in current responses to family violence, including legal responses. Tell us about what improvements you would make to overcome these gaps and deficiencies, or otherwise improve current responses.**

Co-ordination between Police, Courts, Family Violence services and Victims Services, Child Protection Services and Department of Human Services is vital to ensure clear communication of risks and actions being taken. The ability to share information between these services creates some issues regarding privacy – but safety needs to override this in some cases.

Family Law and the complexities of Federal laws not being able to be enforced by Victoria Police is an ongoing concern and delays in accessing Family Court/Federal Court for matters where children may be at risk needs to be addressed.

**Identifying and responding to need**

The Intervention Order Support Service at Ringwood Court provided a good example of service co-ordination around the Family Violence and Intervention Order (IVO) processes. This enabled Police/Legal Aid/ECLC/EDVOS/EACH/Court Network/Men's Behaviour Change/Boorndawan Willam to provide information sessions and support to people applying for orders. The co-ordination reduced the number of people who might have 'slipped through the cracks'. This project also facilitated the 'protected persons' room' at Ringwood Court allowing applicants in the IVO process to be able to sit in a separate space to the respondent which has received very positive feedback.

**Family Violence Integration Project (FVIP)**

The FVIP is a new and innovative Intervention Order Support Service (IOSS) partnership project led by Eastern Community Legal Centre and funded by the Legal Services Board.

The Project's vision is to instil trust and confidence in the most vulnerable of victims that their safety and support needs will be upheld through their interaction with the legal components of the family violence system. It aims to improve the response of legal and support services to victim/survivors of family violence in a co-ordinated and integrated manner, through the partnership and collaboration of key agencies working at the Ringwood Magistrates Court.

The first evaluation of the program reports these outcomes:

- Policies and procedures that provide a more coordinated response for clients.
- A coordinated service response for clients during their attendance at court.
- Established of the first ever “protected persons space” in the Magistrates court.
- Establishment and expansion of the Intervention Support Service.
- Education and case coordination forums for service providers.
- Improved referral process for Victims of Crime Assistance and counselling.

Link to the Family Violence Integration Project evaluation:

<http://eclc.org.au/wp-content/uploads/2013/08/Effective-Change-FVIP-Evaluation-Report-2013.pdf>

**9. Does insufficient integration and co-ordination between the various bodies who come into contact with people affected by family violence hinder the assessment of risk, or the effectiveness of (early intervention, crisis and ongoing) support provided, to people affected by family violence? If so, please provide examples.**

**No response**

**10. Practical changes that might improve integration and coordination. What are the barriers to integration and coordination?**

There are a number of hopeful and encouraging signs of increasing collaboration between sectors such as welfare, justice, health education, housing, etc. These are reflected in the work of such groups as Eastern Metropolitan Social Issues Council (EMSIC), the Health Social Issues Council and Eastern Area Partnership of the Department of Education and Training, to name a few. The existence of these various grass-roots collective impact initiatives, whilst encouraging and providing evidence of citizen-led motivation to address the problem of family violence at a community level, requires high level political and

Departmental leadership. Not only do such initiatives need to be given sanction, but they also need to be rationalised through single point of leadership, political authorisation as well as targeted funding to undertake the sort of evidence-based collaborative practices that will not only enhance the protection of women and children, but start to address the preventative factors required across communities. Successful community level projects which build resilience and empowerment such as Neighbourhood Renewal and Healthy Together Victoria offer cost-effective, evidence-based approaches to addressing problems such as family violence across the three levels of intervention.

**11. What are the most promising and successful ways of supporting the ongoing safety and wellbeing of people affected by violence. Describes gaps or deficiencies in the approach to supporting ongoing safety and wellbeing. What measures could reduce the impact of family violence?**

- Removal of perpetrators from the family home.
- Use of IT based strategies to enhance protection from stalking and breaches of Intervention Orders.
- Focussed, evidence-based interventions with children and sibling groups; these need to be made available to children without parent consent when deemed by an authority to be in the best interests of the children and they voluntarily agree.

**12. Case Study – worker of client feedback about behaviour change program. Describe the program and whether it was effective. What aspects of the program worked best? Were there any criticisms of the program or ideas about how it could be improved?**

This section will provide seven case studies from four different **EACH** services areas:

- Youth
  - Rebound Case
- Child and Family Services
  - whole of family approach,
  - need for a wrap-around service,
  - long term support and service coordination
- Aboriginal Health Prevention and Chronic Care (AHPACC)
  - Indecisive client

## Case Study 1: Rebound - working with young people

One off interventions, such as behavioural change programs, are seen as a stand-alone “panacea” for family violence offenders. Whilst these programs “open the door” to change for many people, long term consolidation of these changes also needs to be resourced and we have been reluctant to historically do this to the level that is required.

A one size fits all approach is not appropriate. For instance, behavioural change programs for young adults aged 18-20 require different thinking and resourcing than programs for older or younger perpetrators. Too often all offenders are lumped together.

For young people under 18, programs that have been most successful for EACH have invested heavily in building motivation for change and provide access to different male role models over a sustained period of time. Skill provision (e.g. anger management or distress tolerance) is important but a secondary sequenced intervention. In other words, our experience suggests that a framework that emphasises “aspiration” (what do I want for my life?) and “inspiration” (what type of person can I become?) have proven to be more effective.

### **The need for diversionary programs**

Discussions were initiated with EACH by the Youth Resource Officer from Ringwood police. The issue raised was a lack of choice for diversionary programs in the region for young people starting to have contact with the juvenile justice system.

Often by the time young people come into contact with the juvenile justice system, patterns of behaviour are becoming firmly established and difficult to shift. According to local statistics, 46% of processed offenders are categorized as Youth. However this is representative of 3% of the overall youth population which points to a high rate of recidivist offending. Many are heavily influenced by peer groups already in the system and are negatively influenced in terms of further offending behaviour. In turn, severity of punishment can rapidly escalate, causing consolidation of anti-authority and anti-social attitudes. The costs required enforcing requisite punishment through formal supervision or youth training centre orders are significant.

An EACH Youth and Family Services Worker was allocated to develop the Rebound project. At this time the program did not have funding, and EACH funded the development of it from existing resources.

## The program

Rebound aims to intervene early for young people (13-15) who are experiencing (or re-creating) instability in multiple environments (family, the justice system, education, housing, peers etc.) The **each** Youth and Family Team in collaboration with Victoria Police utilise creative, educational and wilderness techniques to offer an 8-week program which encompasses:

- Positive choice making.
- Building respectful and positive relationships.
- Identity.
- Anger Management.
- Peers and family relationships.

A clear rationale for the program began to emerge from the design themes:

- To build trusting, respectful and positive relationships.
- To divert young people away from the court system including conviction and further offending by identifying underlying issues.
- To prevent homelessness by working with young people and their families to prevent family breakdown.
- Offering ongoing support to both the individual and family where necessary. To encourage young people to look for help when they need it.
- To encourage positive behaviour and decision making by identifying risk factors and the consequences.
- To work with the Police in the community.
- To discuss anger and violence, its causes and alternatives, in order to reduce violence in the community.
- To build the foundations to (re)establish trust and engagement in helping services.
- To assist engagement with their community including school and family.
- To encourage positive interaction and attitudes between males and females to reduce incidents of domestic violence in adulthood.
- To give young people a more positive outlook on their lives by giving them tools and strategies to become happy, healthy, contributors to our community.
- To use outdoor activities and creative interventions to frame key messages - essential given the educational and learning profile that many of these clients have (suspension, ADHD, truancy etc).

**Participant feedback about changed behaviour and attitudes as a result of Rebound:**

- *I behave a bit better now, I was able to see the lives of some of the other kids and I didn't want to be like them. I am satisfied with the changes I have made; I am still working through the process of making changes. I am less argumentative I reckon.*
- *My attitude has changed, I am less argumentative. I am hopeful this will be a long term change for me. I am still working on my anger and attitude but I am aware that it has been a big problem for me.*
- *I am becoming more aware of what my personal safety limits are. I want to change in regards to the fights that I get into at school. I am seeking support through staff at Rebound for strategies and tools.*
- *I have made the change to do the right thing, especially in my decision making.*
- *I'm being mindful of the safer options.*
- *I want to change in the way that I get easily distracted at school, and then I become a distraction as well.*
- *I do get distracted a lot at school; I am aware of this and am prepared to make some changes. I feel that I want to make changes to my effort in school to make myself feel good, as well as my parents. Making changes will prove to me and my parents that I can be good and not all bad.*
- *My attitude towards school has changed, with changes for me starting before entering Rebound, and now becoming a lot more stable. Rebound has supported me also with this attitude to make these changes long term.*
- *I want to prevent my anger from getting out of control when issues come up.*
- *I have felt that the support from my current service provider has also been great at getting me to.*
- *where I am at the moment. My support worker had a big involvement with Rebound, and I will.*
- *continue with their support post Rebound.*
- *I feel that my attitude changed through the Rebound program in regards to the way I behave.*
- *Avoid fights – choosing to walk away, even when it feels like your weak or running away scared.*
- *Meeting with Vic Police Member (helped me ) to understand more of the Police role. See Police as human beings as well – I did not have much respect for Police.*
- *I used to see Police as just dishing out punishment. I see police as helpful now, and I reckon we need to be more cooperative. I also felt comfortable enough to share some personal issues with Miranda around the troubles I was having.*

- *I see that Police are there to help you make good decisions and not to harm you. I feel that a lot is up to young people to change in the way that they retaliate towards Police. I feel that Police are not there to cause trouble, and I am happy to tell my mates not to run if you haven't done anything wrong when the Police turn up. I feel that through Rebound I have increased my trust with Police, and this helped also when I was court ordered to attend the Ropes Program.*
- *I did feel that having the Police involved with the program was good; I still reckon Police are rats though, I don't know why, they just are.*
- *I was able to see more of a human side to Police, that they were normal members of the community. I feel that my attitude to reoffend again has changed, and that I do have more trust in Police than I used to.*

### **Police feedback**

- *The changes were significant. I think definitely a shift in attitudes developed over the program which altered behaviour for the positive. Language decreased and through respecting other people's opinions and needs and general disruptive behaviour became less frequent and easier to manage. I think a level of trust developed over time which was a result of hard work from all involved and through a consistency in leadership throughout the program.*
- *Initially there can be a level of mistrust or negativity towards me but I find this is very quickly reduced or negated by just engaging with the young people. In many cases this is the first time they have ever had any social interaction with a police officer so this in itself is a positive outcome for us.*
- *Some of the young people that I worked with 2 years ago on Rebound make a point of engaging with me in the street in a very positive way and this includes those that have gone onto further offending.*
- *I find they are naturally interested in all aspects of policing and I am able to dispel many myths about police work and the members. This is very valuable to us as these young people can be conduits with other young people in similar circumstances.*
- *I noticed a dramatic change in attitude of the youth involved, not just during the program but being able to positively interact with the police outside of this. A huge benefit from my point of view was the fact that these youth, I feel are now able to approach police in a positive attitude and are able to consider us as someone who is there to help.*
- *I have seen this as a great early intervention of targeting what are or what may be high risk youth.*

- *I also would see this program as an alternative option for youth diversion within the courts.*
- *Another key benefit is that we are able to establish connections with the families of these youth and able to offer a greater service to these families if required.*

### **Parent feedback**

- *My son is happy and proud to have completed your course; the outcome has been very hopeful for him.*
- *My son is now attending school although still getting into trouble at school. But at least he is going which has to be a positive.*
- *My son comes home most nights, instead of being missing for nights on end.*
- *Thankyou Rebound to your people and support for helping in turning my troubled youth around. Give yourselves a pat on the back because people like you make life worthwhile and you deserve it (due to the) change in my son's outlook and direction.*
- *That they felt valued and a part of something bigger than themselves, and they belonged.*
- *That they were given continual opportunities to succeed.*
- *Looking at different ways to interact with adults and peers. Has tried to implement his learning's from Rebound into his ever day schooling / home.*
- *My son has somewhat shown patience in his thinking and the way he reacts.*
- *I believe that the Rebound Program worked to build confidence, increase positive influences and relationships and increase willingness to try and outlook on the future.*
- *Developed my child's positive outlook, can achieve positives in life.*
- *Looking forward to Rebound groups.*
- *My son also did activities that he feared so this was a major achievement.*

### **Youth worker feedback**

- *I think the opportunity for young males to interact with a positive male role model has been very beneficial to my clients. Both my clients have a dysfunctional home life, and do not have any positive male influences. The connection they both seem to have made with the Youth Worker has had an impact on their attitudes and behaviours and has given them someone who can support them and show pride in*

*their success. I can see a boost in both of my client's self-esteem and I hope that the program has given them some faith in their abilities and worth.*

- *I think that the way in which the Rebound program is delivered is fantastic and really allows the participants to engage and build rapport with the Youth Worker and the other group members. I think that the use of an interactive, physical program is important as it works to engage some participants who wouldn't normally agree to 'talking therapy'. I can see huge changes in my participants and do not feel that this change could not have occurred if the therapy was used in another context.*

## **Outcomes**

- *Of the 38 young people that have entered into one of the 6 Rebound Programs, there has been a retention rate of 30 young people completing the majority of the 8 sessions. These figures indicate that a **78.95% retention rate** has been achieved by the program.*
- *For a large portion of the young people that entered a Rebound Program while still attending school, a desire was expressed to improve at school both academically and socially.*
- *22 secondary schools within the East of Melbourne have been connected at some level with the program ranging from secondary consultations, phone enquiries, active referrals and collaborative wraparound partnerships.*
- *The second biggest change that we can see with the self-directed evaluation by the young people has been in their Behaviour and Citizenship (8% Positive). Numerous comments were also captured (as shown in participant feedback above).*
- *Upon referral to the program, 14 participants had at least one or more supports. Post program support has seen approximately 18 young people either linked to new services at some level, or have received support through the Rebound Coordinator via counselling and care planning. It has been observed that change has been progressive and gradual, and that many factors still impact on each of the participants like family dysfunction, mental health, peer relationships and even cognitive functioning among others factors. Like all life key areas, a young person's behaviour and citizenship needs to be seen within a more longitudinal context.*

## **Key aspects of program that worked**

- *The content is structured around negative risk behaviour which can lead to offending and invites them to make better choices in order to divert young people away from crime and anti-social activities. Police presence on the program enables us to participate in discussions and while presenting our perspective in a non-*

*threatening, trusting environment. Research shows that one offs do not work so our presence and continuity in the program builds the platform required to participate in these discussions.*

- *It provides the kids a chance to talk to the Police on equal terms. They can express their concerns in a safe environment. The Police also get an insight into how the teens view them.*
- *Offers a different point of view and the ability for the group to see the police as a positive force.*
- *Positive connections with the Police Force are very important for youth. I feel that the chance for the participants to link with a member of Vic Police is beneficial as it allows participants who may sometimes be on the wrong side of the law to see Police in a new light and to have the chance to be supported by and work with the Police. A positive relationship with a member of Vic Police may challenge the stigma and stereotypes that youth hold against Police and could lead to a more positive relationship between Vic Police and youth.*

### **Criticisms & suggested improvements from participants**

- *I would have liked the Rebound Program to have been two days a week, and it would be good if it went for a term rather than just eight weeks. (Participant)*

### **Criticisms & suggested improvements from Vic Police members**

- *I would like to see it run for 12 weeks rather than eight.*
- *I think that Rebound is sound and robust enough to be picked up and offered to specific groups or other agencies. For example Outer East Youth Connection has a regular group of young that would all be suitable and would benefit from Rebound.*
- *I think we should market the program to other agencies that may be able to find funds to support it as well as take our own referrals. But of course the assessment process for suitability would definitely have to apply. This would certainly assist Victoria Police as well as other agencies that are trying to do what Rebound can do in relation to young people who are not travelling well.*
- *Need to consider the costs to run full day activities which includes police members for four days.*
- *I am a great believer in activities, wilderness and journeys within youth diversion programs but I have sometimes wondered what the young people have got out of the one day activities we do on Rebound.*

- *I know that there are natural consequences such as confidence, self-esteem, teamwork, decision making and just generally engaging etc. and it is a huge carrot for the young people to attend. I did notice on the last program that some young people very quickly realize that they can turn up for the fun stuff and have seemingly legitimate excuses to miss the therapeutic content. I know you are addressing that.*
- *My question is, do we think the natural, incidental benefits of day activities are enough to justify the resources and do they really compliment the content? Bear in mind that the activities take up around **80%** of the time allocated for a Rebound.*
- *Initially Jane (Jane Steele – Team Leader at EACH) and I planned activities that represented their change in direction such as climbing or caving and coming out into the light but I'm not sure the kids see the parallels. I think mostly it's just fun. And that's great for the kids and us but we obviously have an agenda.*
- *I have noted that we try and draw parallels with brief chats on the days but the kids do not appear to be overly interested or engaged and the message appears to get lost.*
- *Would we be better served to do the therapeutic content followed by a 3-4 day trip where the content is re visited and we all know that in many cases their "force field" doesn't drop until they are away from their homes and comfort zones?*
- *I believe that the Rebound program as a whole is a great idea, however I would like to see worked into the program a greater connection with the families. Whether this be done through interaction in one of the activities or a dedicated group discussion session.*

### **Criticisms & suggested improvements from parents**

- *The program is wonderful and I am not aware of any limitations or negative aspects. I am not sure of exactly what the follow up process will be with previous participants; however I am concerned that all the good work done by Rebound will dissipate on closure. I am interested in hearing of any further opportunities for my clients to engage with other programs or one on one youth work with a positive male role model.*
- *This program definitely needs more funding and more advertising to help our young troubled youth, as this changed my son's outlook on a lot of things.*
- *Maybe a camp with affirmations would be good, celebrating the achievements of the kids.*
- *Maybe go for a week or two longer as well.*

## **Criticisms & suggested improvements from Youth workers**

- *A limitation to the program was that each participant would have benefited from a much longer involvement with the Rebound program shown through their eager contribution each session and their sense of achievement within a structured format. Each participant has engaged in one to one support post the programs completion, with a few of the participants likely to require intensive long term support.*

## **Case Study 2: A whole of family approach**

*Family: Dad, Mum, 17 year old and 15 year old.*

Dad is a Muslim, Mum is Christian. Referral noted verbal abuse with Dad yelling a lot at children, particularly 15 year old female. Mum made referral, initially considering possible separation. Dad was willing to attend, held goodwill towards his family and above all prioritised his family.

### **What worked well?**

After checking in relation to safety, all the family attended sessions, all demonstrated willingness to compromise and challenge thinking. The family attended five sessions which focused on their relationships. The family reported that they were more peaceful and happier, acknowledged benefit of compromise and acknowledging each other's values and beliefs.

Cases illustrating:

- Police and courts interpreting women fighting back as family violence.
- Perpetrators manipulating legal system to own ends.
- Services working in collaboration.

*Family: Mum, three primary school aged children*

10 year history of family violence. Mum had a plan to leave but to wait until youngest attended school. Escalated violence, recent incident, mum fought back (not a usual occurrence); children witnessed this, Police called. Both have IO's on each other. No goodwill demonstrated by ex.

### **What could have been managed better?**

- Police and Court seeing Mum's fighting back as a once off, not a repeated pattern of behaviour to control another, whereas this was deemed to be an assault, ex took out IO on her.
- Ex used court system – firstly in seeking an IO, then used strategy to extend time, stalling process as he stated he needed more time to prepare his victim impact statement; court extended his time by two weeks. This extends the process, mum has to arrange care for children, highly anxious each time she has to attend court, fearful following attendance at court and unsettling for whole family.
- Next IO date set prior to court date for other charges to be heard on ex, this means that none of this information can be noted in court.
- It is important that all levels of the legal process understand family violence and why IOs are granted, also that all understand the definition of family violence as opposed to someone fighting back.

### **What worked well?**

Extended family violence support system worked well in this case- client has a 'Safety Card' and cameras have been installed in the home through Safe Futures Program. Client linked with family violence counsellor and has received good support from regional Domestic Violence Unit officer as case progressed from local police support.

### **Case Study 3: Mother with three primary school aged children**

Mother reported family violence and extreme controlling behaviour by father of children towards mum and also towards the children, with the mother describing it as 'harsh punishment'. Mother also reported ongoing verbal and other abuse following separation. Family is in process of family law court proceedings. Father unable to prioritize children's needs and motivated by revenge and punishment.

Father took out IO on mother, and others associated with her. He made complaints against the investigating Police Officer. He was charged with stalking and breaches of IO. Both parties are self-funding their legal process which is very costly and deliberately drawn out by ex (father of children) who threatened to spend every dollar he has fighting client. Family were unable to receive support from Australian Childhood Foundation because the father would not give consent. Father has been granted supervised access through family court.

Concerns:

- Using Intervention Order system to his advantage, drawing out the process.
- Prevented children from seeking support through Australian Childhood Foundation.
- Using legal system (full fee's, not legal aid) to advantage.
- Supervised Access is only available through a private provider and has been paid for by the father.

### **What could be managed better?**

- Tighter requirements re Intervention Orders to prevent perpetrators manipulating system and drawing process out.
- Court stepping in to ensure children receive appropriate support if it's in their best interests, regardless of parents approval
- *More funding for Supervision Centres (more places), to allow for independent supervision*

### **What's working well?**

Client has had support through EDVOS and family violence counselling at EACH. Client attended 'Bringing Up Great Kids' groups at EACH and another group at Australian Childhood Foundation, which client reported was very beneficial in supporting her parenting, increased her knowledge and insight and helped positive communication between her and her children. Unfortunately the children have been prevented by the father's lawyers from receiving counselling support.

### **Case Study 4: Illustrating problems with reliance on victim to protect her children and need for wrap around services**

Mother had been physically assaulted with weapons to the point where she was unconscious and her children had to call the ambulance once the perpetrator has left the home. The victim was so afraid of retribution from her partner that she would not provide police or DHS with any information. Because of her reluctance to "co-operate" with police and DHS, the refuges would not accept a referral for service, deeming the victim too high risk and posing a threat to other residents. Child Protection then took action to remove the children because of concerns for their safety and the victim "has not demonstrated a capacity to protect". The children were placed in out of home care, having to be separated from their mother and the mother has to find her own accommodation or return to the unsafe family home.

### **What could have been done differently?**

- Given the extent of her injuries it was clear that the woman was a victim of family violence.
- It would have been feasible for a crisis team to be organised to support the woman through the process, explore options for her and her children's safety and help her put them in place.
- Child Protection or the police could have taken action against the perpetrator utilising the evidence of the women's injuries and supporting the children to tell their story

### **Case study 5: illustrating need for long term work to support victim/survivors and service collaboration to achieve best outcomes for woman and children**

Mum with three children aged nine, four and 18months.

The initial referral was from Maternal and Child Health for a Post Natal Depression Group. Initial meeting suggested extremely high anxiety, indication of other issues, not suitable for group at this stage. Mum reported she had not been to a shop to buy food for nearly six months, did not cook very much and relied on her partner for shopping. The mother expressed concerns that people were watching and could not sit in waiting room for longer than two minutes. Children did not have any routines at home.

#### **What we did?**

Provided one to one counselling for two and a half years. Anxiety, Depression, Border Line, Schizoaffective disorder were all diagnosed during our work together as well as long term Family Violence and history of child sexual abuse. The mother then continued to work for another eight to 10 months with family violence counsellor

#### **Outcomes**

Mum's mental health had much longer periods of stabilisation, anxiety greatly reduced. Mum was able to speak up for herself and advocate for her children with services. Partner was removed from the home and they have remained separated. Family court awarded supervised contact only to the oldest child which continued for two years. Contact with the younger children diminished over that time. Mum now lives independently with minimal

support is paying off the house by herself and organised payment plans with essential services. Children have some routines in their lives and they attend school more consistently

### **What worked well?**

- Strong trusting relationship built between counsellor and counsellor who had good knowledge of family violence.
- Clear boundaries identified regarding risk to self and children early on in therapeutic relationship.
- Worked from strength based position developed sense of hope and capacity for the future.
- Engaged client in every aspect of the care planning and linking with other services throughout the counselling process. A wrap around service was provided for children and parent.
- Worked closely with mental health services acute and case management services both for Mum and oldest child and support services for Mum ( Mental Health Nurse), Child Protection, Enhanced Maternal Child Health Service, Integrated Family services, PASDA, Schools, Child Care, Preschools, ECASA, GP was included via the mental health services. EACH Internal services, financial counselling, Family Violence counselling, Paediatric services, Speech & Child Psychology. The Child Psychologist remained a strong link throughout the youngest child's life until he transitioned to school and was well linked into services within the school.

**13. Case Study –client feedback - what has motivated their change in behaviour? Was a particular relationship, program, process or experience (or combination of these) a key part of the change? What did they learn about what caused the violent behaviour?**

EACH is unable to contribute to this question at this point in time.

**14. To what extent do current processes encourage and support people to be accountable and change their behaviour? To what extent do they fail to do so? How do we ensure behaviour change is lasting and sustainable?**

Increased and sustained funding and policy emphasis on prevention.

**15. Outline any behaviour change programs offered by EACH including any evaluation of its effectiveness.**

EACH Youth and Family currently offers two programs for young people that have specific behavioural change goals. These programs include “Rebound: ready to change” and “Bridging the gap”. Both of these programs are run in local partnership with Victoria Police and work from the premise that anti-social behaviour (such as family violence) is often an expression of many bio-psycho-social factors. The Bridging the Gap Program is being evaluated in 2016.

**16. Describe EACH’s involvement in observing or assessing approaches to behaviour change. Advise the Commission of any relevant Australian or international research we may assist the Commission, especially in terms of early intervention producing positive outcomes.**

EACH has become aware of the following programs and studies:

- The *Step Up Program* is an example of an evaluated group intervention that could be used with families. It is a Youth Justice diversionary approach to adolescent family violence with referrals into the program from courts. It is offered in the United States and consists of 21 group sessions for parents and adolescents to help young people address violent behaviour. The programs suitability to the Australian context has not been evaluated.

Further information:

<http://www.mincava.umn.edu/documents/stepup/intro/stepupintroduction.html>

- The RespectED program developed in Canada and adapted by the Australian Red Cross and used with Aboriginal communities in Australia to address family violence. It is taught through two training modules: Walking the Prevention Circle and Cycles of Safety. The program has primarily been used in rural and remote Aboriginal communities. The programs suitability for urban and regional communities has not been evaluated.

Further information: <http://www.redcross.org.au/together-as-partners.aspx>

**17. Describe any specific cultural, social, economic, geographical or other factors in particular groups and communities in Victoria which tend to make family violence more likely to occur, or to exacerbate its effects.**

**Aboriginal people**

Evidence indicates Aboriginal and Torres Strait Islander people experience violence at much higher rates than non-Indigenous Australians. The Productivity Commission's *Overcoming Indigenous Disadvantage: Key Indicators 2011* report reveals persistent trends in personal, family and community suffering associated with violence and abuse. In the past there have been many cultural barriers preventing Aboriginal people from accessing health services and AHPACC programs seek to address this within community health settings

EACH is committed to working with Aboriginal people and continues to explore ways that it can support and empower members of the community. It has been proactive in auspicing the Mullum Mullum Indigenous Gathering Place (MMIGP) and Borndawan Wilam Aboriginal Healing Service and establishing an Aboriginal Health Promotion and Chronic Care (AHPACC) team in the eastern region of Melbourne. The AHPACC program facilitates Aboriginal community access to appropriate health services and supports the Indigenous community identify, develop and participate in community orientated health promotion activity. The program is jointly implemented by **EACH** and MMIGP. The prevalence of family violence and complexity of issues impact families in many ways. Here are two examples provided by AHPACC workers:

The AHPACC team face ongoing challenges with finding suitably qualified and experienced Aboriginal men to train as family violence prevention workers. There is a need for additional resources and training for Aboriginal men to become skilled family violence prevention workers. The Australian Red Cross family violence prevention program (described in response 3) and other evidence-based programs may be considered in the future for training purposes, pending the availability of resources.

- Legacy of violence of colonialism – trauma, family dysfunction AOD issues and stolen generation.
- Men in particular affected by the loss of traditional roles and associated lack of self-esteem and status.
- High levels of poverty and associated AOD fuel family violence.

- Low levels of education, young parents, large families, overcrowded housing all contributors.
- Need for focus on family and community healing.

It is important to also reiterate the social factors and institutions which serve to reinforce **gender** stereotypes in Anglo-Australian culture. There is a “taken for grantedness” around men’s status and roles which results in their privilege. VicHealth (2009) recognises this as weak sanctions against gender inequality.

**18. Describe the barriers preventing people in particular groups and communities in Victoria from engaging with or benefitting from family violence services. How can the family violence system be improved to reflect the diversity of people’s experiences?**

Need to divert Aboriginal offenders from unnecessary contact with justice system. Reluctance to report family violence because of history of child removal and high rates of incarceration of Aboriginal men. Expectations of racist responses from police and legal services.

This can be improved with community development, and more cultural training for mainstream staff involved in the family violence and justice systems.

**19. Describe how responses to family violence in these groups and communities could be improved. What approaches have been shown to be most effective?**

**Aboriginal people**

Programmes for young Aboriginal men and women and families that promote pride in their culture and respect for each other. Examples include: Koori Faces program; art therapy program run by Wesley with MMIGP and Boorndawan Willam. Support for young community members to complete their education, undertake internships and get employment.

Responses need to be extremely flexible, sensitive and long-term as women often have few supports from family or community when contemplating leaving a violent relationship and there may be a great deal of shame and fear involved.

Better and speedier access to culturally appropriate housing, AOD and men's behaviour change programs would help.

**20. Are there any other suggestions you would like to make to improve policies, program and services which currently seek to carry out the goals set out above?**

No response.

**21. The changes that EACH believes will produce the greatest impact in the short and longer term.**

EACH believes that addressing the primary determinants of men's violence against women will help to prevent all forms of violence against women before it occurs, including family violence (WHE, 2015). Furthermore, one off or short term projects will not prevent family violence (WHE, 2015). As previously stated, effective prevention requires coordinated action across a range of sectors and settings and strategies need to be multi-level, mutually reinforcing and evidence based (VicHealth, 2007; VicHealth, 2011).

EACH believes that while 'programs' are necessary and effective in addressing the needs of individuals, 'system change' is required to get changes at a population or societal level. We need both structural and cultural change which result in gender equality in our personal relationships with partners, friends and family, and in our community, whether it be school, work, sporting clubs, community groups or faith based groups. Importantly, it also requires change at the societal level in terms of the way the media operates and in relation to advertising and popular culture. At this level, there is also a need to focus change efforts around leadership, including within government and in regulatory and legislative frameworks to support gender equity (WHE, 2015).

Again, the TFER Strategy is an example of a coordinated, multi-level, multi-partner and multi-setting approach. The findings from the evaluation will inform future initiatives across Victoria and nationally and will contribute to the evidence base around primary prevention for violence against women. It is paramount that the commitment and momentum demonstrated in the Eastern region through this coordinated approach is sustained beyond the life of the Strategy in order to enable achievement of longer term impacts and the maximisation of the opportunities presented by this regional approach.

Funding for prevention needs to be bolstered. Funding needs to include support for continued leadership and coordination in Victoria. A coordinated state-wide response should make use of established plans, networks and infrastructure at the regional and local level (WHE, 2015). Funding is needed to support the ongoing work of Women’s Health Services in every region of Victoria in leading and coordinating regional action (WHE, 2015). Similarly, local government and community health services, like EACH, require funding support to enable their ongoing leadership roles, reach and sustained action at a local level.

## 4. RECOMMENDATIONS

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EACH strongly believes that by working together and having a shared vision we will be able to effect long term policy and legal reform. Our recommendations are therefore, adopted from the *Together for Equality and Respect Regional Strategy, 2015* and Victoria's Action Plan to Address Violence Against Women and Children, 2012-2015. The range of recommendations below support a joined-up inter-sectoral approach to preventing and responding to the causes and impacts of family violence.

### 4.1 Prevention

#### 1. Gender Equity is key to prevention

While family violence impacts on everyone, evidence has clearly established family violence as a gendered issue. We know that addressing the primary determinants of men's violence against women – namely gender inequality and adherence to rigidly defined gender roles<sup>2</sup> – will help to prevent all forms of violence against women before it occurs, including family violence. A gender equity focus needs to be central to any efforts aimed at preventing family violence.

#### 2. Long term, coordinated action across society

The prevention of violence against women is a long term undertaking. Family violence will only stop when community norms and societal structures that perpetuate unequal relations between men and women are changed. As seen in other successful campaigns, such as SunSmart and Road Safety initiatives, changes to attitudes and behaviours require long-term, coordinated action.

One off or short term projects will not prevent family violence. Effective prevention requires a range of mutually reinforcing, evidence based strategies reaching out to the whole of the community. We need both structural and cultural change which result in gender equality in our personal relationships – partners, family and friends; community – at school, at work, in community groups, faith based groups, sporting clubs; society – in the media, advertising

and popular culture, in those holding positions of leadership / power, including in our governments; and in regulatory or legislative frameworks that support gender equity.

In order for this to occur, active engagement of a range of sectors is required e.g. local government, health, community, education, workplaces, sports, media. Action needs to be planned and coordinated to ensure that the whole of community is being reached, strategies are evidence informed, evaluation is occurring and learnings are being documented and shared. Coordination also results in avoidance of duplication and thus enables efficiencies of effort. Together for Equality and Respect is an example of a coordinated approach.

### **3. Increased and sustained funding and policy emphasis on prevention**

Violence against women is a serious human rights abuse, placing an obligation on government and funders to take action to prevent it. An increased focus on prevention is critical to halt the escalating incidence of family violence and to prevent family violence in the future.

The primary prevention of violence needs to be strongly supported by government policy. A whole of government long term commitment is required. This must be matched with a substantially increased and sustained funding allocation in order to effect long term change. The current investment in prevention is vastly inadequate. This increase must be in addition to adequate funding of services which respond to family violence.

Funding needs to include:

- Support for leadership and coordination – Victoria has paved the way in guiding and informing evidence based primary prevention practice. At both government and local levels, should be acknowledged and built upon to further strengthen Victoria's efforts to prevent family violence. As outlined, leadership and coordination of on the ground work is essential and requires funding support. A coordinated state-wide response should make use of established plans, networks and infrastructure at the regional and local level. Women's Health Services in every region of Victoria are leading and coordinating regional action. The role of women's health services in leading, coordinating and supporting organisations to undertake primary prevention work is resource intensive and requires funding support. Our experience in the East is that bodies such as local government and community health organisations also have important leadership roles and reach at a local level.

- Funds to support local action – while commitment across Victoria to the prevention of violence against women is growing, specific funds to support organisations and others to undertake sustained local action is crucial.
- Investment in evaluation – The prevention of violence against women remains an emerging area of practice. While there is evidence to support the need for action to address the key determinants of violence (gender inequality and adherence to rigid gender roles) and while information is known about some specific interventions, there are still gaps in our knowledge. In particular, the evidence base would benefit from greater investigation of what works with specific population groups and in particular settings. One area where evidence is missing relates to the impacts of undertaking a range of mutually reinforcing activities at a population level. Well evaluated regional action plans have the capacity to add to this gap in evidence.

#### **4. Recognising the intersection of different forms of discrimination faced by women**

Factors such as Aboriginality, class, age, sexuality, ethnicity and disability intersect with gender to shape the experience and risk of family violence, as well as access to appropriate responses. Women's diverse backgrounds, contexts and life experiences demands a sophisticated, long term commitment to addressing the diverse and intersecting forms of discrimination faced by women and ensure an approach to both prevention and response that is accessible, inclusive and relevant. One example is a current gap in the evidence base around effective and culturally relevant prevention approaches for culturally and linguistically diverse communities in Victoria. This is an area that needs more attention.

#### **5. Importance of women's voices**

Any action to prevent family violence needs to ensure an explicit focus on gender equity. This means paying attention to the important leadership role of women in prevention. Women who have experienced violence have a wealth of knowledge and insight into both the service sector and primary prevention. Women's voices need to be represented in important conversations about family violence and its prevention.

## 4.2 Early Intervention

Early intervention programs for young people and adults are needed to address violence and bullying behaviours. These require considerably more resources to meet the demand. There needs to be more focus on groups with increased risk including: Aboriginal and Torres Strait Islander women; women from culturally and linguistically diverse backgrounds; women with disabilities; women living in rural, regional and remote locations; younger women; women in mental health in-patient care; and pregnant women.

This Royal Commission provides an opportunity for all evidence-based programs to be identified and promoted more widely to inform service providers and decision-makers of the most effective programs to be employed. Furthermore, ongoing commitment should be made to continue to explore programs that are effective within Australia and from overseas.

Specifically, we recommend the following:

- Increased resourcing for refugee, victim support and family counselling services
- Increased resourcing for police and child protection services
- Development of a joined-up service system approach which provides earlier intervention to:
  - Women and children 'at risk' or victims of violence or bullying
  - Perpetrators to intervene and put appropriate interventions/supports in place
  - Remove perpetrators of violence from the family home
  - Refer 'at risk' perpetrators to diversionary programs
- Investigate how to improve the way courts consider children's needs when making decisions about custody, access and intervention orders. This would involve:
  - Partnering with the non-offending parent to develop a safe environment for the children.
  - Engaging with and holding the perpetrator accountable for his actions.
  - Risk assessments taking account of not just the safety of the children but the continuing impact on the child's development and the steps required to address this.
  - Recognising that separation in itself does not create a safe environment.
  - Where children require access to therapy or support programs because of the impact of trauma or developmental delays or disabilities ensuring the offending parent cannot block their access to services.

- Recognising that early intervention with children is critical and exploring forms of intervention that can be provided even while steps are being taken to provide an environment for them that is free from violence or conflict.
  - Recognising the importance of working with both parents to prevent further harm to the child.
  - Tighter requirements re Intervention Orders to prevent perpetrators manipulating system and drawing the process out (impacting the victim and children).
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- Additional resourcing for Supervision Centres to ensure more places are available.
  - Address the complexities of Family Law and Federal laws which prevent or delay Victoria Police from enforcing laws (Family Court/Federal Court) in some situations where children may be at risk.
  - Provide Intervention Order Support Services and “Protected Persons rooms” at all courts dealing with family violence to maximise access and support for victims and persons at risk.
  - Use of IT based strategies to enhance protection from stalking and breaches of Intervention Orders
  - Focussed, evidence-based interventions with children and sibling groups; this need to be made available to children without parent consent when deemed by a authority to be in the best interests of the children and they voluntarily agree.
  - Additional resourcing for training Aboriginal community members to be employed in Aboriginal and mainstream family violence programs.
  - Build trust and facilitate Aboriginal engagement with services through the provision of cultural awareness training for mainstream staff involved in the family violence and justice systems to ensure inclusive language, behaviour and environments are welcoming.

Provide ongoing resources for:

- Evidence-based, culturally appropriate programs for young Aboriginal men and women and families that promote pride in their culture and respect for each other.
- Young Aboriginal people to complete their education, undertake internships and get employment.
- Flexible, sensitive and long-term support for Aboriginal women contemplating leaving a violent relationship.

- Better access to culturally appropriate housing, AOD and men's behaviour change programs.

### 4.3 Response

#### Information and data

It is vital that information and data are effectively shared in a timely manner between all key stakeholders. In order for this to occur there needs to be much greater emphasis placed on the importance of:

- Building collaboration between all parties.
- Adopting a case-coordination approach for complex cases and resourcing this appropriately.
- Providing suitable resources for police officers and key workers (in primary and community health and education) to spend time working with both the client and the client's other contacts in different services e.g. counsellors, solicitors, corrections officers, education welfare coordinators, employment and housing officers.
- Develop integrated or interoperable data systems such that critical information and referrals are able to be transmitted and progress monitored via a designated case manager across the different sectors and State and Federal funding jurisdictions (justice, education, welfare, health, etc).

Therefore the government needs to address the problem by properly resourcing the services and programs that work with victims and perpetrators of family violence and building the systems to improve collaboration and connectivity between jurisdictions, sectors and agencies.

#### Strengthening the workforce

- Workforce awareness and understanding – organisations need to adopt internal policies which help to support women experiencing family violence as well as raise awareness among staff. This should occur at all levels from governance to front line staff.
- There is a need for resources to be committed for:
  - Specialised training of intake workers, counsellors and outreach workers in community health services, to maximise their capacity to undertake family violence risk assessment with clients.

- The resources provided by the State Government for counselling services (e.g. AOD and Mental Health Recovery, Child and Family Counselling, Youth Services) should be sufficient for key-workers to not only work face-to-face with clients and their families (particularly over extended periods as evidenced necessary through our case studies) ) but also provide them with additional time to be able to effectively:
  - Identify appropriate and viable referral opportunities for individuals on a case-by-case basis.
  - Build relationships and partnerships with local service providers such as schools, police, youth services, local government and other primary and community services in the local community.
- The Government needs to consider the problems that *competitive tendering* often causes through damaging potential relationships between service providers who are forced to compete for limited resources. Government expects these services and their employees to be able to work in an integrated way - within and across sectors - on complex solutions for vulnerable people yet fails to adequately resource programs or recognise the obstacles such as limited time, opportunity and sometimes goodwill for this to be effectively achieved.

#### 4.4 Additional recommendations

##### **Data and reporting**

Further consideration needs to be given to the ways data can be more rigorously and consistently collected and shared across sectors. It should be accessible to decision-makers and service providers and used to identify trends and other important information that can be used to address family violence at the local level. Presently data is held in silos and is not fully utilised or shared.

##### **Research and evaluation**

There is urgent need for further research to better inform planning, advocacy and awareness raising and to build an evidence base. Evaluation should be used to improve planning and resource allocation for actions that address prevention and responses to family violence. This should include research that identifies best practice interventions for working with different kinds of perpetrators; (distinguish between men of varying levels of risk or entrenched behaviours and attitudes, cultural and Aboriginal identity, ages, etc.).

## **Reporting on Progress**

More effective communication from Government to the services providers and community is required to ensure that progress is reported to all parties. This should include an honest account of the shortfalls, obstacles to progress and the wins. The information should be publically available in advance of budgets and elections to ensure that the public can campaign and services can advocate on behalf of the community for appropriate legislative or budgetary change. Progress reporting should inform the way programs are funded in annual State Budget.

## **Ongoing governance**

The complex issues involved in addressing family violence require the committed leadership of Government and community along with strategic and integrated planning, supported by mechanisms and processes at the system level to address the gaps and weaknesses in the current service system. These direct response-strengthening interventions must also be built upon a societal cultural change which is required to address the underlying causes of violence against women and children. This issue must transcend different political agendas and have commitment from major parties to allow a solid commitment in principle and resources for the long term. To this end, the Advisory group should have broad membership from experts and should effectively convey its findings and recommended future directions to community and major parties.

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