

# Opportunity knocks: New ways of thinking and acting on family violence

A joint submission to the  
Victorian Royal Commission into Family Violence



Victorian Women's  Trust Limited

Independent. Bold. A Voice for Women and Girls.

**EDVOS**  
**Safe Futures Foundation**  
**Safe Steps**  
**WISHIN**  
**Victorian Women's Trust**

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## About the submission authors



**EDVOS** is the lead provider and access point for the integrated family violence service system for women and children in Melbourne's Eastern Metropolitan Region. They provide a range of services to women and their children who have experienced and are responding to domestic/family violence through safety planning, specialized short term systemic advocacy as well as information and case management support to access legal assistance, accommodation opportunities and other services that promote their safety.

**Safe Futures Foundation** provides crisis accommodation to women and children from any area in the state and family violence services to adults, young people and children in Melbourne's Outer Eastern suburbs, the Safe Futures Foundation delivers a suite of innovative programs to protect people from control, abuse and violence, including:

*Safe in the Community*

*Safe Children Bright Futures*

*Housing Connect*

*Community Connect*

*Strengthening Families*

*Manspace*



**safe steps** Family Violence Response Centre is a leading voice for the prevention and elimination of violence against women and children in Victoria. The role of safe steps is to:

- Keep women and their children safe
- Provide women and children with a 24/7 family violence response
- Empower women by giving them the steps they can take to make safe choices for themselves and their children

As the state-wide 24/7 first response to women and children experiencing family violence safe steps has a proud history of offering immediate response that informs, protects and connects women and their children so they are safe and that their voices are heard.

The **Victorian Women's Trust Limited:**

- invests in women and girls for positive social change
- researches issues which affect their lives
- works in key arenas ranging from violence prevention to environmental sustainability
- creates opportunities that spark ideas, engagement and debate
- advocates for reforms that improve conditions for women and girls
- makes sure the public record better reflects their contribution and impact.

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Established in Melbourne's Northern suburbs, **Women's Information, Support and Housing in the North (WISHIN)** is a specialist gender-specific community based organisation that provides outreach support to single women and women with children who are homeless or at risk of homelessness, and have experienced family violence. WISHIN's model includes an understanding of the mental health impacts from these two experiences.

This submission is intended to provide an ‘on the ground’ lens of the Victorian Specialist Family Violence sector. It is a deliberate departure from a high level policy driven approach.

## Section 1: Introduction

### Time for change

The control, abuse and violence experienced by children, young people and women living with violent men, and the often associated neglect of children, are distressing and seemingly intractable social problems.

As a general rule, the effectiveness of solutions depends on the analysis of the problem. The same goes for family violence. If we are hamstrung by our analysis, it shows in the various adopted solutions.

As a society, we have been hamstrung in our analysis of family violence, - why it occurs, who commits it, why it is persisting. Decade after decade, we are yet to have a truly honest conversation about family violence. We frame the discussion and debate in gender neutral terms, seemingly reluctant to meet the issue squarely in terms of the extent to which many Australian men act violently in their relationships with their partners, ex-partners and their children.

A truly honest conversation about family violence can only occur when the complex and gendered nature of family violence is at the forefront.

There is an important caveat to this question of the gendered nature of family violence. Women, too, can be violent. They can be abusive to their partners and children. However, evidence shows that men’s violence against women is vastly more likely to result in injury or death.

**When it comes to family violence, the reality overwhelmingly is that men are mostly the cause. They are the ones who inflict most of the damage on their partners, ex-partners and children. Steeped in a particular cultural ‘world view’ of masculine entitlement, these men assume they can dominate, control and abuse the women and children in their lives. They can, and do, go to the extreme of killing their female partners, ex-partners and children.**

*“It is men who predominately do the hitting, abusing and killing. It is men's fault that harm is caused to those they abuse, not the victims. The full focus of our response must be to place the needs of the victim at the centre of our legal and court system, as well as our social and policing services.”*

Ken Lay, 2014a

When we as a society get to the bottom of why these violent attitudes and behaviours form in the first place and then trace the ways our society ‘legitimises’ and sanctions such attitudes and behaviours, we will be much closer to changing the dynamics that underpin family violence.

Family violence represents a social challenge at the best of times. The increase in reported family violence presents an even greater challenge than before for our society and the ways we develop and maintain an effective family violence system, including police, courts, legal services, Child protection and specialist family violence services.

**Despite large amounts of funding invested in the last decade in particular, the current family violence, Child Protection and homelessness system is not able to ensure an acceptable response for the safety, stability and wellbeing of women and children who are vulnerable and at risk.**

There are significant successes achieved by the sector as evidenced by the formation of the Royal Commission, in itself evidence of the valuable research, campaigning and advocacy headed up by the sector over 30 plus years. There are signs that our governments are now more sharply aware of the degree of the problem. The Commonwealth Government's Senate Inquiry on Domestic Violence in Australia and the Victorian Royal Commission into Family Violence are significant initiatives. These developments provide the opportunity to grapple with the problem of family violence like never before. They can become, in their own right, the watershed moments in triggering the vital social reform necessary to achieve significant reduction in family violence in the medium and long term.

Rather than rely on individual responses only, a group of senior family violence specialists and homelessness leaders came together with the Victorian Women's Trust to fashion a submission that reflected our combined weight of experience. As women working in the field, with an abiding interest in seeing rates of family violence diminish, we want to make the most of this opportunity and articulate a clear and strong framework that can guide the Victorian community including government, legislators and service providers to achieve the best possible, high quality and effective supports and responses to family violence.

### **Introducing the 9 non-negotiables**

To frame our submission to this Royal Commission into Family Violence, we offer a set of ten 'non-negotiables' which we believe constitute a truly effective service response. These are summarised as follows:

1. Provide immediate support to women and children in crisis
2. A crime is a crime: ensure family violence responses reflect the full strength of the law
3. Enhance the response to children in safety and action planning
4. 'First to know; first to act': Improve prevention and early intervention measures
5. Increase provisions for safe, confidential disclosure and risk assessments
6. Enhance consistency of triage to keep women and children safe
7. Reframe the language around family violence
8. Change privacy legislation to prevent further harm
9. Ensure adequate options for safe and affordable housing for women and children

The family violence perpetrated by men occurs across all levels of society. Education levels, geography, income and social status are no bar, from the high-achieving thoracic surgeon who makes sure the bruises are on his wife are hidden from public view, to the farmer who hunts his wife down each time she leaves him. The toll on the women and children concerned is high. But it is also more sharply-edged and pernicious when social disadvantage, disempowerment and marginalisation act as compounding factors. Women and children from culturally and linguistically diverse backgrounds and communities, Aboriginal women and children, women with disabilities, women with chronic mental and physical health issues, women who are homeless or financially disadvantaged, lesbians, women living in rural areas and other marginalised population groups

suffer in different ways and have even fewer options for escape and support (Domestic Violence Victoria, 2006).

This document discusses family violence from a broad perspective, whilst acknowledging women and children as a diverse cultural group who may experience violence differently and have different needs with a legal, housing, financial, psychological response. Our risk assessments are carefully designed to encompass these specific risks and needs. It is to be hoped that submissions from professionals, organisations who do specialised work with women and children from these distinct population groups, and the voices of the women and children themselves in this consultation process, further enhance the recommendations determined by the Royal Commission into Family Violence.

## **Submission structure**

**Section 1 – Introduction** This submission seeks to provide a compelling rationale for these 10 essential provisions. With them comes a vital consideration; none of these can be implemented without a significant boost in resources to the community services sector. As Rosie Batty has stated, for government to promote the need for a unified and proactive response to family violence but then defund or inadequately fund specialist supports, “is a double standard, it is contradictory and totally undervaluing the part that these workers play in our front line services” (Sydney Morning Herald, 2015).

**Section 2 - Many Pathways; The journeying of women and children** starts by exploring the various pathways a woman and her children might make through the current Victorian family violence service system. In so doing, we not only map processes but provide brief snapshots of women’s experiences to further illustrate how this complex and fragmented system impacts on women and children seeking support. We also identify some of the harmful gaps in the current system response.

**Section 3 - The horrific toll** explicates the impact of family violence across the community. We look at research and data from Victoria and beyond for a more comprehensive analysis of family violence and the far-reaching damage it causes.

In **Section 4 - Keeping women and children alive: The 9 non-negotiables** we further explore our ten non-negotiable focus areas for urgent change. For each of the ten focus areas, we posit specific corresponding recommendations. Where relevant, we have identified measures and initiatives which we feel are working well for women and children in the current community response and where/how they could be enhanced or expanded.

**Section 5** comprises appendices with relevant, additional information and a list of references which have informed both this submission and our work over many decades.

## **Passive, mutualising and minimising language**

Before we continue, a brief note on the importance of language. We feel strongly that the public discourse around family violence is frequently passive; it lacks directness and accountability. Such passive language both minimises and obfuscates the impact of the violence, the people who perpetrate it (overwhelmingly men), and the people who are its targets and victims (overwhelmingly women and children). We have strived not to replicate this pattern in our submission.



**In discussing men's violence towards women and children it is important to detail the separate and exhaustive list of their violent acts, demonstrating the seriousness of the crime.** This violence is detailed in Section 3 of this document.

This exploration brings awareness to: the calculated ways men perpetrate violence against their female ex/partners; their ex/partner's agency and willingness to be safe; as well as, the calculated ways men continues to pursue violence against women and children, including, but not limited to, preventing them from achieving safety (Coates et al., 2003).

We welcome this opportunity to contribute to the findings and recommendations of the Victorian Royal Commission into Family Violence.

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## Section 2: Many pathways: The journeying of women and children

The pathways of women attempting to access support to leave violent men, or stay safe after separating, are many and complicated. Very few women directly contact specialist family violence services for help in the first instance, and even if they do, it is rarely a smooth pathway to finding safety for themselves and their children. Here we explore Victoria's service system as it currently operates, using some case studies to illustrate the difficulties faced by women and children in navigating the system.

Over the last decade the Victorian Government has increased resources to address family violence, improved the police responses and moved to implement an integrated response for women and children (The Lookout, 2015). Despite these initiatives many parts of the service system remain fragmented and many women have difficulty accessing the support they and their children need.

The pathways into services are multi faceted, depend greatly on the woman's location and in rural and remote areas can be difficult to access.

**Multiple pathways for referrals to services results in varying responses to women and children.**

Accessing services can be especially difficult for non English speaking women and women with a disability who may not be able to contact police or other services, placing them at increased risk. There are also women whose needs are not met by the current system and who require a specific response, including:

- Women with a disability, who are at increased risk of family or domestic violence. However the family violence system is poorly set up to meet their needs, with limited specific accommodation or support services, and a limited number of accessible rooms in generalist family violence accommodation.
- Women who do not speak English, or who are from culturally diverse backgrounds
- Women who experience other disadvantage, such as those with mental health issues
- Women with no permanent residency: the lack of income and accommodation options for women without residency means that they are often forced to stay in crisis services for many months, with no specialist support services to assist and few exit options.
- Older women: many older women experience family violence at the hands of their children or grandchildren, and are not well supported by the existing family violence system, with no specific support.

### ***Imagine...***

*Imagine you have just been told by a homeless service that they have no more money to pay for a motel for you and your kids and there is no family violence refuge accommodation. You planned to sleep another night in the car but it's freezing overnight and you're worried about the kids.*

*You think about maybe staying with your sister but she blames you for the mess you're in - she says that you knew he was violent when you married him and that it's not her job to sort your life out, she has her own problems. She lives 2 hours' drive from where your kids go to school, and you don't have any money for petrol.*

*Your only real option is to go back home to the man who broke your collarbone and threatened to rape you in front of the neighbours. Or sleep in the car.*

### ***Imagine...***

*Imagine you finally decide to leave a violent relationship.*

*You stay at a friend's overnight but you can't stay there longer. You look online and find an information line who gives you the number of a support service in your area. The worker you speak to tells you that you will need to go through an application process for accommodation, and she gives you the number of a housing service.*

*You call the housing service, they say there are no vacancies right now but when one becomes available it will probably require rent so you will need to get Centrelink benefits.*

*You contact Centrelink to try to organise benefit payments and get to see the social worker. The social worker tells you that you are going to need proof that you had to leave home due to violence, which you don't have. She also says that even if a Centrelink crisis payment is approved you might have to wait weeks for ongoing payments.*

Women may not be provided with information or referral to a specialist family violence service and an opportunity to intervene in the violence is missed.

### **Reporting to the Police**

If police are called to an incident they must respond within the *Victorian Police Code of Practice to Investigate Family Violence* guidelines (2014); conduct a risk assessment, interview both parties separately, record the incident, conduct a preliminary risk assessment (using a Police L17 form) and may refer the woman to **safe steps** for refuge accommodation. Police can also issue a Family Violence Safety Notice, effective for up to five working days, which may include exclusion of the perpetrator and commence the process for

### **Mainstream services**

Women and their children frequently disclose family violence to other workers in the community. These can include other emergency service personnel (ambulance, fire brigade), GPs, school teachers, Centrelink and Child Protection workers, housing and homelessness services, community health and mental health staff, integrated family services staff, Maternal Child Health Nurses (MCHNs), lawyers, social workers, and others.

In addition, many other services are aware that violence is an issue in a family. Some, such as MCHNs, have been instructed to routinely screen for family violence and been trained to use the Victorian Family Violence Risk Assessment and Risk Management Framework, or "CRAF" (Department of Human Services, Victoria, 2012; Hooker, Ward, & Verrinder, 2012). In many cases good working relationships have been developed between individual mainstream services and specialist family violence services that facilitate appropriate responses and address issues including risk and assessment of needs in relation to family violence.

However it is often reported that these services either do not address the issue of family violence or do not address the issue in a sensitive manner.

### ***Imagine...***

*Imagine that after living in a violent relationship for many years you have finally decided to call the police after you are assaulted by your partner because you are afraid for your life.*

*Two police arrive at your house, and talk to you and your partner together. You feel like you can't tell them everything that has happened in case it puts you and the kids in more danger.*

*Your partner tells them that you were upset and assaulted him, but he doesn't want to do anything about it.*

*Even though there is physical evidence that you suffered injuries, the police believe him and leave.*

"I had a huge fight with Franz because I couldn't afford to feed us all on the tiny amount of money he gave me. I had to humiliate myself and do nasty things with him to even get a bit of grocery money. He moved out and cut me and the kids off completely. He said he doesn't care if we get evicted and starve. \$1860 rent due in three days' time.

The lady at Centrelink told me I wasn't eligible for a Crisis Payment and that I could apply for Unemployment Benefits but there would be a wait. I went to the local Salvos but all they gave me was a \$30 food voucher for the week!

I tried for three days to get through to a housing service and when I did the guy said it sounded a bit like domestic violence but there was nothing much they could do unless I could get myself into a refuge. I don't want to move!"

a Family Violence Intervention Order. If police make an application for an Intervention Order, intend to charge the perpetrator with a criminal offence or feel the woman requires follow up assistance they will forward an L17 form to a local family violence services for follow up. If the police assessment indicates the incident was not family violence they may provide the women with information on a range of services she can then contact.

### Victoria's 24/7 family violence response

Police, other services or individual women contact **safe steps** for an immediate crisis response, particularly if she needs accommodation. A referral to safe steps will be via the crisis 1800 line. Once a referral is received by a service (safe steps or another specialist family violence service) a comprehensive risk assessment and needs assessment (CRAF) is undertaken to determine the appropriate response.

The number of women and children presenting to safe steps requiring accommodation as a result of high-risk domestic violence increased by 130.8% (2.3x) between March 2013 and March 2015. (safe steps, 2015). For women who need high security accommodation, there are often more than 25 women referred to refuge each day who are waiting for a place [safe steps data, 2015].

safe steps can also arrange funding if required for emergency accommodation, transport, material aid, and food, while the woman and her children transition through these early stages of escape.

If a refuge place is not available women and children may need to be placed in motel accommodation until one becomes available. The accommodation will be out of the women's region to ensure safety, meaning that women often report feeling isolated. This is compounded by women needing to leave jobs and their children needing to leave school. It can take days for a refuge place to be found, and longer for those women unlikely to be accepted by refuges (such as those with no income). Many of Victoria's women's refuges have been upgraded to provide individual accommodation for women and children so they have their own space in a single occupancy unit or house. However plenty of refuges are still based on a communal model, requiring women and

### Imagine...

*Imagine that you have just left a violent relationship with the help of a family violence support service. You live in a large regional centre, and have a 16 year old son.*

*The support worker says that although there is a vacancy at their refuge they don't allow boys over 12 there, so if you want to stay there he will have to live somewhere else.*

*You visit the local housing service to see what other housing is available, but they tell you there is only single accommodation available today. The worker tells you they can find a bed for your son at a youth refuge but you won't be able to visit him there.*

children to share bedrooms, living spaces, kitchens and bathrooms. This can be very challenging when mothers are trying to get children ready for school with limited facilities or there are women with divergent social and cultural needs or language backgrounds sharing the space.

Many women and children return home from refuge within the first few weeks because it's just too hard or too expensive for them. Reasons include families not being comfortable living in a communal setting, a lack of ongoing housing and financial options in planning for a safe exit, and the difficulties faced by women and children in secure accommodation (including suspending school and employment, the affordability of travel between the refuge and her home community, and the lack of contact with her support networks). Risk assessment and safety planning is an ongoing process throughout the period that the woman and her children are engaged services.

"I freeze as the caseworker and translator mention my unborn baby. Please don't take this child from me as you did my two little boys – I don't know why I can't see him, no one will help me understand. I struggle to piece together a sentence in English to voice what's going on inside, but none of it makes sense to them. I'm sure the man who is interpreting doesn't say what I'm saying word for word, and I'm left feeling helpless and scared.

I am a good mum, and all I want is for my family to be together again, safe with me. I don't know why my husband lies to them, I don't know why he turns his family against me. I'm in a foreign country and have lost not only my family but all the trust I had in people."

### Specialist Family Violence Service Responses

Specialist family violence services and the statewide crisis response service receive police L17 referrals, self referrals and referrals from other agencies to assist women and children experiencing family violence. EDVOS, the family violence access point in the Eastern Metro region, currently receives more than 800 L17 referrals per month (EDVOS data, 2015).

The increase in L17 referrals in recent years has not been matched with additional funding for

workers. These services do not have the capacity to provide assistance to the vast number of women and children referred. The family violence service receiving the L17's will attempt to contact women assessed as being at high risk up to six times while women assessed as lower risk up to four times. If contacted, the comprehensive CRAF, a needs assessment and safety planning is undertaken with the woman for herself and her children.

#### ***Imagine...***

*Imagine you live just outside the city and have a cat, 2 dogs and a horse. Your pets are your world. You want to leave but where can you go with your animals? He has threatened to hurt or kill them many times and you know if you leave them behind you will never see them alive again.*



## Ongoing support

Following their immediate needs being addressed, specialist family violence workers work with the woman and her children to ascertain the areas in which she would like support. This can include long-term affordable housing, assistance with court and other legal processes, access to other support services, financial assistance and help to engage with Centrelink and other supports. Services work with her to secure longer term accommodation through a range of programs, including accessing transitional housing, completing priority public housing applications, and private rental advocacy, brokerage and assistance.

## Remaining safely in the home

For many women the ability to remain safely in the family home has been aided by the provision of appropriate support and assistance including upgraded locks, security doors, Closed Circuit TV and SafeTcards. These measures have been trialled by Safe Futures Foundation and WISHIN and have been found to enhance the feeling of safety for women and children and improve the accountability for men who breach Intervention Orders.

## Homelessness Service Responses

Many women may find they are homeless after they have taken steps to leave their violent partner. They may not wish to disclose a history of family violence, or may not identify family violence as the issue causing their homeless circumstances, and instead seek assistance purely to access housing.

Women in such circumstances frequently create their own options such as couch surfing and sleeping in their cars. For women and children, living in a car creates additional stress and does not provide access to basic amenities such as bathrooms, cooking facilities living areas and bedrooms. It is extremely difficult for children to remain connected to schools as they are unable to shower or have clean clothes to wear, unable to complete homework or have a lunch prepared. They are also very unlikely to have had a comfortable night's sleep.

Women will approach a Homelessness Access Point that will undertake an assessment of housing, support and vulnerability need and assist with housing information and immediate accommodation if required. Unfortunately this immediate accommodation is often in private rooming houses and budget motels which cannot be considered safe environments for vulnerable women or those with children. A brief risk assessment will be undertaken by the Access Point and safety planning

### ***Imagine...***

*Imagine you want to leave a violent relationship, but you don't want your kids to have to leave their school suddenly and you want to find work so you can move out and support your kids on your own. You have a plan to leave, and know that if you do it carefully, and over time, he is less likely to come after you. The abuse has been going on for years, what's another few weeks?*

*However, child protection is notified by the children's teacher. You know they are trying to help, but they don't understand what he's like and how careful you need to be. You don't return their call so child protection rings him because they couldn't get in touch with you.*

*That night he assaults you and the police attend and tell you they have been in contact with Child Protection. The Child Protection worker calls you the next day and tells you that unless you leave him and go into high security accommodation, they will take the kids away. You ask whether someone can make him leave instead, but the worker says we need to be realistic and act quickly. Now you have to go into hiding, he gets the house and all your joint possessions, and the kids have to leave school.*

discussed if family violence is imminent. If the woman is referred on to a specialist homeless support provider a further CRAF risk assessment will be undertaken with more safety planning if required.

"Why does he do this to me? I'm so tired of searching for safety. My daughter asks me every night, 'why can't we just go back home where my toys and our beds are?'"

I explain to her that I just don't know, and wipe the tears from her face, wishing that for once there would be someone to wipe away my own. I'm so scared to voice what's going on inside. I can't smile, I can't eat. I can't think straight – all that runs through my mind over and over is the beating I got when he came home drunk again."

Data from one prominent Homeless Access Point in the North East of Melbourne listed 733 households on their Prioritisation List in May 2015 requiring Support from a Specialist Homelessness Support Provider and /or Transitional Housing. Of the 733 households, 460 identified women as the presenting unit head. Of the 460 women 83 identified high housing need, 316 identified medium housing need, 71 identified high support need and 192 identified high personal vulnerability. In any given month there may only be capacity for Specialist Homelessness Support providers to pick up 10 – 15 new Case Management referrals from the access points. Transitional

Housing vacancies are also rare with an average of 5- 10 Transitional Housing properties available per month. Women escaping family violence seeking immediate accommodation who may not necessarily fit the criteria for refuge are extremely limited in safe appropriate options (*Data from Haven; Home, Safe (metro) Initial Assessment & Planning Team*).

**The scarcity of safe accommodation options for women and children fleeing violent men directly places thousands of victims each year at further risk.**

Public housing waiting times vary depending on the size of the family, the gender of the children and the geographical location identified by the woman as her preferred community. If a woman and her children are assessed as priority one it can be a wait time of up to about eight to twelve months or up to eight years if you are on the general (non priority) wait list or have a large family. Wait times are hugely dependent on the geographical area the woman requests to live. Wait times can be much shorter in regional areas, but most women we work with are based in Melbourne, wish to remain within their communities and are loathe to subject their children to further upheaval and dislocation. It is important to note the impact of social isolation here and its impact on women's and children's trauma and their mental health. Starting over again in a new area far away from their supports, friends and families is quite difficult and doesn't always ensure safety.

Capacity is similarly thin at specialist homelessness services for women. Though funded to provide case management support for around 13 weeks per family, repeated support periods are necessitous in

### ***Imagine...***

*Imagine you want your children to have limited and supervised access to their father, your ex. But you don't want him to know where you live and you were terrified during mediation in the Family Court hearing so you didn't speak up. Child Protection isn't involved because he hasn't actually hit the children, even though he has hit you many times in front of them. He has money to pay for a great lawyer, and it looks like he is going to win joint custody and you will be forced to live in the same area as him. You find it difficult to get any helpful advice because you have to take the kids along to all your legal appointments, and it's hard to find any representation for the family law custody hearing.*

most cases, so complex and high risk are the women's needs whilst they transition to safer lives. There is no doubt that more and more of the women referred to these services present with circumstances of high risk family violence. An audit undertaken by WISHIN for the first quarter of 2015 (1/1/15 – 31/3/15) revealed that over 80% of the women supported had a recent history of family violence. This was picked up by the Homeless Access Points (who refer women to the service) in 91% of cases.

### **More on the justice system**

It is important to note that misguided and ill-informed decisions by workers in the family violence service system have led to increased risks and harm for women and children. We don't always get it right. And when we don't, the consequences for women and children are profound. Hundreds of women tell workers, police, magistrates and judges in positions of trust and authority about their violent treatment at the hands of family members each year, and many testimonials demonstrate a failure by these professionals to believe her, their attempts to minimise her risk or blame her for it, failure to assess her situation for risk, failure to charge offenders, and failure in court to apply the law. We note the substantial improvement in the police response in Victoria since the *Victorian Police Code of Practice to Investigate Family Violence* guidelines (2014) were implemented (firstly in 2004). However, other professionals in Victoria who work with women and children needing protection and support have much work to do.

This lack of due diligence and adequate response is particularly evident in the justice system where the stakes are highest for a family. Unfortunately, Victorian magistrates continue to make decisions at times which jeopardise the safety and wellbeing of women and children in the decisions about contact with an abusive parent. A few examples of harmful decisions made in the justice system which we see all too frequently are:

- Giving violent fathers access to their children if they “have never raised a hand to the kids”, despite a campaign of abuse and coercive control by him against the mother
- Not heeding warnings from advocates and the police about what the man will do if the conditions on the Intervention Order do not preclude his access to a woman's extended family members
- Not granting extensions to, or varying the conditions of, Intervention Orders for women in fear due to the man's pattern of violence changing slightly or de-escalating (in the magistrate's eyes)
- Failing to take into account a man's history of violent acts with previous partners or others
- Placing children in the care of the perpetrator's relatives
- The Family Court permitting abusive men to continue to control and abuse women by allowing them to intervene in decisions about the children's education and medical care
- Failing to recognise risks and threats by men who have the means or stated intention to kidnap their children and even remove them from Australia

As described here, the journeys through Victoria's service system by women and children trying to get away from violent men and into safety are as numerous and complex as the women's stories themselves. There are countless obstacles and every step a woman takes is challenging and fraught. Women regularly fall through the gaps or feel they have no choice but to return to the violent man rather than endure the interminable wait for a better life in far worse material conditions. The system is fragmented, inconsistent, and inadequate to respond to the volume of need. After further exploring the damage done to women and children who have experienced family violence in the next section, we go on to suggest some practical recommendations to address these gaps in Section 4.



## Section 3: The horrific toll

For too many women and children serious assaults are common. There are no limits to the cruelty and callousness exercised by violent men towards women who love or once loved them, evidenced in thousands of incidents we hear about each year.

Men hit women, kick, punch and slap them and slam their heads into walls. Men throw women across the room, rape them after a beating or in front of other family members, pull out their hair, bite and scratch them, burn and brand them with hot implements, throw objects at them, tie them up and torture them with blades and cigarettes. Sometimes men use drugs and alcohol coercively or covertly to reduce the woman's capacity to resist. Men tie up women and lock them in car boots and drive them around "for a bit of a scare". For one woman, we learned that her husband had done this to her three times in a week.

Sometimes men encourage others to hurt women – including the family dog – and arrange for the children to watch and join in. Men force their female partners to participate in degrading and violent sexual acts with themselves and other men. These acts are frequently filmed and used as a threat by the man to humiliate the woman further after the event and continue his power and control (Victoria Police L17 reports, Eastern Metro Region, 2014).

However this may not be the worst consequence for women. In increasing numbers in Australia – at least 30 so far in 2015 - women are being murdered by family members. For several other Australian women, family members may be their murderers; investigations are continuing. Two of the women killed this year were pregnant. Men were the murderers in all but two of these cases (93%). Two men killed their partners with an axe, others stabbed and shot women. Two children have also been murdered this year by family members; 4 year old Alistair Mach was stabbed to death and 7 year old Jackson Sharpley was shot (Counting Dead Women Australia, Destroy the Joint, 2015). Women in recent years have also been strangled and buried in remote areas, bashed and burnt alive, stabbed to death and shot. Children have been thrown from bridges, driven into dams, bashed to death and suffocated.

### Women and children

In this section we further unpack the impact of family violence across the community. We know that experiencing men's violence, including being witness to it, is deeply damaging to women and children and increases the likelihood of intergenerational, endemic problems. Approximately two thirds of the women supported by specialist family violence services have dependent children. Studies have found that women and children can cope with and recover from the impacts of violence. However it is often presumed by support agencies, particularly by child protection workers, that the mother must leave her violent partner. Yet the research shows that separation and the resulting legal proceedings are often associated with increased levels of violence from the perpetrator.

Research has demonstrated a strong link between men's attitudes regarding gender and perpetrating family violence. Strongly held views about male authority and gender roles can manifest in many forms of family violence including withholding finances, social isolation, constant surveillance and questioning and emotional abuse (National Council to Reduce Violence against Women and their Children, 2009). The financial cost of children's exposure to violence is high. The financial burden on a range of public systems, child welfare, support services, police, juvenile justice

and education is enormous when combined with the loss of productivity over the child's life time. Added to this high toll there are thousands of women and children who are living in fear from men, partners or ex-partners, whom they believed would love and protect them.

Here we look at research and data from Victoria and beyond for a more comprehensive analysis of family violence. We place particular focus on the damage done to children in this section, not because women feel the effects of violence any less; indeed, they are usually more deliberately and viciously targeted by men's violence, coercion and control. However, we believe the harm done to children is less well understood and is the focus of more recent in-depth research. As specialist family violence service workers, we are continually seeking to improve the way we work with mothers and their children. We wish to highlight some of the research evidence around children's particular experiences of violence whilst viewing this within the context of the critical relationship they have with their mother.

***"And if you still need to be convinced that this is a public matter, just wonder where you think the 8-year-old boy who watches his mum gurgle on her own blood ends up. Think about the kids."***

**Ken Lay, 2014b**

Children are often described as "witnesses" to family violence, implying that they are merely passive onlookers to the abuse directed towards their mothers. Children experience family violence in a myriad of ways, as they are hurt by perpetrators and for example held hostage, threatened, hit, sexually assaulted, tortured, restrained or locked up, blamed for and/or forced to witness or commit acts of abuse on their siblings, pets or mother,. Often family violence directly or indirectly undermines and harms the mother child relationship, further isolating the child and compounding their traumatic experience (Bromfield, Lamont, Parker & Horsfall, 2010).

Please see **Appendix 1: Family Violence Statistics** for more detailed statistical information.

## Physical injury

Pre- and neo-natal (NSW Dept. Community Services, 2002; Jasinsky, 2004; Morgan & Chadwick, 2009)	Infants, children and young people (Jenney, 2012; Laing, 2000)
<ul style="list-style-type: none"> <li>• miscarriage</li> <li>• late prenatal care</li> <li>• premature birth</li> <li>• foetal injury (including bruising, brain damage, fractured bones, stab wounds)</li> <li>• foetal distress (elevated cortisol)</li> <li>• poor foetal growth</li> <li>• neurotoxic effects on brain development, sometimes leading to permanent disability<sup>1</sup></li> <li>• stillbirth</li> <li>• low birth weight</li> </ul>	<ul style="list-style-type: none"> <li>• bruising and rupture to tissues and organs</li> <li>• brain damage</li> <li>• broken bones</li> <li>• cuts, abrasions and stab wounds</li> <li>• Sexual abuse</li> <li>• neglect<sup>2</sup></li> <li>• death</li> </ul>

Intimate partner violence especially affects pregnant women, with several studies showing that men may increase the frequency and severity of their violence when their partners are pregnant (Australian Government Department of Health, 2013). In one study, women frequently reported that the abuser deliberately directed blows at their breasts, abdomen and genital area while pregnant.

***“He would squeeze and twist my pregnant tummy until I screamed out in pain. It was like he was trying to bash the unborn baby. He couldn’t wait until the child was born.”***

**Queensland Domestic Violence Task Force, 1988, cited in Laing, 2000**

Women are often assaulted while carrying their infants, resulting in accidental or deliberate injury to the baby (Jenney, 2012). Children are also often caught in the crossfire when objects are thrown at their mother or smashed nearby by the abuser (Domestic Violence Prevention Centre Gold Coast Inc., 2015). Older children and teenagers may be injured when they try to intervene to protect a parent who is being assaulted. For example, one-third of the children in a Western Australian study (Blanchard, Molloy & Brown, 1992, cited in Laing, 2000) reported being hit by their fathers while trying to defend or protect their mother or to stop the violence.

## Young children and trauma

For these children psychological trauma is likely. There is abundant evidence that a baby’s developing brain is extremely vulnerable to the impact of traumatic experiences. Research shows that psychological trauma from the impact of living in a household that is controlled by tension and terror actually changes the brain’s biochemistry and organisation, resulting in difficulties in coping with stress later in life (NSW Dept. Community Services, 2002; Perry, 1997). As they grow older, children who are not directly abused, threatened or manipulated will be negatively impacted by exposure to other family members’ abuse and fear.

<sup>1</sup> Elevated cortisol and adrenaline, “stress hormones”, which are produced in the mother’s body as a response to living with chronic fear and violence can lead to defects in myelination in her foetus. This phenomenon has been linked to hyperactive childhood syndromes such as ADHD. Other research also found deficits in brain cell numbers and increased vulnerability of the brain to toxins and chemicals (Dept. Community Services NSW, 2002)

<sup>2</sup> Causes of neglect include the perpetrator withholding finances from the mother for food, clothing, medical care, educational resources, etc.

When children lack safe, supportive and consistent relationships with their caregivers, their attachment is disrupted and their developmental pathways become stunted, slowed or even arrested at the time the family violence commenced (Australian Childhood Foundation, 2013). The more serious the level of partner violence, the stronger the link to insecure, specifically disorganised, attachments. When caregivers' behaviour is "frightening or frightened", children can no longer trust their external world to protect them and provide stability (NSW Dept. Community Services, 2002).

Emotional impacts and behavioural consequences are also common for children. Witnessing abuse of their mothers causes even very young children emotional distress, with immature or regressive behaviour, sleep disturbances, more extreme 'startle' responses, irritability, developmental delays in toileting and language, more minor illnesses, and somatic complaints apparent (NSW Dept. Community Services, 2002; Osofsky, 1995). Critically, children growing up in violent homes do not learn the skills to emotionally self-regulate and self-soothe, leading them to exhibit chronic signs of trauma and stress (Jenney, 2012).

***"Children's arousal systems are constantly elevated because they have no sense about what to expect next. In this state, they struggle to find how to feel calm, how to feel safe, how to feel in control. The emotional world of traumatised children is in constant flux."***

**Australian Childhood Foundation,  
2013**

### **As children grow older**

School-aged children also show signs similar to post-traumatic stress disorder, either externalising (being aggressive or delinquent) or internalising (becoming withdrawn and anxious) their feelings, with school performance and social competence often being negatively impacted (Osofsky, 1995). Adolescents exhibit all these signs of trauma and more, becoming either emotionally "deadened", anxious or depressed, self-harming or "numbing" with drugs and alcohol, or "acting out" and revenge-seeking, including truanting, running away, joining gangs in place of their family or modelling their father's violence, dominance and control in their relationships with others (Craik & Newman, 2012c; Harne & Radford, 2008; Osofsky, 1995). The impact of family violence on children may include an inability to learn and function at school, poor concentration, fear and instability, withdrawal and escape into a fantasy world and post traumatic stress disorder. Family violence may have the immediate impact of disrupting school attendance, poor concentration at school, heightened behavioural problems and longer term absenteeism. This will in turn impact on their educational development and ability to remain engaged in education.

Witnessing and experiencing domestic violence can propel children into burdensome caring roles or teach them those aggressive, abusive or controlling behaviours are acceptable. It can also reinforce

***"The fist that breaks and smashes travels through time, destroying more lives and bodies as it goes."***

**Staples, 1995,  
cited in Osofsky, 1995**

gender stereotypes, damage their confidence, self-esteem, sense of safety and security and can undermine their relationship with their mother (Craik & Newman, 2012b). This is particularly so if she is unable to protect them from the violent man in the home, or preoccupation with her own survival blinds her to the needs of her children (Osofsky, 1995).

An abusive home environment also fails to teach children how to exercise responsible judgement, to care for themselves, to articulate their feelings, and to become good parents themselves later in life. Feelings of guilt, shame, fear, confusion and anger can persist into adult life (Craik & Newman,

2012b; Craik & Newman, 2012c; Harne & Radford, 2008). Strong causal links have been made between domestic violence (and especially sexual abuse) experienced as a child and significant problems later in life, including psychiatric illness, drug and alcohol dependency, long-term emotional problems, hostile anti-social behaviour and aggression, prostitution, criminal activity, and suicidality (Craik & Newman, 2012a).

‘Intergenerational transmission of violence’ means that children growing up exposed to men’s violence may be significantly more likely to use or experience it as adults. Children as young as 7 or 8 years have been found to exhibit extraordinary levels of violence, mirroring what they have been exposed to at home. Having grown up with it, they have learned to ‘normalise’ it. This cycle can be repeated not just in adulthood, but can emerge in adolescence, with women experiencing violence first from their partner and then, when she leaves him and takes her children, from their adolescent sons. Because of all this and because family violence has adverse effects on the children, family and the entire community, early intervention should focus on children’s attitudes about aggression and family behaviour as well as skills for resolving interpersonal problems. It is also emerging that greater improvements are observed the younger we intervene.

### **Closing remarks**

In summary, the devastating impact of family violence on women and children has long-term physical, emotional, psychological and behavioural consequences. The vast majority of social problems we see in Australia have their origins in family violence (Centre for Innovative Justice, 2015).

The thousands of stories we hear from women and children each year are horrific. Often the woman will have had to describe what he has done to her and the children many times over to various workers before we speak with her. She is distressed and traumatised every time she talks about it. She is desperately hoping to be believed, that someone will take the risk seriously, that they will understand the toll it is taking on her and the kids and that she cannot leave without support. A good deal of her testimony is spent describing the many, appalling systemic failures and roadblocks she has endured along the way.

This destructive legacy for so many thousands of Australians will only end when family violence is taken as seriously as other crimes, men are held to account for their violence, and the service system expands, integrates and evolves to adequately support women and children to be safe, housed and supported in their recovery journey.

***“We must also believe women when, after often years of abuse, they finally find the courage to ring triple zero and say I am living with a violent man and I want it to stop.***

***We must do the most powerful thing we can do as a community and not be sceptical, accusing or judgmental, we simply must believe and then act appropriately.”***

**Ken Lay, 2014a**

## Section 4: Keeping women and children alive: The 9 non-negotiables

In Section 4 we further explore our nine non-negotiable focus areas for urgent change. For each of the ten focus areas, we posit specific corresponding recommendations. Where relevant, we have identified measures and initiatives which we feel are working well for women and children in the current community response and where/how they could be enhanced or expanded.

**While it is critical that prevention and early intervention practices are developed, embedded and continued, it is imperative the women and children's perspective and experience remains at the centre of any initiative. The whole purpose of any intervention is to end the violence towards women and children. It is therefore essential that any action addresses, and importantly does not detract from, the women's immediate and ongoing safety.**

Any initiative must demonstrate its immediate and ongoing benefit to the women and children who have experienced, are experiencing or at risk of experiencing violence. This is particularly true when operating within a perceived or actual resource limited climate. This means we need to be able to respond immediately and innovatively to the women and children, including removing them from immediate danger (this may mean removing the perpetrator), providing them with intermediate and ongoing support and resources as well as providing these initiatives that can offer them hope and the lived experience that the system is taking responsibility for addressing the underlying and presenting causes and behaviours of people who use violence and the communities that perpetuate and tolerate it.

### 9 non-negotiables

- 1) Provide immediate support to women and children in crisis
- 2) A crime is a crime: ensure family violence responses reflect the full strength of the law
- 3) Enhance the response to children in safety and action planning
- 4) 'First to know; first to act': Improve prevention and early intervention measures
- 5) Increase provisions for safe, confidential disclosure and risk assessments
- 6) Enhance consistency of triage to keep women and children safe
- 7) Reframe the language around family violence
- 8) Change privacy legislation to prevent further harm
- 9) Ensure adequate options for safe and affordable housing for women and children

## **Non-negotiable no. 1: Provide immediate support to women and children in crisis**

For women and children experiencing family violence, access to immediate help is the most important factor in preventing death and harm. Ensuring an effective, responsive and well-resourced crisis response that links with ongoing support options is the most critical component of the family violence service system.

There are currently a number of challenges faced by Victorian services responding to crisis and high risk family violence. Services are experiencing enormous and rapidly increasing demand. The number of women and children presenting through the statewide crisis line, safe steps, needing accommodation as a result of high-risk domestic violence has more than doubled over the past two years, with an additional 40% increase expected in the next year based on the forecast of the Domestic and Family Violence Crisis Lines of Australia Network (2015).

The Victoria Police L17 process, while effective at facilitating police referrals to specialist family violence agencies, places pressure on an overburdened system. There are insufficient immediate face to face support services for women and children in crisis, and a lack of services able to facilitate after-hours outreach support to a women where she is located (for instance, at a police station or hospital).

For those women needing immediate protection there is a shortage of safe emergency accommodation, requiring women to be accommodated in costly motels while they wait for a refuge to become available. A lack of accommodation options means that women and children have few choices outside crisis accommodation and women's refuge system. This results in refuges being referred all women in crisis rather than only those needing high security accommodation.

There are also insufficient 'safe at home' options, such as increased home security, closed circuit television, and personal duress alarms such as safeTcards. These options also become less effective at keeping women and children safe where breaches of Intervention Orders are not properly enforced. Where women and children are not able to be safe in their homes, they are forced into the service system creating far greater costs in accommodation, as well as the community costs of women having to leave their jobs and children being forced out of school.

### **Immediate support**

From the moment a woman in crisis seeks help, she and her children should have access to support from a specialist family violence worker no matter their location.

This support should be: immediate, provided at the time she first makes contact with the service system, and be face to face. Support should be provided to the woman and children where they are located and be holistic and responsive. It should encompass specialist children's responses, legal assistance, housing assistance, material aid, and other support as needed.

Support should be able to follow the woman no matter where she is staying, acknowledging that women and children are usually moved out of their region to increase their safety. Support should be provided until such time as the woman and children are able to be safe.

In Victoria, the pathways for women to access support are multiple. While there is a centralised crisis point, outside this family violence services often require a direct referral. This can put women's



and children's safety at risk and cause delays, for instance where police refer L17s to a family violence service only open during business hours.

### **Prioritisation of L17s**

In terms of increasing police referral to family violence services, L17s have been extremely successful. However, their success has created its own challenges. L17s are referred to family violence service often through their business administration point. Many of these services operate during business hours only, or where they have after hours services this is through an on call system and not on site. This can mean that an L17 referral can wait 15 hours to be seen on weekdays or 63 hours on weekends, compromising women's and children's safety.

No additional resources were provided to respond to L17s, so the process of prioritising and following up these referrals takes resources away from the existing system. Resources are needed to prioritise and follow up L17s, through dedicated workers who could also work with the police stations and Family Violence Liaison Officers.

### **Recommendations**

1. Implement additional capacity to offer a range of safety measures for women and children to remain in the family home.
2. Fund additional cluster model crisis accommodation options to increase refuge capacity across Victoria.
3. Increase funding to specialist family violence services to match increased demand and enable a consistent, early response (CRAF assessment, information, support and referral), particularly to services which are integrated access points (those who receive L17 police referrals).
4. Increase funding to provide additional crisis outreach and case management responses to women and children, including outside of business hours.



## **Non-negotiable no. 2: A crime is a crime: ensure family violence responses reflect the full strength of the law**

Men who use violence against their female partners are not 'out of control'. They do not need to learn to be respectful or how to express themselves without violence. Men's use of violence against women is based on a sense of entitlement, constructed and reinforced by the patriarchal society that persists today. Men who use violence against women often choose to behave respectfully and non-violently in other spheres: at work, in court, at the police station. Whilst government and non-government systems (police, women's services, Corrections Victoria, state and national government initiatives and government and non-government funded programs) work to reduce men's violence against women, they struggle to hold men accountable and therefore fail to protect women and their children.

A cooperative and coordinated systems response to men's violence requires collectively holding men to account for their actions through justice accountability (Castelino, 2014). Accountability means men who perpetrate domestic violence are actively and swiftly responded to by the police, justice system and the community and, that these men are held to account for their acts of control, coercion, abuse and violation. Accountability is not simply Men's Behaviour Change Program (MBCP) attendance—research clearly demonstrates that women and children's safety is contingent on a strong, consistent and collaborative response of police, justice, women's domestic violence services and perpetrator program community services (Carson, 2010).

### **Court system**

Feminists and activists have been advocating for the criminalisation of men's intimate partner violence against women for the past 30 years. There has been a significant change towards the recognition of the gendered nature of men's violence against women. Feminists, activists and a range of government and non-government systems have made progress towards the perception and treatment of intimate partner violence as a crime. This shift must continue towards the direction of full criminalisation of "family violence", which requires that men's violence against their ex/partners and other members of the family is always heard in the criminal court, not the civil court; criminal charges are followed through and women are supported through this process (Holder, 2001). The intention of full criminalisation of "family violence" is to update its status to a crime as heinous as any other violent crime and, at the same time, recognise and challenge the patriarchal institutions which lessen or mollify women's voices. To do this requires recognition of the way that systems reinforce the gendered power relations that are replicated and perpetuated in the domestic sphere (Phillips, 2006).

### **Women's safety at court**

Whether women are attending court for civil or criminal matters, they are often confronted with the real and emotive sense of risk that the men who have committed often continuous and tortuous acts of violence against them under the status of an intimate partner will be in the same court room. Further, the impact of having people in positions of power judging her experiences of violence and determining her safety and the safety of her children creates an understandable sense of fear. This expression of fear and the attempts to achieve safety is often interpreted by those in positions of power, e.g. magistrates, court personnel, psychologists/psychiatrists and other testifying professionals, as a lack of composure and therefore a lack of credibility in the women's testimony (Hoegger, 2003).

For women who exist in multiple marginalised social identities, the intersection of multiple forms of oppression can add new layers of trepidation. Indigenous women, women from new and emerging communities and women with disabilities are more vulnerable to assumptions of a lack of credibility and to having their particular needs and interests overlooked. A judicial system that creates its practices using the intersection of white, middle-class, heteronormative and able-bodied as the norm isolates and misrepresents marginalised women (Domestic Violence & Incest Resource Centre, 2004). Thus, the complexities of women's varied experiences, realities and vulnerabilities need to be recognised and responded to with respectful engagement, support, documentation, and culturally and locally safe procedures and practices.

### **Women's notification of court outcomes**

Women regularly report to women's services that they have not been informed of a court outcome (e.g. FVIO breach), a release date, or may not understand the bail or Order conditions. This leaves women unsafe and unable to strategise appropriately in regards to comprehensive safety planning.

### **Improving police responses to disclosures of violence**

It is the experience of women's support services that the response women receive from police has a significant impact on the choices women have available to them and their level of safety. Women who report having a negative experience with responding police, report feeling embarrassed, shamed and blamed. They are much less comfortable considering legal actions. Women who report a positive experience with police speak of feeling supported when providing a statement, and also applying for an Intervention Order.

The police service can focus on perpetrators of intimate partner violence (both on its own and in partnership with others) in order to minimise the risk of intimate partner violence, recidivism and from someone becoming a victim of domestic abuse in the first place. The principle of monitoring and tracking the men to manage risk is worthy of further development. There is an inconsistent approach to how criminal justice sanctions are pursued, and effective methods of targeting perpetrators are still in development in Victoria. An example of tracking men has been provided by local Victoria Police Family Violence Units, and in particular a program where the community organisation (EDVOS) and Victoria Police identify women and children at high risk of further violence. Weekly home visits attended by both Police and an EDVOS DV Advocate have resulted in a high number of women, who have previously been reluctant, to engage with the service system.

### **Family Violence Intervention Orders (FVIOs)**

As feminist organisations seeking justice for women and their children, it is important to recognise that the current accountability measures for men's violation of women are inadequate. A judicial system that provides alternative, less severe, 'punishments' for men who use violence against women within their family supports the patriarchal notion that men are entitled to treat ex/partners and their children in violent ways that would be unacceptable outside of the family institution. It is with this underlying belief that women's services contend with the tension of supporting women and court systems to obtain FVIOs and Safety Notices, in a context where these types of civil Orders are better than no legal accountabilities. The Victorian judicial system is becoming more accountable to the outcomes of breaching Intervention Orders, using more severe forms of punishment, such as imprisonment, than in the past. However, there remains hesitation in contravening to the full extent of the law, resulting in adjournments with the belief that a future offence will be treated more seriously. These inconsistencies allow men to use the system to continue acts of violence towards ex/partners (Frank, 1994). Below are two examples of FVIO processes men can use to continue their violence against women: the process of serving men with a FVIO and the use of FVIOs towards the women.

### **Serving of men with a FVIO**

Women go through the traumatic process of attending court and gaining the Order, only to be told that the perpetrator exited court before being served. In an attempt to gain safety, women spend fearful days and weeks attempting to inform the police of his whereabouts in order to provide an opportunity to serve him with the FVIO. Perpetrators of violence know that their ex/partners are not protected by the FVIO and use this time to perpetrate/commit further acts of power and control. Men are able to contact ex/partners—via phone messages, phone calls, driving by her house and other forms of contact—but without a FVIO, police cannot respond.

### **The use of FVIOs towards women**

Whilst women use FVIOs as a way to stay safe, men use FVIOs as a power tactic. It is a regular occurrence that, in the process of being served a FVIO, a perpetrator of violence will serve his ex/partner with a FVIO. Within the justice system consideration must be given to: the attempt and success of men who use violence to place some responsibility on women, reinforced by the judicial system; the use of the judicial system, by these men, to have further power and control over their ex/partner; the trauma experienced by women in a society that is likely to respond more negatively to the Order placed on her than him (Chung et al., 2014).

### **Men's Behaviour Change Programs (MBCPs)**

It must be remembered that attending a MBCP does not, in and of itself, improve the safety of women. If men are mandated or volunteer to attend a program, this should not be assumed to be a protective factor. Men who use violence are often adept at appearing reasonable and respectful in other spaces. It should therefore not be assumed that men who speak of a change in attitude or awareness, or attend the group as required, will stop using violence against his ex/partner or his and/or her children (Respect, 2004). There are very few publicly available evaluations of the outcomes of Victorian MBCPs, although there are warnings, internationally, of less than successful outcomes.

There are indications that program effectiveness is increased when there is a commitment to interagency cooperation and collaboration between government and non-government services. The Duluth Model, used in MBCPs such as the Gold Coast Domestic Violence Prevention Service, centres its approach on women's safety and men taking responsibility for their choice to perpetrate violence. The collaboration between services such as women's services, MBCPs and the Partner Contact Model provide ex/partners with support, resources and safety information; as well as allowing ex/partners to provide information to MBCP workers in order to contribute to the process of men taking responsibility for their actions.

### **Recommendations**

5. Develop family violence specific guidelines for Magistrate's courts to be used by police, lawyers, magistrates, registrars and liaison officers Ensure affected family members are informed of any court proceedings
6. Ensure the shortest possible time between an Order being granted and it being served to the defendant Invest in systems to monitor and track men who present a high risk of violence to women and children, particularly recidivist offenders
7. Magistrates to challenge FVIO applications served to women, as our work with women (supported by research) indicates that the majority of women who are served with FVIO's are victims of violence
8. Men who are mandated to attend and participate in MBCPs to be consistently held to account legally for breaching the Order if they do not attend the program

9. Introduce compulsory accreditation standards and guidelines for all MBCPs in Victoria including monitoring of men's behaviour through partner contact

### **Non-negotiable no. 3: Enhance the response to children in safety and action planning**

The effects of family violence on children's physical, emotional, psychological and educational growth are profoundly disruptive and damaging. These effects are evident at every age and stage of a child's development. A corresponding, phased intervention model therefore fits best to meet a child's needs, "initially focussed on stabilisation and safety, symptom management, and improvement in basic life competencies" (Australian Childhood Foundation, 2013).

Identifying family violence as early as possible in the lives of babies and children is critical to stopping the harm it causes. All those working in professions which encounter children can play a role. Skills development in this area for health and education professionals to identify family violence, assess risk, exercise their professional judgement in interventions and respond adequately and appropriately by undertaking basic safety planning for the child and referring the mother to other specialist support services is key (Kropp, 2008). Evidence shows broad concern regarding the lack of discussion on children's safety and family violence in the "well child setting" (Hooker, Ward & Verrinder, (2012)

The Victorian Family Violence Risk Assessment and Risk Management Framework (CRAF), is tiered for ease of use across the service sector. The use of this tool, as part of routine screening for family violence in daily work, makes sense.

Strengthening and expanding the training on the dynamics of family violence, the CRAF and other developed risk assessment tools for working with children specifically to all service providers, would significantly boost the circle of support for families enduring violence and prevent many children from falling through the cracks. This would include and not be limited to the medical, allied health, pre- and post-natal services, early childhood and education sectors. Recognising warning signs, interviewing and assessing children and mothers who may be victims is insufficient; professionals also need service system knowledge and referral options to safeguard confidentiality of disclosure and seal the safety loop for mothers and children.

All collaborative work and information sharing should be underpinned by the common risk assessment framework across sectors.

Children need different kinds of support at various stages of their recovery journey. A practice framework incorporating attachment theory and the neurobiology of trauma best informs a sound and supportive service response (Laing, 2000; Miller, 2012).

**Currently, systems that assess and support children and their mothers are often not able to respond appropriately where family violence is occurring as they do not have a solid understanding of the impact of family violence on the child or on the mother/child relationship.**

#### **Child Protection**

It is the experience of services in Australia and in other countries (Canada and England for example) that invariably child protection interventions focus on the mother, failing to hold men responsible for their actions and leading to women being held responsible for men's violence. Children are regularly removed from their mother's care because she has supposedly "failed to protect". Bonds

between mothers and their children are harmed and severed because the system places responsibility on her for his actions (Strega and Jansen, 2013; Humphreys, 2007).

It is imperative that Child Protection services recognise the multiple actions women and their children perform on a daily basis to attempt to resist the violence perpetrated by men. Bringing forward this resistance: 1) highlights the deliberate nature of the violence perpetrated by men; 2) places responsibility on men for their action; 3) gives context to the actions taken by women and children that may be difficult to recognise without a systemic understanding; and 4) shows the mother's attempts to keep her children safe in a context of little support and legal recourse (Humphreys, 2007). To assist in sending a clear message to men that women are not responsible for their violence services should centre the safety and well being of the mother/child relationship. This is a form of protection.

To facilitate better integration between the specialist family violence system and Child Protection, base specialist family violence workers at each Child Protection office. This will encourage a shared understanding and focus on safety of both mother and children, data sharing and shared case planning, would increase the safety of women and children. This includes developing Child Protection Orders that specify engagement with men for best practice.

### **Prenatal and Post Natal services**

The Australian Government Department of Health (2013) outlines clear clinical practice guidelines for antenatal care regarding pre-natal assessments. In Victoria, routine screening for family violence at the 4 week postnatal consultation by Maternal and Child Health Services (MCHS) was introduced in 2009. Subsequent evaluations, however, indicate that MCHS nurses feel ill-equipped and under-confident to undertake this component of their work and that screening rates remain low (Hooker et. al., 2012).

### **Educational supports**

From childcare through to preschool, primary and secondary schooling, we recommend that particular attention is paid to the learning and emotional development needs of children as they transition through their education. Teacher's Aides to support the learning goals of traumatised children in the classroom and with private study, and Social Workers/Counsellors/Student Wellbeing Coordinators to support children's emotional recovery and resilience by providing case planning, other service referrals and family liaison would be most beneficial. A child's case plan should be standardised across the education sector, individualised to meet the child's particular needs, reviewed regularly and travel with the child when they move schools. If relevant, medical as well as educational reports and assessments (e.g. for learning difficulties, autism or ADHD) should be included and updated as required.

### **Legal systems and children**

According to the Victoria Police website, "children who witness family violence can suffer significant psychological trauma and are automatically considered victims of violence". Further, "If the children have watched or heard their mother, father (or caregiver) being abused, or seen the effects (e.g. your distress, damaged furniture, etc.) then the law states that they need protection." (Victoria Police, 2015). However, in current practice, children are not automatically listed by Victoria Police on Family Violence Intervention Orders as "protected persons" and must be especially requested for inclusion.

## **Recommendations**

10. Train health professionals to identify family violence from the first visit
11. Support MCHS nurses to identify and assess for family violence from the first antenatal visit
12. Amend Child Protection policy and procedures to:
  - Place interventions and conditions on men who use violence, not on the children's mothers
  - Develop Orders that specify engagement with perpetrators, rather than only with mothers
13. Fund further programs which partner specialist family violence caseworkers and legal advisors with MCHS services, recently trialled around Victoria (Eastern Community Legal Centre, 2014)
14. Endorse the Victorian Law Reform Commission's (2015) recommendation that any training of magistrates in the area of family violence should include:
  - the impact of family violence on children (and therefore contact is not always in the best interests of the child);
  - the risk of violence and abuse for children during contact visits and during contact handover where the mother must attend;
  - ways that contact handover can be made safer in those cases where contact is desirable;
  - how section 68T of the Family Law Act operates and how it may be used.

## **Non-negotiable no. 4: 'First to know; first to act': Improve prevention and early intervention measures**

The first to know first to act principle is a logical fit in prevention and early intervention. The principle requires that the person who first identifies the risk or family violence is skilled, able and resourced to act, to intervene to interrupt the cycle of violence. Critically it also requires a willingness of the identifying person or professional to act.

Prevention and early intervention has contributed to the perceptions and intolerance of violence against women and children in our society. If the person identifying the risk of family violence is unable or unmoved to act, a critical opportunity is missed. Further it highlights the ongoing need for addressing community and individual attitudes.

Prevention and early intervention provides the opportunity to ensure that more nuanced and repeated interventions can break the cycle of violence for subsequent generations and secure our social and economic future.

Examples of potential first responders include schools and health care professionals — General Practitioners and Maternal and Child Health Nurses, hospitals and midwives. And while it could be argued individuals and systems like police, courts and corrections are not the first to know they can certainly provide critical, methodical, accountable, relentless, effective monitoring and responses.

While the justice system is considered to be a tertiary intervention, it has the opportunity to engage both 'victims' and perpetrators and to use multiple processes to effect change.

Preventing disadvantage and dysfunction more generally, and recognising that it is more cost effective to prevent crime including family violence than to respond, mop up or punish it after the fact provides clues into logical and imperative function of prevention and early intervention. Interrupting the trajectory to family violence and directing resources towards education and community settings to reduce disadvantage and increase opportunities makes sense. Community wide and systemic reinvestment can therefore, in many ways, equate both to primary and secondary prevention in the family violence sphere—an investment in universal services, as well as with particular communities or groups in need.

We know we need systemic responses, bystander initiatives, perpetrator accountability and a redress to individual and community behaviors. It needs to cross ages, socio-economics and culture. We need to change the structural inequality and widespread community attitudes that support violence and misogyny. Those who use violence and coercion, those who are apathetic and tolerate violence against others and the systems that ignore and perpetuate it must be brought more clearly into view and to account.

Early intervention should involve whole of community, including men, in effecting change to prevent the cycle of violence from starting (i.e. universal services, or primary prevention) and should target groups at particular risk (early or secondary intervention). Early interventions are critical to any holistic ending the violence plan and are the interventions that occur once this cycle has actually commenced. They are multifaceted and aim to disrupt the intergenerational transmission of family violence. They aim to minimise the risk that young people will mirror the violence and coercion they have witnessed. Interventions should include: research and the collection and articulation of an evidence base concerning effective interventions; place-based approach/es; support the delivery of programs for 'at risk' children in various settings, particularly those at risk from disengaging from



systems that have the potential to be useful (i.e. education); develop specific risk assessments across sectors and services (risk assessment frameworks are an important development).

The emerging inter-agency risk collaborations are a crucial measure directed towards intervening in the escalation of this risk, primarily by ensuring that as much information as possible is shared about the risk that the perpetrator poses (e.g. RAMPS).

It is crucial to use opportunities to identify those at risk and those perpetrating when they come into contact with systems (i.e. health, justice) regarding seemingly unrelated or other matters. This will improve early identification of family violence even when it is not disclosed. When a person presents, for example, with AOD or at court charged on other matters the system should take responsibility for soliciting, assessing and identifying occurrence, prevalence, risk and history for action or referral.

### **Recommendations**

15. Support early intervention programs for parents, children and young people where the young person is using violence against family members
16. Implement 'flash incarceration' for men for their non-compliance with FVIOs, FVSNs or other bail/parole conditions (Centre for Innovative Justice, 2015).“ Support successfully evaluated programs and awareness campaigns designed for upper primary school e.g. the Jigsaw program and in secondary school e.g. Centres Against Sexual Assault SAPPS program

## **Non-negotiable no. 5: Increase provisions for safe, confidential disclosure and risk assessments**

As discussed previously, we know that in many cases the first to identify family violence may not be a specialist service. Those who do have the first opportunity to identify, including schools, police and GPs, as well as housing, health and other social services, need to have the tools and the knowledge to respond well and to do so safely.

Safe disclosure can only take place in an environment where women can talk without their partner / the perpetrator present, without this being presented in a way that causes suspicion and puts the woman at risk. For many services, always interviewing partners separately and confidentially as a matter of course, and ensuring this through policies and procedures facilitates increased safe disclosures. Another key factor is the availability of confidential space, where a woman can talk without being overheard by either her partner or other staff, and cannot be seen if she is distressed.

Other factors which enable better risk assessments are good interpreter services and staff who speak languages other than English, child friendly spaces and knowledge of available options. Risk assessment should focus on immediate risk of harm, safety and support requirements as well as safety planning.

***“But if we are to stop the horrific journey that can often start with callous and threatening behaviour and then end with violence and murder, we need to listen to the victims. We need to listen with empathy, belief and understanding to the fear and terror experienced by victims of violence. When finally we really listen, when we place the victim at the centre of everything we do, we may be in a position to prevent some of the recent catastrophes we have witnessed.”***

**Ken Lay 2014b**

### **Risk assessments and homelessness access points**

Women may also choose to present for homelessness assistance (via a Homelessness Access Point) as family violence often causes housing crisis. Often women feel stigmatised asking for help through the family violence service system or calling the police.

In a snapshot of clients conducted by WISHIN this year it was found that more than 80% of women had identified recent family violence. It should be noted that this does not include ‘family breakdown’, often involving family violence, being the biggest contributing factor for youth homelessness, and this statistic also does not include men who have become homeless as a result of perpetrating violence who will likely not disclose this.

Through their research, WISHIN identified the following issues putting women and children at risk: homelessness access points cannot always undertake family violence risk assessments due to the high demand for their services; homelessness access points do not have the capacity to offer private interview spaces with couples usually interviewed together; and there is very little provision for children’s space while their mother/parents are being interviewed.

There needs to be capacity for appointments to be made or priority access given to women who present to and/or have been provided emergency accommodation by after-hours crisis response services, such as safe steps, as a result of escaping family violence. Appointments where clients are required to wait in a line prior to 9am increase women’s and children’s risk in family violence situations. Other considerations should be prioritised for women with children at risk, such as those who may be required to have their children attend school by court order; be placed in emergency

accommodation outside of their region and not have access to a vehicle. Women from CALD backgrounds and women with disabilities have additional challenges which services should accommodate.

### **Recommendations**

17. Extend mandatory CRAF use and training to all Homelessness Access Points, including providing funding and resources
18. Ensure that all Homelessness Access points:
  - Undertake interviews of adult clients separately as a standard practice, including adult children and same sex attracted couples
  - Provide separate, sound proofed interview spaces for clients away from others' view
  - Provide separate safe areas for children to play in which are monitored by staff
  - Provide secure 'safe rooms' for women who are identified as being at risk
  - Provide capacity to safely and without notice exit women from the physical environment where an immediate risk has been identified and a request for protection has been made
19. Undertake interviews of adult clients separately as a standard practice including adult children and same sex attracted couples
20. Provide separate, sound proofed interview spaces for clients away from others' view
21. Provide separate safe areas for children to play in which are monitored by staff
22. Provide secure 'safe rooms' for women who are identified by workers during the assessment as being at risk
23. Provide capacity to safely and without notice exit women from the physical environment where an immediate risk has been identified and a request for protection has been made

## **Non-negotiable no. 6: Enhance consistency of triage to keep women and children safe**

The family violence service system should have the capacity to respond appropriately to women and children experiencing family violence and provide a holistic response that takes into consideration their safety and support needs.

Respect for the woman's connection to her community, culture and spirituality is of paramount importance. A referral to a family violence service should result in a face-to-face response including undertaking a comprehensive assessment of risk, safety and support needs.

A triage response is premised on an early intervention approach with comprehensive assessment of risk, safety and support requirements, and direct accesses to services and resources ranging from safety strategies, referral for urgent legal matters, safe at home options, emergency crisis responses, short term accommodation, refuge or other crisis accommodation, as well as assistance to re-establish accommodation as soon as possible within the local community.

**The aim of a triage response is to ensure, wherever possible that women and children can remain in their own home in the first instance or be assisted to remain in their local community. If this is not possible due to the nature of the violence and safety requirements the women and children will be assisted to relocate to another area. Women also require access to legal assistance in conjunction with the triage response, particularly to apply for an Intervention Order.**

Many women and children feel safe to **remain in their own home** or local community with the provision of appropriate supports including additional security measures. Increased safety, security and support can be provided for those able to remain in their own homes and communities. However, a risk assessment may indicate that immediate access to safe accommodation is required in order for other safety arrangements to be initiated. In this case women and children will need to be accommodated in refuge for a limited time. During this time the women will be provided with legal advice, and may be assisted to apply for an Intervention Order excluding the perpetrator from the home. She can then return home once additional safety measures such as changing locks, upgrading security doors, installing closed circuit TV cameras and issuing a safeTcard have been put in place.

Some women will not wish to remain in the family home due to their fear of further violence, damage to the home or reliving of the events. However, many women may **wish to remain in their local community** to maintain work, education and connectedness to friends and the area. They require assistance to access affordable housing including transitional housing, public housing and private rental.

For women where no intervention will provide the safety they require they need access to a refuge in **a new location** and assistance to relocate and create a safe and stable life in a new community. This may include a longer stay in refuge, and assistance to access long term affordable accommodation.

The current family violence service system has some capacity to provide many of these responses; however individual services provide different components and lack consistent coordination across intake, refuge and outreach services. After-hours support is limited due to resource constraints, leading to inconsistent responses. For example, components of safety planning not currently funded

state-wide are the CCTV cameras and safeTcards. We acknowledge the recent Victorian Government announcement of \$900,000 pilot funding in this area (Premier of Victoria, 2015).

**Recommendations**

24. Develop coordinated responses to ensure consistent and timely triage is available for women and children experiencing family violence, including adequate funding for after-hours face to face responses
25. Increase funding for technological and other enhanced safety measures to allow women and children to remain in the family home wherever possible in all regions of Victoria

## **Non-negotiable no. 7: Reconstitute the language around family violence**

Our working group has prioritised a consistent, grounded, inclusive, and authoritative style in this document. It is important to ensure consistency of terminology. We attach two appendices (Appendix 1: Domestic and family violence related terminology; and Appendix 2: Community sector and population specific terminology) to this submission which are collections of specialist terms and their meanings in this context.

In addition, we believe it is important not to lose connection with the feminist, human rights, social justice framework which guides and informs the work done with women and children. The interrelationship of these three themes and the core values they engender are “demonstrated in all areas of organisational policy, practice and service provision” (Domestic Violence Victoria, 2006) by specialist family violence services. All Victorian codes of practice and statutory guidelines emphasise the importance of applying a gendered lens to work done with women and children who have experienced family violence, including:

- Code of Practice for the Investigation of Family Violence (Edn.3) (Victoria Police, 2014)
- Family Violence Risk Assessment and Risk Management Framework and Practice Guides 1-3 (“CRAF”) (Department of Human Services, Victoria, 2012)
- Code of Practice – for Specialist Family Violence Services for Women and Children (Domestic Violence Victoria, 2006)
- Principles Framework for Family Violence System Reforms (No More Deaths Alliance, 2015)
- Practice Guidelines: Women and Children’s Family Violence Counselling and Support Programs (Department of Human Services, Victoria, 2008)
- Safe and Secure: A trauma informed practice framework for understanding and responding to children and young people affected by family violence. (Eastern Metropolitan Region Family Violence Partnership, 2013)
- Best Interests Case Practice Model (Department of Human Services, Victoria, 2012)
- Men’s Behaviour Change Group Work: A Manual for Quality Practice (No to Violence, 2013)

These documents form the bedrock of evidence-based practice upon which our specialist family violence services sit. We credit the meticulous research, innovative practice models and wisdom of our feminist forebears for the vital framework they have established in this important work.

Feminist scholars have used language as a tool to understand and critique the gendered power relations within institutions such as the legal system. The legal system uses language in order to provide evidence, hear testimony, and follow legal and procedural requirements; all of which impact on the outcomes of legal proceedings. The language used in “family violence” cases is often framed in passive ‘agentless’ constructions, mutualising and eroticising terms when speaking about acts of violence and violation. Examples of problematic language include using vague nouns such as ‘assault’ and ‘abuse’ when describing individual acts such as punching, kicking, strangling. Reducing the narrative to language such as ‘assault’ and ‘abuse’ can hide the perpetrator and the severity or viciousness of his actions, as well as the victim and her use of active resistance (Coates et al., 1994).

Similarly, men’s acts of violence, coercion and control are minimised and mutualised when genderless language is used, such as “those in abusive relationships”. Research shows that the language used in court has a significant impact on court outcomes. It can either improve or reduce women and their children’s safety (Easteal et al., 2012). Language that describes the perpetrator’s

active and deliberate use of violence and the victim's acts of resistance focuses on the perpetrator as responsible for the crime.

**Recommendations:**

26. Review the language of the legal (and related) systems in order to a) expose the act/s of violence; (b) elucidate perpetrator's responsibility; (c) highlight victims' resistance to violence; and (d) challenge the blaming and pathologising of victims (Coates & Wade, 2003) with the intention to reduce acts of minimisation, victim blaming and the resultant lack of perpetrator accountability

## **Non-negotiable no. 8: Change privacy legislation to prevent further harm**

Currently without consent, services are limited in the information they are able to share. This can (sometimes) result in frustration and poorer outcomes for the women and children who are the overwhelming victims of these crimes.

To fully address and reduce family violence we need changes to the current Information Privacy Act 2000 to either enable or provide exemptions without consent for agencies working with various family members addressing family violence. This will facilitate the level of collaboration required when working with family violence.

As it stands, the laws about disclosure are incredibly constrained. Men's services cannot talk to women's services, specialist family violence services can't talk to alcohol or drug services, mental health services cannot talk to Child First or the Department of Corrections, etc. etc. One specialist family violence service cannot share information with another specialist family violence service. This creates mistrust and challenges the goodwill and otherwise close networking relationships between relevant services. This causes service delivery to be forced to operate in silos for fear of breaching privacy. It reinforces isolation and power imbalances around family violence, by keeping the violence and abuse secret and isolated from support agencies. This need for strict privacy also prevents more ongoing and robust risk management and safety planning to take place for women, children and worker safety. Openness and transparency is needed to hold perpetrators accountable. Men are currently and unnecessarily shielded by the Privacy Act.

These exemptions will reduce the level of risk, harm and level of homicides.

If agencies need to pass information to a more appropriate service or if multiple agencies are ever going to truly work collaboratively with a family to unpack multiple complex issues and address them on multiple fronts, they need protection under the Privacy Act to do so.

Once this type of protection is included under the act, the excellent collaborative work that services had always hoped to do will be possible. Every single agency, both government and non-government have built their structures and operations around the principles of the Privacy Act.

Change the Privacy Act and you change the way we all deal with family violence.

### **Recommendation:**

27. Review the state privacy laws and related legislation and consider appropriate exemptions for all services and organisations working with women and children which prioritise their safety in circumstances of family violence.



## **Non-negotiable no. 9: Ensure adequate options for safe and affordable housing for women and children**

For many women the only housing they will ever afford will be public housing. However, as previously described, public housing waiting times vary depending on the size of the family, the gender of the children and the geographical location identified by the woman as her preferred community. Wait times can be much shorter in regional areas, but most women we work with are based in Melbourne, wish to remain within their communities and don't want further upheaval and dislocation. If a woman and her children are assessed as priority one it can be a wait time of up to about eight to twelve months, or up to eight years if they are on the general (non priority) wait list or have a large family (requiring more than three bedrooms).

A woman should never have to stay with an abusive man (and therefore in an unsafe environment) due to a lack of safe and affordable housing options. Nor should she be helped for a short period and then the support stopped because the money has run out. Some of the women we support have been so controlled and abused that they have never set themselves up in independent housing. Some have never even had their own bank account. It takes time for these most marginalised and disadvantaged women to find their feet, and they deserve the support and the start-up funding to do it. Women are very resourceful and their own communities prop them up enormously, quite outside of the social welfare system. What our homelessness and family violence system asks of them in the short term—to flee with their children and be set up in an entirely new and unfamiliar area—can disrupt or completely remove all the tools they have been employing to survive.

### **Recommendations**

28. Increase the stock of safe and affordable housing for women, including additional options for refuge, transitional and long term accommodation. This is desperately needed in urban areas.
29. Increase the options for safe refuge accommodation to reduce reliance on motel use
30. Provide a rental subsidy for women who have experienced family violence for a period (three to six months) or a rent free period when accessing public housing to allow her time to establish her new tenancy
31. Increase the Linking to Private Rental Assistance program to enable more women to access the brokerage

## List of Recommendations

1. Implement additional capacity to offer a range of safety measures for women and children to remain in the family home.
2. Fund additional cluster model crisis accommodation options to increase refuge capacity across Victoria.
3. Increase funding to specialist family violence services to match increased demand and enable a consistent, early response (CRAF assessment, information, support and referral), particularly to services which are integrated access points (those who receive L17 police referrals).
4. Increase funding to provide additional crisis outreach and case management responses to women and children, including outside of business hours.
5. Develop family violence specific guidelines for Magistrate's courts to be used by police, lawyers, magistrates, registrars and liaison officers Ensure affected family members are informed of any court proceedings.
6. Ensure the shortest possible time between an Order being granted and it being served to the defendant Invest in systems to monitor and track men who present a high risk of violence to women and children, particularly recidivist offenders.
7. Magistrates to challenge FVIO applications served to women, as our work with women (supported by research) indicates that the majority of women who are served with FVIO's are victims of violence.
8. Men who are mandated to attend and participate in MBCPs to be consistently held to account legally for breaching the Order if they do not attend the program.
9. Introduce compulsory accreditation standards and guidelines for all MBCPs in Victoria including monitoring of men's behaviour through partner contact.
10. Train health professionals to identify family violence from the first visit.
11. Support MCHS nurses to identify and assess for family violence from the first antenatal visit.
12. Amend Child Protection policy and procedures to:
  - Place interventions and conditions on men who use violence, not on the children's mothers
  - Develop Orders that specify engagement with perpetrators, rather than only with mothers

13. Fund further programs which partner specialist family violence caseworkers and legal advisors with MCHS services, recently trialled around Victoria (Eastern Community Legal Centre, 2014)
14. Endorse the Victorian Law Reform Commission's (2015) recommendation that any training of magistrates in the area of family violence should include:
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  - the risk of violence and abuse for children during contact visits and during contact handover where the mother must attend;
  - ways that contact handover can be made safer in those cases where contact is desirable;
  - how section 68T of the Family Law Act operates and how it may be used.
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16. Implement 'flash incarceration' for men for their non-compliance with FVIOs, FVSNs or other bail/parole conditions (Centre for Innovative Justice, 2015). Support successfully evaluated programs and awareness campaigns designed for upper primary school e.g. the Jigsaw program and in secondary school e.g. Centres Against Sexual Assault SAPPs program
17. Extend mandatory CRAF use and training to all Homelessness Access Points, including providing funding and resources
18. Ensure that all Homelessness Access points:
  - Undertake interviews of adult clients separately as a standard practice, including adult children and same sex attracted couples
  - Provide separate, sound proofed interview spaces for clients away from others' view
  - Provide separate safe areas for children to play in which are monitored by staff
  - Provide secure 'safe rooms' for women who are identified as being at risk
  - Provide capacity to safely and without notice exit women from the physical environment where an immediate risk has been identified and a request for protection has been made
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22. Provide secure 'safe rooms' for women who are identified by workers during the assessment as being at risk

23. Provide capacity to safely and without notice exit women from the physical environment where an immediate risk has been identified and a request for protection has been made
24. Develop coordinated responses to ensure consistent and timely triage is available for women and children experiencing family violence, including adequate funding for after-hours face to face responses
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29. Increase the options for safe refuge accommodation to reduce reliance on motel use
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31. Increase the Linking to Private Rental Assistance program to enable more women to access the brokerage

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## Appendix 1: The Prevalence of Family Violence

### The stark realities: statistically

Domestic and family violence is often poorly understood, with the majority of people in our community believing that inability to control anger is the cause of men's violence towards women. (VicHealth 2014)

Family violence occurs across all levels of society and is predominately perpetrated by men against women and children.<sup>1</sup>

The impact of family violence on women and children has been well researched and published over the last decade. We know that one in three women will experience physical violence from an intimate partner in their lifetime (Mouzas & Makkai, 2004) and one in four young people have witnessed family violence (Flood & Pease, 2008).

Intimate partner violence contributes more than any other risk factor to preventable disease, disability and death for Victorian women aged 15 to 44 (VicHealth, 2004).

### International statistics

- In homes where a woman is being abused, any children present will experience physical abuse and neglect in between 60% and 75% of cases (Osofsky, 1995).
- In one US study of families experiencing family violence, mothers reported that:
  - 37% of children were accidentally hurt during domestic violence;
  - 26% of children were intentionally hurt during domestic violence;
  - 49% of mothers were hurt protecting children;
  - 47% of perpetrators used the child as pawn to hurt mothers;
  - 39% of perpetrators hurt mothers as punishment for children's acts;
  - and 23% of perpetrators blamed mothers for perpetrator's own excessive punishment of children (Fox & Benson, 2004, cited in Bromfield et. al., 2010).

### Australian statistics

- Since the beginning of 2015 there have been at least two women killed each week by current or former partners.<sup>2</sup>
- Several studies have found that children were present 85-90% of the time when a family violence incident took place. Most of these incidents involved children witnessing an assault on their mother. In about 50% of those cases children were also abused during the violent incident (Queensland Domestic Taskforce, 1998, cited in New South Wales Department of Community Services, 2002).

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<sup>1</sup> While it is essential to acknowledge that men can be victims of violence, there are significant differences in the nature of this violence when compared to male violence against women. Women report experiencing intimidation, fear, threats and severe abuse, including threats of harm to children and life threatening acts. (See The Australian Domestic & Family Violence Clearinghouse for The Benevolent Society, 2011.)

<sup>2</sup> Over the last four years of national homicide data reports, an average of 47 women per year have been recorded as killed for an alleged 'domestic' motive. Figures vary from 33 in 2006-07 to 66 in 2005-06 (Office for Women's Policy, 2009). In 2013 there were 44 family violence related deaths in Victoria. Since 2015 it has been reported that at least two women have been killed each week by partners or former partners (Counting Dead Women Australia, 2015)

- The presence of domestic violence puts children at high risk of experiencing physical abuse with rates of co-occurrence ranging from 45% to 70% (Bromfield et. al., 2010).
- In a national survey on young people's attitudes and experiences of domestic violence, 15 per cent of young people surveyed had experienced domestic violence and 32 per cent of young people knew someone who had experienced it (Australian Institute of Criminology, 2000).
- 38% of girls and 9% of boys will be sexually abused, with this occurring one in ten Australian homes (Finkelhor 1979, cited in Craik & Newman, 2012a).
- Between 1 and 20% of women experience domestic violence during pregnancy or after the birth (Jasinsky, 2004). In one Australian survey of 400 pregnant women, 20% had experienced violence during pregnancy (Walsh, 2008, cited in Australian Government Department of Health, 2013). In the 2006 Personal Safety Survey, 36% of women who experienced intimate partner violence were pregnant at the time of the violence and 17% of those women were pregnant when the violence started. Almost 60 percent of women who had experienced violence perpetrated by a former partner were pregnant at some time during the relationship (Australian Bureau of Statistics, 2006, cited in Bromfield et. al., 2010).

### Victorian statistics

- Family violence reports are increasing in Victoria. During 2013/14, there were 65,393 incidents where police submitted family incident reports. This was 8.0% higher than the 60,550 reports submitted in 2012/13. These incidents occurred in all suburbs of Melbourne and all regional areas.
- Children are present at police-attended family violence incidents around 34% of the time (Victoria Police, 2014). The Victorian police statistics tell us that at least over 180 family violence incidents are occurring each day and that approximately 182 children will have been exposed to the trauma of family violence each day.

	2010/11	2011/12	2012/13	2013/14	% increase in incident numbers over four years
Family violence incidents	40,778	49,945	60,550	65,393	60%
Charges laid	12,085	18,007	25,745	29,403	143%
Children present	14,458 (36% of incidents)	18,128 (36% of incidents)	18,859 (31% of incidents)	22,445 (34% of incidents)	55%
Safety Notice (FVSN) issued	3,609	4,229	5,058	5,961	65%
Intervention Order (IVO) applied for	6,717	8,669	10,444	11,140	66%

- There has been a steady rise in the reporting of family incidents since the introduction of the Code of Practice for the Investigation of Family Violence in August 2004 and legislative change brought about by the Family Violence Protection Act 2008. However we also know that the majority of family violence is still not reported to the police (Phillips & Park, 2006).
- Offences related to family incidents, such as assaults and sex offences, have risen as a result of this increased reporting (Victorian Police Crime Statistics 2013-2014).

- The economic cost of family violence in Victoria has been estimated to be in excess of \$3 billion per annum (Ending Violence Against Women and Children, Everyone has a Responsibility, Victorian Government 2013). It imposes a multitude of costs to the Victorian community including medical treatment, counselling and support services, police and justice responses, housing and child protection services, mental health and drug and alcohol services.
- Following an incident of family violence women often seek help, with more than 80 per cent telling a friend, family member, neighbour, or colleague. Despite sharing this information, the majority of women who reported assault by a partner to the police reported that charges were not brought (Australian Bureau of Statistics, 2013). Women who want to leave violent partners often struggle to do so, and over half of them return to their partner after leaving (ABS, 2013).
- A study by Humphreys and Thiara in 2003 found that 76% of the women who had experienced family violence and who ended their relationships experienced post- separation violence and reported that child contact arrangements contributed to the continued violence and undermined relocation as a safety strategy.

## **Appendix 2: Domestic and family violence related terminology**

### **Domestic and family violence**

- The National Plan to Reduce Violence Against Women and their Children defines domestic violence as “an ongoing pattern of behaviour aimed at controlling a partner through fear, for example by using behaviour which is violent and threatening”
- The National Plan defines family violence as “a broader term that refers to violence between family members, as well as violence between intimate partners.” The term ‘family violence’ is more inclusive, and is the term preferred by Aboriginal and Torres Strait Islander communities.
- The term ‘domestic and family violence’ is therefore an inclusive way of referring to the types of violence predominantly experienced by women and children at the hands of men. This term complies with terminology used by the State and Commonwealth Governments.
- In legislation and policy domestic and family violence is usually taken to include physical violence, sexual abuse or assault, and psychological or emotional abuse. Other definitions specify that it can include economic/financial abuse, social abuse/isolation, institutional and spiritual abuse. Using threats to coerce is often a significant aspect of domestic and family violence, contributing to an overall level of fear and oppression experienced by women and children.

### **Men who use violence**

- Terms such as “violence against women” are sometimes seen as obscuring who is committing this violence, so there has been a tendency for some women’s and family violence response organisations to refer to men who use violence as perpetrators or abusers.
- However, this is seen by Aboriginal and Torres Strait Islander communities particularly as stigmatising Aboriginal men in a manner that is racist and reinforces colonial ideology of Aboriginality involving an inherent propensity to violence and crime.
- Using the term “men who use violence” specifies that the responsibility for the violence rests with the man, but implies that the violence is a choice and it is not inherently part of who the man is as a person.

### **Violence against women**

- Violence against women is used through a range of international literature to refer mainly to sexual violence and domestic violence. It also encompasses specific types of violence such as forced marriage, female infanticide, female genital cutting and sex trafficking.
- International literature specifies that violence against women is gendered – violence is being perpetrated towards women because of their gender or circumstances associated with being a woman or girl.

### **Women and children who have experienced family violence**

- There is debate about whether to use the terms ‘victims’ or ‘survivors’ to refer to women who have experienced violence. The term ‘victim’ implies that the person is totally disempowered, has no agency and cannot make any decisions for themselves, while the term ‘survivor’ implies that the person has actively made choices to cope with adverse circumstances.
- However, some women prefer to use the term ‘victim’ as it acknowledges that abuse and violence are traumatic for the person, and they need to go through a process to recover and heal.
- These terms are often not used in official documents, and the term ‘women and children who have experienced family violence’ is more inclusive of people in a range of circumstances.

**Sexual violence**

- Includes sexual assault, rape, unwanted sexual touching or kissing, sexual coercion, sexualised bullying and harassment.

**Prevention or primary prevention**

- These terms have been adopted into community and social justice activities from public health approaches that aim to address the causes of ill health.
- These approaches focus on dismantling the underlying causes of violence against women, particularly gender inequality and institutional supports for violence. These approaches often involve workplaces, schools, media, and a range of other settings.

**Early intervention**

- Our Watch defines early intervention as “Approaches aiming to change behaviours or build skills of individuals or groups who are at risk, or exhibiting early signs, of perpetration or experience of violence against women.”

## **Appendix 3: Community sector and population specific terminology**

### **Aboriginal and Torres Strait Islander**

- These terms are the generally preferred terms for people of the first nations in Australia.
- The term 'Indigenous' can refer to indigenous people of many parts of the world, and is often not preferred by Aboriginal and Torres Strait Islander people who want to specify that they are the first nations of this land.
- However, the Commonwealth Government uses the term Indigenous.

### **People with disability**

- The disability rights movement emphasises the need to use 'people first' language, which emphasises that they are a person first.
- 'Disability' is used as an adjective, not a noun.
- 'People with disability' is the term used by the Commonwealth Government (the term "people with a disability" is used by the Victorian Government).

### **Gay, Lesbian, Bisexual, Transgender and Intersex**

- Gay, Lesbian and Bisexual refer to people's sexual orientation and preference for same-sex attraction (bisexual people are attracted to, and may have intimate relationships with, people of the same or other sexes).
- Transgender refers to people who do not identify with the sex they were assigned at birth. They may or may not be living as another gender, or make changes to their bodies to align with their identified sex. At times people in these circumstances may be referred to as transsexual, male-to-female, or female-to-male; however the most appropriate terminology is transgender or trans (man/woman/person). A transgender person may not identify with either male or female sex (i.e. they are non-binary).
- Intersex persons are born with physical or genetic characteristics that are determined to not correspond to conventionally male or female biology. Intersex persons may identify as male, female, non-binary, gay, lesbian, or bisexual.
- The GLBTI acronym refers to people who have non normative genders, sexes and sexualities, however, in reality, this is not a unified community. Not all GLBTI people share the same experiences or have issues in common.

### **Older people**

- Agreed within Australia to refer to people over the age of 50. At times, this may include Aboriginal and Torres Strait Islander people aged over 45, due to lower life expectancy of Aboriginal people.
- 'older people' is usually preferred compared with similar terms such as 'the elderly' and 'seniors', however 'seniors' is used by some agencies and programs (e.g. Senior's Card, Seniors Rights Victoria).

### **Young people**

- Usually used in government programs to refer to people aged 15-25 years, but is sometimes expanded to include people aged from 13 up to 30 years.

**Culturally and Linguistically Diverse**

- A term developed by government in the 1990s to replace NESB (Non-English-Speaking Background), and used to refer to migrants and refugees from non-English-speaking countries. It is now used across all official, and considerable community sector communications to refer to people in the above circumstances
- However, some community organisations prefer not to use it as a noun (e.g. “CALD people” or “CALD women”) as it is ambiguous and can be other-ing.
- Specifying the particular language, community or circumstances of the people under consideration is usually preferable, e.g. newly arrived young person, second-generation migrant or woman without permanent residency.

**Sex worker**

- Refers to people, predominantly women, who provide sexual services in exchange for compensation. This can include erotic dance, fetish/BDSM activities, erotic massage, performance in pornography, and work over the internet.
- The term sex worker is preferred by the people engaged in these industries over ‘prostitute’, as ‘prostitute’ is a stigmatising term.