



Submission to the House of Representatives Standing Committee on Social Policy and Legal Affairs

Inquiry into family, domestic and sexual
violence

August 2020

Domestic Violence Victoria and Domestic Violence Resource Centre Victoria

August 2020

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About Domestic Violence Victoria (DV Vic)

Domestic Violence Victoria (DV Vic) is the peak body for specialist family violence response services for victim-survivors in Victoria. As such, DV Vic is recognised as the state-wide voice of Specialist Family Violence Services (SFVS) responding to victim-survivors. DV Vic is a membership-based organisation and is accountable to its members, who also comprise its Board of Governance. DV Vic's core membership comprises state-wide and regional specialist agencies working with victim-survivors of family violence across Victoria. We are an independent, non-government organisation that leads, organises, advocates for, and acts on behalf of its members utilising an intersectional feminist approach. However, the organisation is ultimately accountable to victim-survivors of family violence and works in their best interests.

DV Vic's work is focused on advocating for, supporting, and building the capacity of specialist family violence practice and service delivery for victim-survivors; system reform; and research, policy development and law reform. DV Vic analyses the views and experiences of member organisations, the evidence on family violence, and the lived experience of victim-survivors, and translates this into innovative and contemporary policy, practice, and advocacy.

DV Vic holds a central position in the Victorian family violence system and its strategic governance and is one of the key agencies with responsibility for providing family violence subject matter expertise, technical assistance, capacity building, and policy and practice advice to the SFVS sector, broader sectors, government, and other partners and stakeholders.

About Domestic Violence Resource Centre Victoria (DVRCV)

Domestic Violence Resource Centre Victoria (DVRCV) is the only Registered Training Organisation in Victoria with specialist expertise in family violence prevention and response. Since its inception over 30 years ago, DVRCV has played a leading role in building the capability of the specialist primary prevention and response workforces. DVRCV works with prevention and response practitioners and organisations to develop their approach to primary prevention and response in line with the current evidence base by providing resources, information, tools, training, communities of practice and other sector and workforce development activities.

Language and Terminology Used

Family, domestic and sexual violence

DV Vic and DVRCV recognise family violence as any behaviour that occurs in family, domestic or intimate relationships that is physically or sexually abusive; emotionally or psychologically abusive; economically abusive; threatening or coercive; or is in any other way controlling that causes a person to live in fear for their safety or wellbeing or that of another person. In relation to children, family violence is also defined as behaviour by any person that causes a child to hear or witness or otherwise be exposed to the effects of the above behaviour. This definition includes violence within a broader family context, such as extended families, kinship networks and communities¹.

This submission uses the term ‘family violence’ to represent the extensive and complex forms of violence, abuse and control within the context of a family or family-like relationship. While a range of behaviours constitute family violence, victim-survivors’ experiences and perpetrator actions often reflect a patterned behaviour of coercive control. ‘Coercive control’ refers to the many tactics of violence used by a perpetrator that are patterned, repeated and integrated into everyday life to control, manipulate and dominate the victim-survivor. Coercive control has a cumulative effect on the life, safety, wellbeing and freedom of victim-survivors.

Victim-survivor and Perpetrator

In accordance with the gendered nature of family violence², particularly in the context of intimate partner violence, the term victim-survivor has been used throughout this submission to refer to women and children who experience family violence. However, DV Vic and DVRCV acknowledge that family violence impacts people across a diversity of gender identities, social and cultural contexts.

The term victim-survivor acknowledges that the person subjected to family violence is both a victim of a crime and a human rights violation, and they are also a survivor with respect to their autonomy, strength and resilience. The term must not be used to wholly define a person. Experiencing family violence is a part of someone’s life amongst many other experiences. Some people may prefer the term ‘person experiencing (or who has experienced) family violence’. Some people may prefer other terms or may not prefer any particular label or term at all.

DV Vic and DVRCV recognise that children are victims in their own right, can experience family violence directly or indirectly, and that family law processes and decisions that expose children to a perpetrator

¹ See Family Violence Protection Act 2008 (Vic) s.5.

² Australian Bureau of Statistics (ABS). 2017. Personal Safety Survey. Australia: user guide. 2016. 4906.0.55.003. Canberra: ABS; Australian Institute of Health and Welfare. 2019. Family, domestic and sexual violence in Australia: continuing the national story 2019. Cat. No. FDV 3. Canberra: AIHW; State of Victoria. 2016. Vol 1. op. cit. p17.

of family violence even if the violence has not been directly perpetrated against them, can have devastating impacts for children and their welfare.

The term perpetrator has been used to refer to adult men who use violence in the context of family or family-like relationships. This reflects the overwhelming evidence on male perpetration of family violence, while noting that family violence is prevalent in LGBTIQ relationships and thus the term ‘perpetrator’ can apply to people of other gender identities. In supporting perpetrators through the process of responsibility-taking and change, this term must not be used to wholly define the person. Nor is it how all victim-survivors think about the person causing harm. Some people may prefer the term ‘person using family violence’ or ‘person causing family harm’.

Intersectionality

Family violence is not solely a gendered problem but also an intersectional problem, driven by complex hierarchies of power, privilege and oppression. Intersectionality describes the complex ways that different identities overlap and intersect with structures of power, privilege and oppression to reinforce or produce power hierarchies, structural inequalities and systemic marginalisation³. As a result, Individuals and groups may experience sexism, racism, xenophobia, ageism, ableism, homophobia, biphobia, transphobia, intersex discrimination, and stigma⁴.

Research undertaken by the Australian Institute of Health and Welfare found that the populations most impacted by family violence are younger women, children, older people, people with disability, people from culturally and linguistically diverse backgrounds (including people with temporary residency status), LGBTIQ people, people in rural and remote communities, people with mental health issues and/or substance misuse problems, people from socio-economically disadvantaged areas and Aboriginal and Torres Strait Islander peoples⁵. There are also high impacts of family violence perpetrated against women in the sex work industry and women who have been criminalised⁶. Emerging evidence also shows that the rates of intimate partner violence within same-sex relationships are as high as the rates experienced by cisgender women in heterosexual relationships, and possibly higher for bisexual, transgender and gender diverse people⁷.

While it is critical to understand the prevalence and experience of violence for different individuals and groups, applying an intersectional lens means looking beyond identity itself to interrogate the myriad ways structural inequality, discrimination and marginalisation impact family violence experiences and risk.

³ African American Policy Forum (n.d.); Chen, J. (2017); Crenshaw, K. (1989); ‘Intersectionality’ (n.d).

⁴ Family Safety Victoria (2018) *Everybody Matters: Inclusion and Equity Statement*, Victorian Government: Melbourne.

⁵ Australian Institute of Health and Welfare (2019).

⁶ Royal Commission into Family Violence: Report and Recommendations (2016), Chapters 34 and 35.

⁷ Our Watch & GLHV@ARCSHS (2017) *An analysis of existing research: primary prevention of family violence against people from LGBTI communities*, Our Watch: Melbourne, Victoria. Note: the rate of family violence for people with an intersex variation is as yet unknown.

Introduction

DV Vic and DVRCV welcome the opportunity to contribute to the House of Representatives Standing Committee on Social Policy and Legal Affairs' Inquiry into Family, Domestic and Sexual Violence. We acknowledge the commitment and action taken to date by governments across Australia to address violence against women and their children. While the *National Plan to Reduce Violence against Women and their Children 2010-2022 (National Plan)* has laid the foundations for a national approach, there is much that can be strengthened to provide increased coordination and consistency.

Across Australia numerous inquiries have been held into the issues concerning family, domestic and sexual violence, with deep interrogation of the prevalence, dynamics, impact, prevention and response efforts, and legal and public policy landscape⁸. These past inquiries provide the Australian Government with extensive information and analysis to inform the next steps of national leadership, coordination, and investment through the next *National Plan*. We encourage this Committee to consider and review this evidence alongside the emerging research and trends, while maintaining a focus on the safety, wellbeing and freedom of victim-survivors.

We also encourage the Committee to broaden their view when considering the terms of reference and making recommendations to inform the next *National Plan*. Any actions taken to address violence against women and children and address gender inequity necessarily means keeping those who use harm, violence and control in view and engaged, and actively involving all parts of society in the journey towards equality and respect.

Given the plethora of information available, this submission will direct the Committee's attention to the existing and emerging evidence and unresolved recommendations, and highlight key areas for further focus and reform. We appreciate government commitment to innovate, try new approaches and generate ideas to make headway on what is an intractable social problem. However, care must be taken not to fall into the trap of producing stand-alone or siloed responses, hoping that one new addition or

⁸ Royal Commission into Family Violence: Report and Recommendations (2016); Special Taskforce on Domestic and Family Violence in Queensland (the Taskforce) *Not Now, Not Ever*; Inquiry into domestic violence with particular regard to violence against women and their children (Legal and Constitutional Affairs References Committee, Feb 2020); Inquiry into Domestic Violence in Australia (Finance and Public Administration References Committee 2014-2015); Inquiry into Domestic Violence and Gender Inequality (Finance and Public Administration Committee 2016); Inquiry into Delivery of National Outcome 4 of the National Plan to Reduce Violence Against Women and Their Children 2010-2022 (1800RESPECT Report), Finance and Public Administration Committee 2017; Auditor-General, *Performance Audit Report No. 45 2018-2019: Coordination and Targeting of Domestic Violence Funding and Actions*, Auditor-General's Report on the National Plan, June 2019; Joint Select Committee on Australia's Family Law System 2020; Review of the family law system Australian Law Reform Commission 2017-2019; Inquiry on Protecting the Rights of Older Australians from Abuse, Australian Law Reform Commission (2016) *Elder Abuse - A National Legal Response* (ALRC Report 131); Inquiry into Family Violence and Commonwealth Laws, Australian Law Reform Commission, 2010; Inquiry into Family Violence, Australian Law Reform Commission 2010; National investigation into the impact of family and domestic violence on children (National Children's Commissioner, 2015) *Children's Rights Report 2015*, Chapter 4: All I want is a life free from violence.

change will, by itself, make all the difference. Reducing violence against women and children is a long-term, intergenerational goal requiring sustained, scaffolded, and coordinated actions and investment⁹.

DV Vic and DVRCV welcome the opportunity to provide further evidence to the Committee in relation to any matters outlined in this submission.

⁹ Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth (2015) *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia*, Our Watch: Melbourne.

Overview of recommendations

DV Vic and DVRCV make the following recommendations:

Recommendation 1: National, State and Territory governments increase the use of multi-year funding agreements to support organisations to implement long-term, evidence-based prevention initiatives to better allow for sustained impact, reach and evaluation capacity.

Recommendation 2: Continued and expanded funding for existing national and state-level research into community attitudes towards violence against women.

Recommendation 3: Building on *Counting on Change*, the Australian Government appropriately resource and support the development and embedding of evaluation standards and capability building for practitioners.

Recommendation 4: Investment in support and infrastructure to facilitate coordinated sharing of evaluation findings and evidence from the prevention sector.

Recommendation 5: The Australian government invests in ongoing professional development and capability-building initiatives designed for the specialist prevention workforce.

Recommendation 6: Create and strengthen mechanisms across government jurisdictions and policy portfolios that facilitate information sharing, evidence building and coordination of prevention interventions nationally.

Recommendation 7: Increased formal and funded opportunities for civil society organisations working in prevention to inform coordination and policy development efforts.

Recommendation 8: The Australian Government, in partnership with all states and territories, develop and implement a national workforce capability framework.

Recommendation 9: Ensure that family violence is included in the core curriculum of all professional groups that respond to family violence, across both the Vocational Education and Training and higher education sectors.

Recommendation 10: The Australian Government repeals the proposal to increase social work degree fees.

Recommendation 11: The Australian Government includes family violence in the implementation of activities under *Australia's Long Term National Health Plan*, by:

- adding a Medicare item number for family violence counselling and therapeutic services, distinct from a general practitioner mental health treatment plan,
- providing resourcing for capacity-building initiatives for public hospitals and primary healthcare systems to respond safely and appropriately to family violence,

- introducing mandatory training in identifying and responding to family violence including recognising clinical signs and symptoms of non-fatal strangulation and acquired brain injury.

Recommendation 12: The Australian Government adopts the Everybody's Home Campaign asks, including developing a gender-informed National Affordable Housing Strategy and National Plan to End Homelessness.

Recommendation 13: The Australian Government repeals the proposal for early access to superannuation for victim-survivors of family violence, and commits to a family violence policy agenda that enables the long-term financial wellbeing and recovery of victim-survivors of family violence.

Recommendation 14: The Australian Government permanently increases JobSeeker payments to levels reached during COVID-19 to ensure recipients, including victim-survivors of family violence, are not forced to live in poverty.

Recommendation 15: The Australian Government permanently ends mutual obligation schemes associated with income support payments, particularly those targeted towards single mothers and Aboriginal communities such as ParentsNext.

Recommendation 16: The Australian Government funds a National Flexible Support Package scheme at a level equal to, or above, the current Victorian scheme, to be administered through specialist family violence services.

Recommendation 17: The Australian Government takes immediate steps to reform Australia's family law system, placing family violence as a central issue.

Recommendation 18: The Australian Government invests in effective practice, policy and legal responses to address the use of technology as a tactic of abuse. This would include:

- Funding to expand access and reach of specialist family violence and technology advocacy and advice across all areas of society, including expanded and ongoing funding for WESNET's Safe Phones program.
- Expand training programs, support and resources for victim-survivors, frontline service providers and legal professionals to provide nuanced and up-to-date information to support practice.
- Investment in qualitative and quantitative research exploring the dynamics of technology-facilitated abuse, impacts across victim-survivors and diverse communities, legal responses to technology-facilitated abuse, and best practice approaches in supporting victims of technology-facilitated abuse and stalking.

Recommendation 19: The Australian Government develop and fully fund a central database housing:

- high-quality, reliable and consistent quantitative and qualitative data
- data that is based on an agreed dataset
- data from a range of agencies, including victim self-report data and agency data on perpetrators.

Recommendation 20: The Australian Government provides long-term investment in research and evaluation on family violence, gender equity and gender-based violence prevention.

Recommendation 21: The Australian Government holds a clear perpetrator accountability lens in all decisions about family violence policy, systems, legislation, program funding and research.

Recommendation 22: The Australian Government works through the states and territories to allocate national funding to perpetrator interventions, including men's behaviour change programs, fathering programs, case management and case work, and other risk management strategies.

Recommendation 23: Implement the recommendations outlined in the Blueprint for Reform to achieve access to safety and justice for women on temporary visas experiencing violence.

Recommendation 24: Client-facing NDIA staff (including NDIA planners and those with decision making delegation) and disability service workers funded by the National Disability Insurance Scheme (NDIS) complete mandatory training in identifying and responding to family violence.

Recommendation 25: The interface between the NDIA, the disability sector, and the family violence service system is addressed in close consultation with both sectors to bridge the 'crisis response' gap in the NDIS system.

Recommendation 26: All Australian jurisdictions at all levels of government build the Gender and Emergency Management Guidelines into bushfire and other emergency response procedures and protocols.

Recommendation 27: The Australian Government, as well as other jurisdictions, apply a gendered-lens to all policies associated with recovering from the COVID-19 pandemic, including economic stimulus, employment, income support, housing, health and education policy.

Recommendation 28: The Australian Government prioritise funding to support women and other victim-survivors of family violence during COVID-19 to agencies with specialist knowledge and expertise in responding to family violence.

Recommendation 29: The Australian Government works with states and territories to ensure prevention programs, activities, projects and campaigns are funded and prioritised during the COVID-19 pandemic and beyond, as part of ongoing and holistic efforts to end violence against women. Further, that particular focus is given to mitigating the known risks of reinforcing the gendered drivers of violence risks in the context of disaster.

Recommendation 30: The next *National Plan* includes a focus on family violence in times of emergency and strategies for supporting the safety, health and wellbeing of essential workforces including the specialist family violence workforce.

Responses to Terms of Reference

- a) Immediate and long-term measures to prevent violence against women and their children, and improve gender equality.

Primary prevention of violence against women describes efforts to tackle violence before it occurs. This is through a range of complementary activities across whole populations that target and address the key drivers of violence. Prevention is a critical aspect of holistic efforts to end violence against women, informing and strengthening response and early intervention activities.

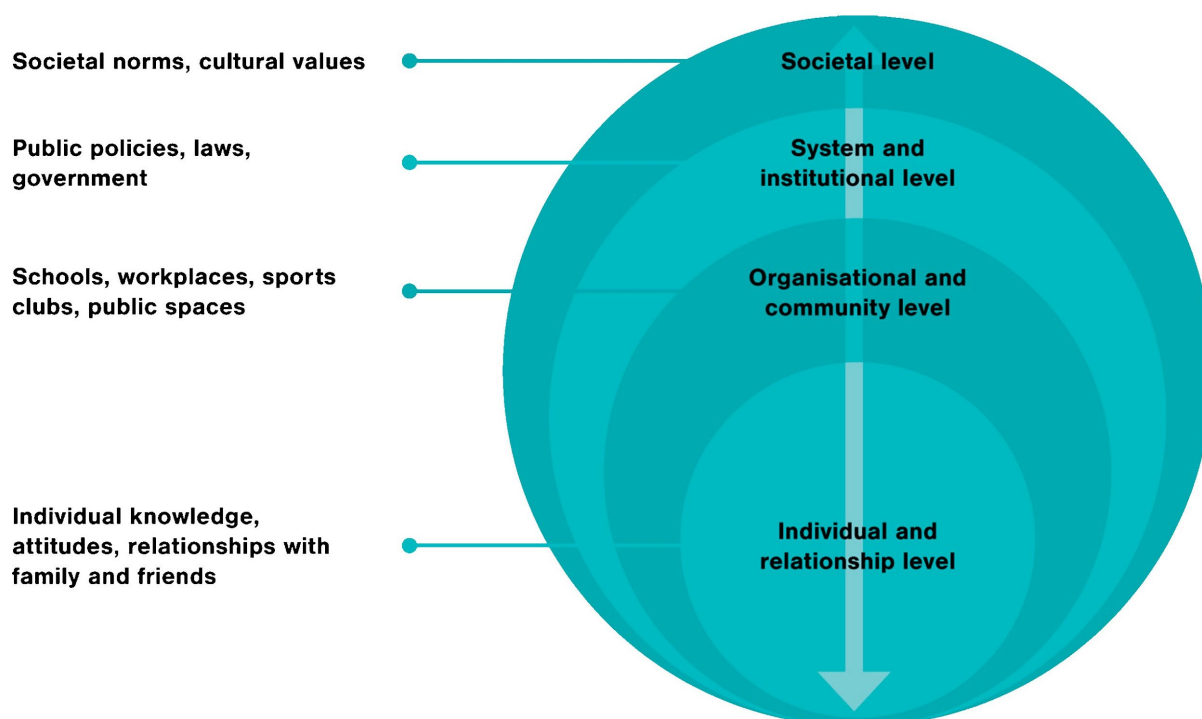
DV Vic and DVRCV's approach to prevention of violence against women is centred on the evidence base detailed by Our Watch in *Change the Story*, the national framework to prevent violence against women¹⁰. *Change the Story* shows that whilst gender inequality creates the social conditions for violence against women to occur, there are four key expressions of gender inequality that have been found to predict or drive this violence. To prevent violence against women, we must continue to focus our efforts on addressing these drivers:

- Condoning of violence against women
- Men's control of decision-making and limits to women's independence in public and private life
- Rigid gender roles and stereotyped constructions of masculinity and femininity
- Male peer relations that emphasise aggression and disrespect towards women.

Primary prevention is a long-term undertaking. It requires multi-modal approaches that challenge these drivers within individual relationships and at the community, organisational, institutional and social levels.

¹⁰ Ibid.

Figure A: Socio-ecological model



While there may be some gains from particular measures in the short-term, the sustainability of those benefits is at risk without coordinated and complementary activities that address all four drivers of violence across all aspects of the socio-ecological model (Figure A, above). For example, a social marketing campaign is at risk of limited ongoing effects on audience behaviours if the messages are not reinforced through interventions in other aspects of people's lives.

In working towards the next *National Plan*, DV Vic and DVRCV encourage the Australian Government to expand on current conceptualisations of primary prevention efforts to include a dedicated focus and understanding of drivers of violence in LGBTIQ relationships and families, including heteronormativity and cisnormativity, and the way that these are rooted in and overlap with many of the same drivers of violence against women¹¹. Further understanding of, and research into, all forms of family violence for all types of relationships and gender identities is a necessary first step to creating a more inclusive and nuanced national approach to preventing violence before it occurs.

DV Vic and DVRCV have identified four key areas related to the prevention of violence against women that require both immediate and long-term attention and investment under the next *National Plan*.

¹¹ Carman, M., Fairchild, J., Parsons, M., Farrugia, C., Power, J. and Bourne, A. (2020) *Pride in Prevention: A guide to primary prevention of family violence experienced by LGBTIQ communities*, Rainbow Health Victoria, La Trobe University: Melbourne.

1. Sustained funding for evidence-based prevention initiatives

The success and sustainability of gains from promising prevention programs that build on the evidence base are often constrained by short-term, often yearly project funding. Settings-based initiatives that have been awarded longer-term funding, such as the Respectful Relationships Education in Schools program in Victoria, demonstrate the value of, and return on investment from, ongoing support¹². Allowing evidence-based programs to build continuity into their work means that interventions can be better integrated and embedded into settings, increasing the likelihood of disrupting the gendered drivers of violence and creating respectful and equitable norms.

Recommendation 1: National, State and Territory governments increase the use of multi-year funding agreements to support organisations to implement long-term, evidence-based prevention initiatives to better allow for sustained impact, reach and evaluation capacity.

2. Improved infrastructure to support coordination of prevention activities

Coordination of prevention activities is essential to maximise the reach and impact of programs and interventions designed to contribute to gender equity. At a national level, across states and territories and between all layers of government, coordination can be improved through creating appropriate governance, support and practice infrastructure. The issues and needs regarding coordination are further outlined below (term of reference c).

Whilst it is important that we have a national picture of prevention strategies across the country, as well as the contribution and effectiveness of each, it is important that the coordination of mutually reinforcing activities is primarily undertaken at a state or territory level, and that this information is shared through a national information sharing and connection mechanism.

3. Continuing to build the evidence base through investment in data collection and coordinated, long-term evaluation mechanisms

A relevant and robust evidence base is key to strengthening efforts and initiatives that work to prevent violence. Evaluation and population studies are crucial to inform and track the long-term measures that need to be in place for the prevention of violence against women. Continued support for existing mechanisms, such as the ANROWS National Community Attitudes towards Violence against Women Survey (NCAS), is required to provide regular insight into our collective progress and impact, and offer opportunities to tailor, modify or strengthen prevention activities.

¹² Kearney, S., Gleeson, C., Leung, L., Ollis, D. and Joyce, A. (2016) *Respectful relationships education in schools: the beginnings of change - Final evaluation report*, Our Watch, Melbourne, Victoria.

Recommendation 2: Continued and expanded funding for existing national and state-level research into community attitudes towards violence against women.

There are currently no mechanisms that allow for coordinated sharing of evaluation data at a national level. Despite the usefulness of *Counting on Change*, Our Watch's framework for evaluating primary prevention interventions, funding limitations and limited capability-building support to help professionals and organisations undertake robust project and impact evaluations means that data quality and comparability is variable and an issue that can be addressed at a national level. This is further constrained by short-term project funding cycles that make it difficult to measure the impact of effective interventions over time.

Recommendation 3: Building on *Counting on Change*, the Australian Government appropriately resource and support the development and embedding of evaluation standards and capability building for practitioners.

It is also imperative that the evidence base on primary prevention across settings, sectors and population groups continues to expand. Not only through the testing and scale up of programmatic models in different contexts with different cohorts, but through the further development of research evidence on the intersections between the gendered drivers and other forms of systemic discrimination, oppression and marginalisation. This more robust approach would ensure that prevention activities across the country are effectively reaching and engaging all Australians.

Recommendation 4: Investment in support and infrastructure to facilitate coordinated sharing of evaluation findings and evidence from the prevention sector.

4. Strengthened prevention workforce

Sustained investment in promising prevention initiatives also provides greater opportunities for the development and professionalisation of the prevention workforce. Despite recent gains, particularly in Victoria, the prevention of violence against women workforce is small and has largely emerged over the last decade. Prevention practitioners are operating in a time of unprecedented policy, legislative and social change and backlash, which has been amplified in the context of bushfire disasters and COVID-19 (see comments and recommendations under ToR (i)).

Building and consolidating expertise in and across the prevention sector remains a key priority nationally. Creating avenues for building skills and knowledge through peer and professional networks has remained challenging. Practitioners often work in organisations that are disconnected from others or lack active networking arrangements, and are sometimes unable to see how and where their work fits into overarching state government prevention strategies. This isolation and disconnect creates barriers for accessing information and working collaboratively and effectively. Evaluations undertaken

by DVRCV with prevention practitioners in Victoria indicate that this has a negative impact on practitioner wellbeing. These evaluations also demonstrate that providing training, professional development and networking opportunities has been highly effective in strengthening the practice skills and knowledge of individuals and has cumulative benefit in buttressing and building the sector and legitimacy of the work more broadly.

Ensuring practitioners have access to emerging evidence, practice developments and policy information in ways that are consistent and allow them to translate it into practice is critical. So too is the provision of tools and resources that assist practitioners to create an enabling environment for their work, where they may be the sole or one of a small number of staff undertaking prevention activities in their workplace. Where organisational management or supervisors do not wholly understand the value of prevention, this can make it difficult for prevention workers to access the time or other resources to acquit their role fully. This is particularly pertinent in times of reduced funding in key sectors where prevention work is situated, as staff may be pulled into other duties if prevention activities are insufficiently valued.

Finally, it is important to invest in the prevention workforce beyond those who are designing and delivering programmatic approaches to primary prevention at a community level. Whilst these initiatives are important as they reach directly into local communities, building the diversity of skill in the prevention workforce is equally important. Skills in policy, advocacy, program design, leadership, media engagement, strategy, communications and marketing will add value into our sector and support the mainstreaming of prevention strategies across all areas of the aforementioned ecological model.

Recommendation 5: The Australian government invests in ongoing professional development and capability-building initiatives designed for the specialist prevention workforce.

- b) **Best practice and lessons learnt from international experience, ranging from prevention to early intervention and response, that could be considered in an Australian context.**

This term of reference will not be addressed as a stand alone response. Best practice and lessons learnt have been purposefully signposted throughout this submission for the Committee's reference.

- c) **The level and impact of coordination, accountability for, and access to services and policy responses across the Commonwealth, state and territory governments, local governments, non government and community organisations, and business.**

Integration and coordination in policy and system design is widely recognised as critical to address service fragmentation and disjointed responses that work to compromise women and children's safety,

fail to hold perpetrators to account, and create service gaps and inefficiencies¹³. Since the 2005 family violence reform, Victoria has aspired to lead a whole-of-government approach, aimed at reducing system fragmentation through purposeful integration and coordination strategies, bringing together government and non-government agencies to work together with a shared understanding and vision¹⁴.

While the policy intent of this approach was, and still remains, admirable, implementation without clear governance mechanisms and accountability has historically limited the state's capacity to realise positive outcomes. The Royal Commission into Family Violence (RCFV) found that despite clear policy intent, responsibility for family violence remained fragmented and diffused across government departments and agencies. It also identified that the lack of accountability, oversight and shared goals led to gaps in policy and investment¹⁵. These key lessons have since influenced Victoria's revitalised efforts to design and implement a coordinated and consistent system response to family violence.

There are lessons to be learnt from Victoria's experience of implementing family violence reform in relation to coordination and planning of family violence policy and service delivery. DV Vic and DVRCV encourage the Committee to review key monitoring and assessment documents interrogating Victoria's reform activities and implementation to date, including the Victorian Auditor-General's Office May 2020 report Managing Support and Safety Hubs, and the Family Violence Reform Implementation Monitor's reports to Parliament tabled on 10 May 2018, 21 March 2019 and February 2020. Reform at this level requires significant whole-of-government planning and expert project management, taking into consideration sequencing of activities, coordination of implementation, and ongoing risk management. It also requires a willingness to adapt to the emerging environment, ability to take on feedback and advice from experts (including victim-survivors and advocates), capacity to implement recommendations from evaluation findings to modify course and acceptance of responsibility when mistakes have been made.

While new governance mechanisms in Victoria have brought together non-government organisations, peak advocacy bodies and government departments and ministers, the introduction of stronger cross-sector and cross-department information sharing, planning and design has resulted in enhanced collaboration and commitment. This, together with a clear legislative framework, has shifted the tone significantly and set expectations for family violence response across multiple portfolios and workforces in Victoria. Rather than permitting an opt-in model, the Victorian government has set a clear direction by introducing legislative requirements to underpin key reform activities, including information sharing and risk assessment and management, requiring workforces to align and unify their practice frameworks.

¹³ Klevens, J., Baker, C. K., Shelley, G. A. and Ingram, E. M. (2008) 'Exploring the Links Between Components of Coordinated Community Responses and Their Impact on Contact With Intimate Partner Violence Services', in *Violence Against Women*, vol. 14, no. 3, pp 346-358. Ross, S., Frere, M., Healey, L. and Humphreys, C. (2011) 'A Whole of Government Strategy for Family Violence Reform', in *The Australian Journal of Public Administration*, vol. 70, no. 2, pp 131-142.

¹⁴ Statewide Steering Committee to Reduce Family Violence (2005), *Reforming the Family Violence System in Victoria*, Office of Women's Policy, Department for Victorian Communities: Melbourne.

¹⁵ Royal Commission into Family Violence: Report and Recommendations (2016).

At the same time that Victoria is making strides to address coordination and accountability, there remains significant fragmentation and lack of clear governance and accountability mechanisms when it comes to cross-jurisdiction decision-making and leadership (both across states and territories, and between the federal and state and territory jurisdictions). There are many examples where the lack of consistency in message, ambiguity of role, and independent attempts at investment have resulted in gaps or conflicts in policy, legislation and system responses¹⁶.

DV Vic and DVRCV note the significant changes made regarding the Council of Australian Governments (COAG), with the forum terminated during the COVID-19 pandemic and replaced with the National Federation Reform Council (NFRC), positioning the National Cabinet, with a focus on job creation, at its centre¹⁷. Given the establishment of the COAG Women's Safety Council, replacing the Women's Safety Minister's forum¹⁸, two months prior to the dissolution of the COAG, we urge the Australian Government to provide further detail and clarity regarding the new forums and related governance structures. At the outset there is some discrepancy with language to describe the COAG Women's Safety Council, including new references to a Women's Safety Taskforce¹⁹, and an apparent lack of authority placed in the Council, giving jurisdictions licence not to implement decisions made by the Council²⁰.

DV Vic and DVRCV believe a clear authorising environment is critical to the coordination and collaboration efforts across and between states, territories and national departments and portfolios to address all forms of family, domestic and sexual violence. A forum such as the Women's Safety Council must hold some decision-making powers to enable and promote coordination and be accountable for overseeing a shared and national approach to family violence and violence against women and children.

Coordinating prevention efforts

In the prevention context, strategies and activities must be long-term, consistent and mutually reinforcing to both address the complexity of all forms of violence against women and gender-based violence and build an Australian culture of respect and equality²¹. Given the enormity of this task, coordination and collaboration is critical.

¹⁶ For example inviting grant applications from non-specialist family violence service providers through the Commonwealth Community Grants program, and withdrawing or limiting investment in legal assistance despite the needs of states and territories.

¹⁷ Department of the Prime Minister and Cabinet (2 June 2020) *COAG becomes National Cabinet*, <https://www.pmc.gov.au/news-centre/government/coag-becomes-national-cabinet>

¹⁸ Department of the Prime Minister and Cabinet (2020) *COAG Women's Safety Council*, <https://www.pmc.gov.au/office-women/coag-womens-safety-council>

¹⁹ Department of the Prime Minister and Cabinet (2020) *Terms of Reference - National Cabinet Review of COAG Councils and Ministerial Forums*, <https://www.pmc.gov.au/sites/default/files/files/coag-council-review-tor-2.pdf>

²⁰ Department of the Prime Minister and Cabinet (2020) *COAG Women's Safety Council, Terms of Reference* <https://pmc.gov.au/sites/default/files/files/tor-womens-safety-council.pdf>

²¹ Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) and VicHealth (2015) *Change the Story: A shared framework for the primary prevention of violence against women and their children in Australia*, Our Watch: Melbourne.

Currently, there are a large number of prevention activities occurring in schools, early childhood services, workplaces and sporting clubs, however there is almost no prevention activity or evidence being built in other settings such as art and cultural spaces; popular culture, advertising and entertainment; universities, TAFEs and other tertiary education institutions; health, family and community services, or; public spaces, transport, infrastructure and facilities. It is clear that a lack of oversight and coordination has resulted in ad-hoc and imbalanced investment across the setting types, reducing the reach and impact of locally-delivered initiatives.

While we appreciate that connection and information sharing at this level will be a challenge, we encourage governance partnerships between state, territory and federal governments. This is likely to have a considerable return on investment, as it will provide a stronger foundation for the design, implementation and review of existing and subsequent prevention interventions. Governance mechanisms must include partnerships to 'join the dots' between state or territory-based prevention activities, and connection points to national initiatives. These must also include opportunities for civil society organisations working in prevention to inform and participate in policy development and coordination processes.

Recommendation 6: Create and strengthen mechanisms across government jurisdictions and policy portfolios that facilitate information sharing, evidence building and coordination of prevention interventions nationally.

Recommendation 7: Increased formal and funded opportunities for civil society organisations working in prevention to inform coordination and policy development efforts.

Training and education - building the workforce

Waves of inquiries and Royal Commissions into aged care, disability, mental health and family violence have identified the critical need for a skilled and professional workforce to provide quality services. Similarly, governments have signalled their support for workforce development, recognising it as a critical foundation for primary prevention work through their membership and support of Our Watch and the shared approach articulated in the *Change the story* framework.

Despite this public acknowledgement, both the response and prevention sectors have continued to experience significant workforce shortages and a lack of coordination and resourcing to support retention, skill development and leadership. Just as momentum to address violence against women and family violence has increased, this shortage of a skilled and specialist workforce has undermined the reach, effectiveness and responsiveness of coordinated and scaled up programs and interventions.

Beyond the needs of the specialist prevention and response workforces, where work is required to expand, develop and build practitioner capabilities, serious strides must be made to lift all professionals' capacity to contribute to prevention activities and respond safely and effectively to victim-survivors and

perpetrators of family violence. In this, DV Vic and DVRCV believe the Australian Government has an opportunity to provide leadership through developing a national capability framework (informed by the early stage work in Victoria) that identifies the core knowledge, skills and performance required across all workforces whose work intersects with family, domestic and sexual violence as well as the workforces who are responsible for primary prevention of family violence and violence against women.

Recommendation 8: The Australian Government, in partnership with all states and territories, develop and implement a national workforce capability framework.

Critical to a national capability framework's success is ensuring that family violence and gender equity literacy is built into multiple training and education pathways.

We draw the Committee's attention to Recommendation 154 of the RCFV, put to the Commonwealth Government through the Council of Australian Governments, that it ensures 'that the Human Resource Management Standard in the Community Care Common Standards Guide specifies that workers delivering services must have successfully completed certified training in identifying family violence and responding to it review the existing Community Services Training Package courses relevant to providing ageing support to ensure that each course has a core, rather than elective, unit that adequately covers all manifestations of family violence'²².

By our reckoning, this recommendation has not progressed, as training across community sectors remains ad-hoc, with no regulatory amendments to ensure the Community Services Training Package has adequate family violence competency as part of its core units, nor that family violence training is mandatory to qualifications or employment. This is just one example where national leadership, together with a partnership approach to governance with states and territories, can and should be leveraged for better outcomes.

DV Vic and DVRCV believe that in order to work in specialist family violence response and prevention contexts, professionals need both theoretical education *and* skills-based training. Skill development (through vocational education) in and of itself is simply not sufficient to ensure that the appropriate theoretical frameworks and practice frameworks are utilised by practitioners. A level of tertiary education is also important to ensure the appropriate knowledge is developed as a foundation for the skills that then can be developed through vocational training or formal professional development.

Recommendation 9: Ensure that family violence is included in the core curriculum of all professional groups that respond to family violence, across both the Vocational Education and Training and higher education sectors.

DV Vic and DVRCV are concerned by the recent announcement of the government plan to increase fees for social work degrees by 113 per cent, placing courses in the top fee bracket, alongside that of business, law and economics. Social workers occupy a critical role within the social, health and welfare

²² Royal Commission into Family Violence: Report and Recommendations (2016).

systems, deemed an essential workforce during the current COVID-19 pandemic, and increasingly in demand to support our most vulnerable community members. As it stands, social workers are already paid low wages for what are highly demanding roles. This proposed fee hike will do little to encourage uptake of social work amongst school leavers and restrict the much-needed growth of the family violence workforce, where in Victoria, obtaining a social work degree will become the minimum qualification for employment in coming years.

Recommendation 10: The Australian Government repeals the proposal to increase social work degree fees.

- d) The way that health, housing, access to services, including legal services, and women's economic independence impact on the ability of women to escape domestic violence.

Health impacts and access to trauma- and violence-informed health services

Family violence has profound and long-lasting impacts on a victim-survivors' "emotional, psychological, spiritual, financial, physical, sexual and reproductive health and wellbeing"²³. Intimate partner violence contributes to more death, disability and illness in adult women than any other preventable risk factor²⁴ and is a leading contributor to the disease burden for women of childbearing age²⁵. Victorian research conducted in 2018, found that the association between family violence and brain injury is significant. This research found that 40% of adult, and 25% of child (>15) victims of family violence attending Victorian hospitals over a 10-year period sustained a brain injury as a result of the violence perpetrated against them²⁶. For comprehensive information on health impacts and outcomes of intimate partner violence and violence against women, we refer the Committee to:

- The health costs of violence: Measuring the burden of disease caused by intimate partner violence (VicHealth)²⁷.
- A preventable burden: Measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women: Key findings and future directions (ANROWS)²⁸.

²³ Domestic Violence Victoria (2020). *Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors*. 2nd Edition. Melbourne: DV Vic.

²⁴ VicHealth (2004). *The health costs of violence: Measuring the burden of disease caused by intimate partner violence*. State Government of Victoria.

²⁵ Ayre J, Lum on M, Webster K, Gourley M, Moon L. *Examination of the burden of disease of intimate partner violence against women in 2011: Final report* (ANROWS Horizons, no. 06/2016). Sydney: ANROWS; 2016.

²⁶ Brain Injury Australia (2018). *The prevalence of acquired brain injury among victims and perpetrators of family violence*. New South Wales. <<https://www.braininjuryaustralia.org.au/wp-content/uploads/BRAININJURYAUSTRALIAfamilyviolencebraininjuryFINAL.pdf>>

²⁷ VicHealth (2004). op. cit.

²⁸ Webster, K. (2016). A preventable burden: Measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women (ANROWS Compass, 07/2016). Sydney: ANROWS.

- Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence (World Health Organisation)²⁹.
- Family, Domestic and Sexual Violence in Australia: Continuing the Story 2019: Chapter 4: Impacts and Outcomes of Family, Domestic and Sexual Violence; Hospitalisations pp27-34; Chapter 7: Family violence among Indigenous Australians: Impacts and Outcomes of Family Violence (Australian Institute of Health and Welfare)³⁰.

The health impacts experienced by victim-survivors of family violence can be immediate or cumulative, as a result of enduring both family violence over many years as well as systemic barriers to safety. The myriad of barriers victim-survivors face to leaving a violent relationship (e.g. fear of retaliation from the perpetrator, lack of financial resources, fear of losing their children or being subjected to prolonged legal proceedings, lack of safe and affordable accommodation options, and so on) coupled with controlling and manipulative tactics used by a perpetrator, prevent victim-survivors from accessing safety. Health impacts may also be exacerbated due to barriers that delay or compromise a victim-survivor's access to health care, such as control and surveillance by the perpetrator, lack of availability of appropriate health services (e.g. women in rural and remote locations), or ineligibility for health care services (e.g. women on certain temporary visas).

Evidence has shown that women who experience family violence have poorer health and use health services more frequently than other women³¹, access health services at higher rates than the general population and account for substantial repeat presentations in hospitals³². This is particularly the case for Indigenous women and girls, who are 35 times more likely to be hospitalised due to family violence-related assaults than other Australian women and girls. Further, there are certain times of heightened risk when victim-survivors of family violence are at an increased risk of being killed or almost killed where it is likely they will encounter the health system. These high-risk times include pregnancy, childbirth, sexual assault, physical assault (resulting from an *escalation* in violence or use of a weapon) and non-fatal strangulation³³. At these times, the health system and health professionals may be the first and/or only professionals who have contact with the victim-survivor. It is, therefore, critical that health professionals can identify family violence risk factors and respond appropriately. As noted by the RCFV,

²⁹ World Health Organisation (2013). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and nonpartner sexual violence*.

<https://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.pdf?sequence=1>

³⁰ Australian Institute of Health and Welfare. 2019. *Family, domestic and sexual violence in Australia: continuing the national story 2019*. Cat. No. FDV 3. Canberra: AIHW.

³¹ Hegarty, K, McKibbin, G, Hameed, M, Koziol-McLain, J., Feder, G., Tarzia, L. and Hooker, L. (2020). *Health practitioners' readiness to address domestic violence and abuse: A qualitative meta-synthesis*. PLOS ONE. <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7297351/>>

³² The Royal Women's Hospital Victoria (2016). *Strengthening Hospital Responses to Family Violence: Guide 3 Service Model Training Package: Facilitators Guide* <https://www.thewomens.org.au/images/uploads/general-downloads/shrfv/GUIDE_3-Service_Model_Training_Package_1st_edition_05012016.pdf>; Australian Institute of Health and Welfare. 2019. op. cit. p27.

³³ Family Safety Victoria .2018. *Family Violence Multi-Agency Risk Assessment and Management Framework*. Melbourne: State of Victoria; Toivonen, C., & Backhouse, C. (2018). *National Risk Assessment Principles for domestic and family violence* (ANROWS Insights 07/2018). Sydney, NSW: ANROWS.

“failing to identify signs of family violence or minimising disclosures by patients can have a profound impact on victims and deter them from seeking help in the future”³⁴.

Consequently, the health system is in a unique position to identify family violence and intervene early³⁵. As noted in the *National Plan*, health professionals “are often an early point of contact for women who have experienced family violence and sexual assault”³⁶. As highlighted above, the health system has a critical role to play, as it can be the first and only point of contact for victim-survivors of family violence, and may be considered an accessible option when victim-survivors choose not to, or cannot, make contact with a specialist family violence service or police³⁷. This has been highlighted during the COVID-19 pandemic with an increase in the number of victim-survivors presenting at hospital emergency departments³⁸. A victim-survivor may also “disclose to a trusted health professional whilst they are seeking care for themselves or their children”³⁹, making it critical that health professionals, including General Practitioners, are able to respond appropriately and help the victim-survivor to obtain the services they need.

In the development of the next *National Plan* and further health reforms, it is critical that all levels of government recognise and support health professionals to play their fullest part in responding to family violence. This is through the identification of family violence when a victim-survivor does not explicitly disclose their experience; the ethical and appropriate exploration of indicators to determine immediate and ongoing risk; the provision of information and referral to specialist services, and; responding in ways that encourage future help seeking behaviour and does not undermine the safety of the victim-survivor.

The RCFV in Victoria provided a comprehensive overview of the critical role the health system and services play in identifying and responding to family violence, noted some current limitations in Victorian health services’ responses to family violence, and made a number of suggestions and recommendations “designed to strengthen the health system’s ability to detect and act on family violence disclosures from patients”⁴⁰. We refer the Committee to Volume IV of the RCFV report and submit that many of the issues raised and recommendations made are applicable to jurisdictions outside Victoria. Recommendations that were made by the RCFV that are pivotal if any health system is going to identify and respond to family violence safely and consistently include:

³⁴ State of Victoria, Royal Commission into Family Violence: Summary and recommendations, Parl Paper No. 132 (2014–16), p28

³⁵ State of Victoria, Royal Commission into Family Violence: Report and recommendations, Vol IV, Parl Paper No 132 (2014–16), p1.

³⁶ National Plan: The health sector through doctors, nurses and specialist staff are often an early point of contact for women who have experienced sexual assault or domestic violence p8
https://www.dss.gov.au/sites/default/files/documents/08_2014/national_plan1.pdf

³⁷ See for example, State of Victoria, Vol IV, op. cit.

³⁸ GenVic (2020), Women’s Mental Health in the Context of COVID-19: Factsheet
<https://www.genvic.org.au/wp-content/uploads/2020/06/Women%E2%80%99s-mental-health-in-the-context-of-COVID-19_FA-WMHA.pdf>

³⁹ State of Victoria, Royal Commission into Family Violence: Report and Recommendations, Vol IV, op. cit., p1

⁴⁰ ibid

- Development of a consistent and coordinated ‘whole-of-health-system’ response to family violence underpinned by comprehensive guidelines, policies and protocols for identifying and responding to family violence.
- Greater collaboration and coordination between various parts of the health system and broader family violence service system to reduce ‘siloing’ of responses and system fragmentation.
- Mandatory family violence training for all health professionals (including GPs, hospital, Mental Health, Drug and Alcohol professionals etc) so they have a shared understanding of family violence risk and can identify and respond consistently to family violence within a health care setting.
- Trauma and violence informed health care services so that victim-survivors are not retraumatised by the health service response as a result of having to repeat their story to multiple people and/or being disbelieved or their experience of violence minimised.

Given the scale and complexity of the health system, developing a ‘whole-of-system’ response will take considerable time and investment. We caution that training alone will not improve responses to family violence in the health system. Rather, what is required is long-term investment in training and capability-building to embed family violence awareness and competency across the health system.

Victoria’s RCFV also laid out the deep and long-lasting psychological and emotional damage caused by family violence. Without appropriate counselling and support from specialists, victim-survivors affected by violence can carry this damage throughout their lives, limiting their potential, and further harming their health, wellbeing and financial security.

Access to subsidised specialist counselling and therapy is an essential element of recovery. Counsellors need to have skills and qualifications in working with clients traumatised through physical, sexual and psychological forms of family violence. To this end, the RCFV recommended the creation of a dedicated Medicare Item number for family violence counselling and therapeutic services, distinct from a general practitioner mental health treatment plan. We urge the federal Health Minister to reconsider the Commonwealth’s 2016 rejection of this proposal and to reconsider the need for a dedicated Medicare item in light of the mental health impacts of family violence.

Recommendation 11: The Australian Government includes family violence in the implementation of activities under *Australia’s Long Term National Health Plan*, by:

- adding a Medicare item number for family violence counselling and therapeutic services, distinct from a general practitioner mental health treatment plan¹.
- providing resourcing for capacity-building initiatives for public hospitals and primary healthcare systems to respond safely and appropriately to family violence,
- introducing mandatory training in identifying and responding to family violence including recognising clinical signs and symptoms of non-fatal strangulation and acquired brain injury.

Housing access and affordability

Family violence is the leading cause of homelessness for women and children in Australia⁴¹. Becoming homeless, or becoming at risk of homelessness, is also one of the most common reasons that victim-survivors return to a violent relationship. In 2018-19, 40% of Specialist Homelessness Services' (SHS) clients across Australia listed family and domestic violence as their reason for seeking support⁴². In Victoria, this number was even higher with 44% of people listing family violence as their main reason for seeking support from a SHS⁴³. Nearly half of the people seeking support from a SHS across Australia who reported experiencing family violence were single parents⁴⁴. The vast majority (90%) of SHS clients who were experiencing family violence identified as female⁴⁵.

Homelessness among victim-survivors occurs as a direct result of experiencing family violence - that is, needing to leave the home to be safe from a perpetrator's use of violence. However, homelessness associated with family violence is also driven by a range of structural factors, most notably the systemic lack of affordable housing.

DV Vic and DVRCV are supporters of the Everybody's Home Campaign⁴⁶. We encourage the Australian government to adopt the campaign's aims, including developing a National Plan to End Homelessness and a National Affordable Housing Strategy. These plans should be gender-informed and be able to respond to the structural marginalisation that different groups of victim-survivors, including children, are subjected to. These groups include, but are not limited to, victim-survivors with disabilities, on temporary visas, who identify as Aboriginal and Torres Strait Islander and from the LGBTIQ community. We contend that until the housing affordability crisis in Australia is addressed, victim-survivors will be unable to find affordable, safe places to live, where they can recover from the violence they have experienced. To this effect, this submission endorses the Australian Women Against Violence Alliance's (AWAVA) submission to this Inquiry and their recommendations related to housing.

Recommendation 12: The Australian Government adopts the Everybody's Home Campaign asks, including developing a gender-informed National Affordable Housing Strategy and National Plan to End Homelessness.

⁴¹ Spinney A. (2012). *Home and Safe? Policy and practice innovations to prevent women and children who have experienced domestic and family violence from becoming homeless*. Final report no. 196. Melbourne: Australian Housing and Urban Research Institute.

⁴² AIHW (2019) Specialist Homelessness Services annual report 2018–19 <https://www.aihw.gov.au/reports/homelessness-services/shs-annual-report-18-19/contents/client-groups-of-interest/clients-who-have-experienced-family-and-domestic-violence>

⁴³ AIHW (2019) Specialist homelessness services 2018–19: Victoria. AIHW (2019) Specialist Homelessness Services annual report 2018–19 https://www.aihw.gov.au/getmedia/29e84edc-c552-4f5d-b11a-1c14011ddca8/VIC_factsheet-20-05-2020.pdf.aspx

⁴⁴ AIHW (2019) Specialist Homelessness Services annual report 2018–19 <https://www.aihw.gov.au/reports/homelessness-services/shs-annual-report-18-19/contents/client-groups-of-interest/clients-who-have-experienced-family-and-domestic-violence>

⁴⁵ Ibid

⁴⁶ <https://everybodyshome.com.au/>

The lack of availability of safe and affordable housing also undermines the success of other initiatives to address housing and homelessness among victim-survivors. This is especially relevant to Safe at Home responses, which aim to keep victim-survivors in their family home while removing the perpetrator. If a perpetrator is removed from the family home and becomes homeless as a result, it makes them more likely to try to return home or harass victim-survivors to reunite. This undermines a Safe at Home response and prevents the system from focusing on the perpetrator of family violence and holding them accountable for their actions.

Furthermore, a Safe at Home response, while very successful for many victim-survivors, is not suitable for everyone. Some victim-survivors are unable to stay in their home because it is simply not safe to do so. Gender inequality in employment, pay and working conditions, as well as a trend for women to provide the majority of unpaid caring responsibilities, reduces women's financial welfare⁴⁷ and compromises their ability to continue to pay rent or a mortgage. Similar arguments speak to the limits of private rental brokerage programs as a housing response to all victim-survivors of family violence. Once these schemes end, many victim-survivors are unable to afford rent in the private rental market.

For more information on these matters we refer the Committee to DV Vic's submission to the Victorian Homelessness Inquiry.

Economic independence

The impact of family violence on victim-survivors' financial security and economic independence is significant. Victim-survivors, who are predominantly women, are already impacted by gender inequality in areas such as employment, pay, and working conditions. For victim-survivors of family violence, particularly economic abuse, this economic disadvantage is compounded both during a relationship and following separation.

Men participate in the workforce more than women across all ages, and women are more likely to work part-time⁴⁸. Women also take on more unpaid care work than men, particularly women with young children. In 2016-17, 9.4% of women (and 6% of men) were underemployed, that is, they wanted and were available for more work than they currently had⁴⁹. In addition, divorce and separation impact on women's household income more than it does on men's. The Australian Institute of Families Studies found that in Australia, a woman's equivalised household income falls by 21% following a divorce. Six years after separation, their income was found to only have recovered by half⁵⁰. Women who

⁴⁷ Australian Bureau of Statistics. (2017) Gender Indicators, Australia, Sep 2017 (Cat. No. 4125.0) Retrieved February 2, 2018 from <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4125.0>

⁴⁸ Australian Bureau of Statistics. (2017) Gender Indicators, Australia, Sep 2017 (Cat. No. 4125.0) Retrieved February 2, 2018 from <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4125.0>

⁴⁹ Ibid

⁵⁰ David de Vaus et al., "The Economic Consequences of Divorce in Six OECD Countries," *Australian Journal of Social Issues* 52, no. 2 (June 2017): 180–99, <https://doi.org/10.1002/ajs4.13>.

experience additional forms of discrimination either due to race, disability, age, sexuality or socio-economic status are at even greater risk of experiencing poverty later in life⁵¹.

Victim-survivors are even more likely to experience financial insecurity due to family violence, particularly economic abuse. As many as 90% of victim-survivors of family violence experience economic abuse⁵². Economic abuse ‘controls a woman’s ability to acquire, use and maintain economic resources, threatening her economic security and potential for self-sufficiency’. Tactics can include preventing victim-survivors from working, undermining their ability to go to school, not giving them access to money or giving them an allowance, as well as forcing victim-survivors to put debt and/or fines in their name, or claim social security benefits to which they are not entitled.

Economic abuse often continues post separation, when other forms of abuse stop. It is also common for economic abuse to begin or intensify after a relationship ends as the perpetrator loses other means to maintain power and control. Economic abuse post separation often takes the form of “systems abuse” where perpetrators misuse family law proceedings, exploit jurisdictional gaps or deliberately drag out court proceedings to continue to control the victim-survivor. As noted in the *Small Claims Large Battles* report produced by Women’s Legal Service Victoria, “the accessibility and fairness of the family law system relates directly to women’s financial hardship following separation⁵³. Further, the complexity and cost of accessing the family law system can result in financial insecurity and lead to women “walking away from their entitlement to a fair division of property”⁵⁴. Women can spend years chasing property settlements or child support payments; or discover post separation that debts have been accrued by the perpetrator in their name.

In recent years, a proposal from the Australian Government and certain superannuation funds has emerged to allow victim-survivors early access to their superannuation as a means to increase their access to financial support to assist with their recovery from family violence. DV Vic and DVRCV recognise that for some victim-survivors and their children, early access to superannuation could provide the financial assistance required at critical moments as they pursue lives free from violence. We also acknowledge that several organisations who work with victim-survivors of family violence ultimately support the early release of superannuation. However, while we respect and understand our colleagues’ argument, DV Vic and DVRCV do not support early access to superannuation for victim-survivors of family violence due to concerns that:

- Early access to superannuation will compound the significant financial impacts victim-survivors already experience as a result of family violence.
- Early access to superannuation will have a negative impact on victim-survivors’, predominantly women’s, ability to be financially secure later in life.

⁵¹ Somali Cerise et al., “Accumulating Poverty? Women’s Experiences of Inequality over the Lifecycle” (Sydney: Australian Human Rights Commission, September 2009), https://www.humanrights.gov.au/sites/default/files/document/publication/accumulating_poverty.pdf.

⁵² Camilleri, O., Corrie, T., and Moore, S., (2015). Restoring Financial Safety: Legal Responses to Economic Abuse, Abbotsford: Good Shepherd Australia New Zealand & Wyndham Legal Service Inc.

⁵³ WLSV. 2018. Small Claims, Large Battles: Achieving economic equality in the family law system, WLSV, Melbourne <<https://womenslegal.org.au/creating-change/small-claims%2C-large-battles.html>> p16.

⁵⁴ *ibid*, p4.

- This proposal places responsibility on the victim-survivor to self-fund strategies that address the impact family violence has had on their lives, rather than placing that responsibility with the perpetrator of violence and/or within the systemic response and the State.

Women, who are the majority of victim-survivors of family violence, are already more likely to have significantly lower superannuation balances compared to men⁵⁵. Women over the aged of 50 are also already the fastest growing cohort of people experiencing homelessness⁵⁶. Expecting women to withdraw from their super to recover from family violence will only compound the risk of economic hardship, disadvantage and poverty later in life. In addition, we have concerns about how and when victim-survivors would be able to access the money and the potential for increased systems abuse by perpetrators of family violence through the scheme.

We argue that appropriate funding of services designed to support victim-survivors' financial recovery from family violence (such as financial counselling and legal services), family law reform, and more comprehensive and effective interventions with perpetrators of family violence would be a much more effective way to help victim-survivors recover while not putting their future financial wellbeing at risk. DV Vic has made two submissions on this topic since 2018. For more detailed information regarding the risks to early access of superannuation we refer the Committee to DV Vic's Response to the early release of superannuation benefits discussion paper published in 2018 and DV Vic's Submission the Review of early access to Superannuation for victim-survivors of family violence published in 2019.

We also note that in response to COVID-19, more people have been given access to their superannuation to help them cope with financial hardship caused by the pandemic. While many people may benefit, we have similar concerns regarding the long-term wellbeing of women and other marginalised groups, victim-survivors of family violence, and the potential use of this scheme as a tactic of economic abuse. For example, a perpetrator may force a woman to withdraw from her superannuation and then appropriate the money for their own use, creating a longer-term impact on the woman's financial security later in life. We urge the Australian Government to consult with family violence services and other organisations who specialise in economic abuse to apply a family violence lens over these schemes to ensure the risk of economic abuse is mitigated as much as possible.

Increasing victim-survivors' economic independence requires collaboration across businesses and government. Significant work has been done since the RCFV to address the way businesses such as banks, utility companies, insurance and similar industries identify and respond to victim-survivors of family violence. As many of these businesses operate across jurisdictions, work originating out of the Victorian context is having national effects. For more detail on the successes and ongoing challenges related to economic abuse and how businesses and other industries can respond to support victim-

⁵⁵ Ross Clare, "Superannuation Account Balances by Age and Gender," 2017

https://www.superannuation.asn.au/ArticleDocuments/359/1710_Superannuation_account_balances_by_age_and_gender.pdf.aspx?Embed=Y.gender.pdf.aspx?Embed=Y

⁵⁶ ABS, "Cat No 2049 Census of Population and Housing: Estimating Homelessness, 2016," March 14, 2018, <https://www.abs.gov.au/ausstats/abs@.nsf/mf/2049.0>

survivors to achieve economic independence, we refer the Committee to the Economic Abuse Reference Group's submission to this Inquiry (of whom we are a member).

The social security system and access to income support payments perform a critical function in enabling victim-survivors to escape and recover from family violence and achieve economic independence. However, in its current state the social security system, and particularly JobSeeker (formerly Newstart) payments, is inhibiting victim-survivors' ability to leave and recover from family violence.

The difficulty in accessing payments, the low levels of income support, and the increasingly punitive treatment of income support recipients, all fail to recognise the structural barriers victim-survivors face when accessing employment. These structural barriers are compounded by family violence, making it even more difficult for victim-survivors to enter the workforce and maintain employment. Current income support payments and social security policies ignore the reality of victim-survivors' lives when they are experiencing a safety crisis, effectively working to penalise and blame them for their circumstances, keeping them in structural poverty. This all amounts to the social security system colluding with perpetrators of abuse and furthering the harms caused by family violence. For more information on the adequacy of income support payments and barriers that victim-survivors face to accessing these payments, we refer the Committee to [Good Shepherd Australia New Zealand and AWAVA's submissions](#) to the Senate Inquiry into the Adequacy of Newstart conducted in September 2019. We also refer the Committee to a report and recommendations from the [Social Security Rights Network](#) on the limitations of income support payments when addressing the impact of family violence.

While these reports refer to the old Newstart payment, the issue of low income support payments and structural and bureaucratic barriers to victim-survivors accessing payments still apply. We welcomed the Government's announcement to increase JobSeeker in response to the COVID-19 pandemic. Unfortunately, the latest decision to discontinue this increase will return many recipients, including victim-survivors, to poverty. We urge the Australian Government to permanently increase JobSeeker payments.

Recommendation 13: The Australian Government repeals the proposal for early access to superannuation for victim-survivors of family violence, and commits to a family violence policy agenda that enables the long-term financial wellbeing and recovery of victim-survivors of family violence.

Recommendation 14: The Australian Government permanently increases JobSeeker payments to levels reached during COVID-19 to ensure recipients, including victim-survivors of family violence, are not forced to live in poverty.

We also urge the Australian Government to permanently end mutual obligation schemes related to income support payments. Mutual obligation schemes are paternalistic and based on assumptions that income recipients are lazy or unmotivated to find work. For victim-survivors, mutual obligation schemes place additional burdens when they are already extremely vulnerable and in many cases, their

implementation emulates the dynamics of abuse relationships. There are extreme power imbalances between Centrelink staff, employment agencies, and victim-survivors, which work to limit victim-survivors autonomy and choice.

For victim-survivors with other vulnerabilities, for example being on a temporary visa, having a disability, or being part of a community which experiences structural oppression and/or discrimination, such as Aboriginal and Torres Strait Islander people, the inadequacies of JobSeeker and the punitive nature of the social security system are even more severe and place these women at increased risk of harm. We are particularly concerned about the ParentsNext Program and the effects this program has on single mothers, particularly those in the Aboriginal community. For more information on ParentsNext and how it relates to family violence, we refer you to [DV Vic's submission to the Senate Inquiry into ParentsNext](#).

We are very pleased to see the Australian Government's recent announcement that mutual obligation payments have been suspended due to COVID-19 "until further notice."⁵⁷ We consider this a recognition of the unfair, punitive and unrealistic expectations of mutual obligation schemes placed on income support recipients, including victim-survivors of family violence, and hope that mutual obligation requirements will be permanently discontinued beyond the pandemic period.

Recommendation 15: The Australian Government permanently ends mutual obligation schemes associated with income support payments, particularly those targeted towards single mothers and Aboriginal communities such as ParentsNext.

Access to services via Flexible Support Packages

Flexible support packages (FSPs) have revolutionised the nature of specialist family violence support in Victoria. FSPs are a specific type of brokerage fund available to victim-survivors, including children, who are case managed by a specialist family violence service. They are flexible and can be used to meet a wide range of victim-survivors' needs. Funding for FSPs was significantly increased after the RCFV found that they delivered significantly positive outcomes for victim-survivors. They have since become a critical part of the Victorian family violence service landscape.

The inherently flexible nature of the packages mean that support is able to be tailored in a more responsive and agile way that addresses the unique risks, needs and impacts of family violence on each individual victim-survivor, including children. FSPs provide options for accessing immediate safety for clients that were not available previously, such as facilitating access to alternative short- and long-term accommodation or being able to safely stay at home through the purchase of security measures via the Personal Safety Initiative, thus avoiding clients having to go into crisis accommodation and/or rely on insecure housing arrangements. FSPs also increase the dignity and choice of victims-survivors when

⁵⁷ Ministers for the Department of Social Services (2 August 2020) *Supporting Victorians through the Coronavirus pandemic* [press release] Retrieved from: <https://ministers.dss.gov.au/media-releases/6021>

they are rebuilding their lives as a result of family violence. They enable them to buy good quality material items to assist with their recovery, as well as purchase specialised counselling, training and education courses and materials, and pay off bills and debts that would have otherwise inhibited their recovery from family violence. Their flexibility also makes them one of the few policy responses that can work well for a diverse group of victim-survivors. For example, they can be used to pay for English classes to increase a victim-survivor's employability or return someone to their country.

Guidelines specify that FSPs should only be used when other brokerage funds cannot be used to meet all of a victim-survivors' needs. This means that they sit alongside, not in place of, other brokerage schemes. In DV Vic's submissions regarding early access to superannuation (discussed in the section of this submission on economic independence), we noted that most women's and family violence organisations who supported early access to superannuation did so because victim-survivors in other states did not have access to the same economic supports available to victim-survivors in Victoria, such as FSPs. There is a clear discrepancy between the level of support available to victim-survivors in Victoria compared to the rest of the country. A national FSP program would correct this current inequality. We therefore urgently call on the Australian Government to lead on creating a family violence policy context that supports the financial recovery and wellbeing of survivors of family violence and to fund a National Flexible Support Package scheme at a level equal to, or above, the current Victorian scheme to ensure that all victim-survivors across Australia have access to the same flexible brokerage support.

Recommendation 16: The Australian Government funds a National Flexible Support Package scheme at a level equal to, or above, the current Victorian scheme, to be administered through specialist family violence services.

Access to the justice system and legal services

As outlined in the DV Vic submission to the Joint Select Committee on Australia's Family Law System, family violence is a complex phenomenon that can impact on every aspect of a victim-survivors' life and often requires a victim-survivor to navigate multiple jurisdictions, pieces of legislation and service systems⁵⁸. This complexity results in "cases involving family violence [being] heard in many different legal jurisdictions"⁵⁹, which may include state-based civil (family violence intervention order, victims of crime, residential tenancy etc) and/or criminal proceedings (resulting from police charges, breaches of FVIO) in the Magistrates' Court, Children's Court proceedings (if Child Protection is involved), parenting

⁵⁸ House of Representatives Standing Committee on Social Policy and Legal Affairs. (2017). *A better family law system to support and protect those affected by family violence: Recommendations for an accessible, equitable and responsive family law system which better prioritises safety of those affected by family violence*. Parliament of the Commonwealth of Australia.; The Australian Institute of Judicial Administration. op cit.; State of Victoria, Royal Commission into Family Violence: Report and recommendations, Vol IV, op. cit. p201-202

⁵⁹ State of Victoria (2014-16). *Royal Commission into Family Violence: Report and recommendations, Vol III*. Parl Paper No 132. p118.

and/or property proceedings in the Federal Circuit Court or Family Law Court, as well as proceedings for matters relating to migration and/or temporary visa status.

Simultaneously having to navigate multiple legal jurisdictions can be extremely confusing and complicated and can create additional barriers to accessing the justice system. It can also pose significant safety risks for victim-survivors as gaps that currently exist between jurisdictions provide opportunities for perpetrators to manipulate the legal system to maintain and ‘reassert their power and control over the victim’⁶⁰ (referred to as systems abuse).

Further, the different understanding and definition of family violence across jurisdictions is problematic for victim-survivors of family violence who have multi-jurisdictional legal matters, as these different understandings of family violence can create contradictory rather than complementary and mutually reinforcing outcomes. This contradiction is evident in the family law system, which requires women to negotiate their child(ren)’s contact with a person when previously they have been issued with an intervention order in the State jurisdiction that prevents that same person having contact with the child(ren) due to concerns for their safety as a result of experiencing family violence⁶¹.

Significant and holistic reform is required to ensure that the family law system is responsive to victim-survivors of family violence and produces fair and just outcomes that prioritise safety. Additionally, reform in the family law system will assist to address gaps in other interdependent areas of family violence policy and programs such as housing, financial recovery and economic independence. However, we recognise that significant and holistic change will take considerable time and the chronically underfunded family law system⁶² requires an immediate increase in resourcing, funding and investment to allow short-term, immediate solutions to be implemented as victim-survivors of family violence cannot afford to wait for long-term whole of system reforms to occur.

We note that 12 major reports have been produced on the operation of the Family Law system since 2009 and submit that there are enough existing recommendations to form the basis of future reforms. Many of the priority matters we list below correspond to recommendations made in previous reports that provide in-depth analysis of the intersection between family violence and the family law system. To assist the Committee, we have cross-referenced relevant recommendations made in three recent reports from the Australian Law Reform Commission’s review of the family law system (the ‘ALRC

⁶⁰ The Australian Institute of Judicial Administration. (2019). National Domestic and Family Violence Benchbook. <https://dfvbenchbook.aija.org.au/understanding-domestic-and-family-violence/systems-abuse/>

⁶¹ Francia, L. Millea, P, Sharman, R. (2019). Addressing family violence post separation – mothers and fathers’ experiences from Australia. Journal of Child Custody
<https://www.researchgate.net/publication/332190252_Addressing_family_violence_post_separation_-_Mothers_and_fathers'_experiences_from_Australia>

⁶² Australian Law Reform Commission. (2019). *Family Law for the Future – An Inquiry into the Family Law System Final Report* (March 2019). p32: “there is a chronic lack of funding for the appointment and proper training of judicial resources (including judges, judicial registrars – none of whom are currently employed within the courts, and registrars), court-based social services professionals (including Family Consultants and Indigenous Liaison Officers), and legal aid services (including Independent Children’s Lawyers)”.

review')⁶³, the House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into a better family law system⁶⁴ (the 'SPLA report'), and the Victorian RCFV (see below).

Given the prevalence of family violence as an issue in family law proceedings⁶⁵, we submit that reform of the family law system must be underpinned by certain key principles or there is a significant risk that reform activity will be undermined and continue to result in unjust outcomes, and be unsafe for victim-survivors of family violence. These underpinning principles include:

- Family violence is a central issue, not a marginal issue, in the family law system.
- The centrality of family violence to the work of the family law courts necessitates that a family violence lens must be applied across the family law system.
- Safety and a shared understanding of family violence risk must underpin all processes, decisions and reforms in the family law system .

To ensure that victim-survivors of family violence have better outcomes when they engage with the family law system, the following matters must be prioritised:

- Reforms that strengthen and increase family violence specialisation and promote cross-jurisdictional collaborative and integrated responses (SPLA: rec 2, 3 & 5; RCFV: rec 129; ALRC: recs 1-3) .
- Introduction of family violence and trauma-informed holistic case management services to ensure psychological and legal needs of all parties are identified and supported. This would require access to fully funded and resourced legal services and specialist family violence services for all parties (SPLA: recs 5 & 32; ALRC: recs 34, 57-60).
- Legislative reforms and changes to court protocols that will increase 'safe and appropriate' sharing of risk relevant information between the family court and courts and services in other jurisdictions (ALRC: recs 2-3; SPLA: recs 6 & 21 RCFV: recs 129 & 134).
- Early determination of family violence through a family violence informed case management process and the early testing of evidence of family violence as outlined in WLSA's *Safety First in Family Law Plan*⁶⁶ (SPLA: rec 7).
- Immediately remove the presumption of equal shared parental responsibility and the language of equal shared time from the *Family Law Act 1975* (ALRC: recs 7-8; SPLA: rec 19).
- The development of a national common family violence risk assessment framework developed in collaboration with specialist family violence services/experts (SPLA: rec 2; RCFV: rec 134).
- Expansion of fully funded Legally Assisted Family Dispute Resolution (SPLA: rec 4; ALRC: rec 60)

⁶³ *ibid*

⁶⁴ House of Representatives Standing Committee on Social Policy and Legal Affairs. (2017). *op. cit.*

⁶⁵ Australian Institute of Family Studies (AIFS). (2019). *Parenting arrangements after separation: Evidence Summary*. https://aifs.gov.au/sites/default/files/publication-documents/1910_parenting_arrangements_after_separation.pdf; ALRC. 2019. *op. cit.*; Carline, A. & Easteal, P. (2014). *Shades of Grey – Domestic and Sexual Violence Against Women: Law Reform and Society*, Routledge, Oxford.

⁶⁶ Women's Legal Services Australia. 2019. *Safety First in Family Law Plan*. Retrieved January 2020 http://www.wlsa.org.au/uploads/campaign-resources/Safety_First_in_Family_Law_Plan.pdf.

- Mandatory training for all family law professionals (including family report writers and children’s contact services) to ensure they have a comprehensive and contemporary understanding of family violence and to promote greater consistency in decision-making across state and federal jurisdictions (this has been a recommendation in 8 of the 12 inquiries since 2011⁶⁷).

For an in-depth discussion of the above mentioned matters, we refer the Committee to the DV Vic submission to the Joint Select Committee on Australia’s Family Law System.

We reaffirm our support for Women’s Legal Services Australia (WLSA’s) *Safety First in Family Law Plan*⁶⁸ which sets out five changes that need to happen now to make the family law system safer:

1. Strengthen family violence response in the family law system
2. Provide effective legal help for the most disadvantaged
3. Ensure family law professionals have real understanding of family violence
4. Increase access to safe dispute resolution models
5. Overcome the gaps between the family law, family violence and child protection systems.

We also support Women’s Legal Service Victoria’s *Small Claims, Large Battles Report*⁶⁹, and the implementation of recommendations contained in the report to: streamline family court processes; improve financial disclosure; simplify the superannuation splitting system; deal with joint debts and; respond to family violence in property matters; as this would result in fair financial outcomes in the family law system for victim-survivors of family violence. We note that in 2018 the Australian Government announced funding of three key recommendations from the *Small Claims, Large Battles Report* including “funding for the Australian Taxation Office to develop an electronic information-sharing system to give the family law court improved visibility of parties’ superannuation assets”⁷⁰. We are concerned that two years on from this announcement, relevant Legislation has not been passed and the scheme did not commence on the scheduled state date of 1 July 2020⁷¹.

Recommendation 17: The Australian Government takes immediate steps to reform Australia’s family law system, placing family violence as a central issue.

⁶⁷ ALRC. 2019. op. cit. p111

⁶⁸ Women’s Legal Services Australia. 2019. op. cit.

⁶⁹ WLSV. 2018. *Small Claims, Large Battles: Achieving economic equality in the family law system*, WLSV, Melbourne <https://womenslegal.org.au/creating-change/small-claims%2C-large-battles.html>

⁷⁰ WLSV. (2019). Submission to the Joint Select Committee on Australia’s Family Law System. p20.

⁷¹ Guest, A. (23 July 2020). *Domestic abuse survivors still waiting on government scheme to stop perpetrators hiding superannuation*. ABC News. <https://www.abc.net.au/news/2020-07-23/superannuation-scheme-to-protect-domestic-violence-survivors-no/12473102>

- e) All forms of violence against women, including, but not limited to, coercive control and technology-facilitated abuse.

With much expertise across the specialist family violence sector, DV Vic and DVRCV draw the Committee's attention to the submissions to this Inquiry made by Good Shepherd Australia New Zealand and the Australian Women Against Violence Alliance (AWAVA), which both explore the issues relating to reproductive coercion, dowry abuse, trafficking, forced marriage, and the exploitation of labour.

Coercive Control

As noted above, while a range of behaviours constitute family violence, victim-survivors' experiences and perpetrator actions often reflect a patterned behaviour of coercive control. 'Coercive control' is the many tactics of violence used by a perpetrator that are patterned, repeated and integrated into everyday life to control, manipulate and dominate the victim-survivor. Coercive control has a cumulative effect on the life, safety, wellbeing and freedom of victim-survivors.

The concept of 'coercive control' is not new but has become more prominent in recent public discourse. The concept was developed by Professor Evan Stark who defined it as a "pattern of domination that includes tactics to isolate, degrade, exploit and control" victims, "as well as to frighten then or hurt them physically"⁷². In Victoria, the Family Violence Protection Act (2008) recognises coercive control and coercive and controlling behaviour in the definition of family violence⁷³.

Whilst understanding why public attention has recently turned to the criminalisation of coercive control, specialist family violence services in Victoria, in the midst of unprecedented reform to improve this State's response to family violence, are not focused on this as a priority area of legislative reform. We note that where a stand-alone offence has been introduced in other jurisdictions, there is not yet a compelling evidence-base supporting the effectiveness of the offence, nor that it results in improving safety for victim-survivors. Given the potential adverse outcomes of criminalisation of family violence for victim-survivors, in-depth and comprehensive analysis is required before establishing a case for its introduction in Victoria. This includes a consideration of current limitations in criminal justice responses to family violence and an exploration of perpetrator accountability mechanisms and intervention programs that sit outside of a justice response, centred on victim-survivor safety.

Technology-facilitated abuse

The role of technology and its use by perpetrators to control, abuse and intimidate victims has become a rapidly growing problem in family violence. Technology-facilitated abuse includes 'the use of technologies such as smartphones, cameras, internet-connected devices, and computers, and

⁷² Stark, Evan. 2007. 'Coercive Control: How Men Entrap Women in Personal Life'. New York.

⁷³ Family Violence Protection Act (2008), Part 2 *Interpretation*, Sect 5 *Meaning of Family Violence*.

platforms such as Facebook and YouTube, as part of the tactics in an overall pattern' of family violence⁷⁴. Behaviours, such as defaming the victim-survivor on social media, sharing personal details online, unauthorised distribution of sexual images and sending abusive text messages, have increasingly formed part of the experience of coercive control.

Technology has provided an additional platform for perpetrators of family violence to continue their use of abusive and controlling behaviours such as monitoring and stalking, sexual abuse, emotional abuse, isolation and harassment, even after separation. This has a detrimental impact on the safety and mental health of victim-survivors and serious implications for help-seeking.

SmartSafe Project, DVRCV

In 2013, DVRCV conducted research examining how technology is being used by perpetrators to stalk and abuse women, as well as how these technologies may be used to improve women's safety, such as by collecting evidence of intervention order breaches¹. This research, titled SmartSafe, is one of the few studies conducted internationally on technology-facilitated stalking and abuse in the context of family violence.

Our research shows that technology provides perpetrators with easy, accessible, instantaneous and potentially more public methods to control, monitor and shame women. Technology can also make it more difficult to separate from an abusive partner. By using strategies such as constant text messaging and phone location or GPS tracking, a perpetrator can create a sense of omnipresence in his ex-partner's life, making her feel that she can never truly escape him.

Our research also found that perpetrators are using intimate photos and videos of women (obtained either with or without consent) to threaten women. Also known as 'sexting', perpetrators send these images or videos to women's friends, family and even their children, to humiliate and punish. Contrary to widespread belief that sexting is mainly occurring within a younger demographic, our research revealed that the average age of women experiencing this abuse was 35-years old.

The SmartSafe research found that technology-facilitated stalking has a significant impact on the mental health and wellbeing of victims, creating high anxiety and fear. It is often linked to other forms of family violence. Our survey with victims also suggested that they fear not being believed and may not seek help for technology-facilitated stalking. When victims do seek legal protection by taking out an intervention order, it is not always effective in stopping the abuse.

In DVRCV's 2015 national survey of practitioners across Australia, we found that when women experience technology-facilitated abuse, the response from both police and courts is often inconsistent and unhelpful. Practitioners identified that technology-facilitated abuse made it more difficult to protect victims, and that services struggled to know how to advise them. Practitioners stated that the

⁷⁴ Douglas, H., Harris, B. A. and Dragiewicz, M. (2019) 'Technology-facilitated domestic and family violence; Women's experiences', in *The British Journal of Criminology*, vol. 59, no. 3, pp 551-570.

common advice that professionals offered to victim-survivors is to simply ‘switch off’ devices or social media accounts; however, doing so can be counterproductive, create greater isolation and risk for the victim-survivor, and in some cases has not effectively stopped the abuse and harassment⁷⁵.

WESNET continues to lead the family violence sector’s understanding and response to technology safety and technology-facilitated abuse, providing resources and advice to women, victim-survivors, government and businesses, as well as delivering training and education to frontline professionals. Evaluation of WESNET’s Safer Technology for Women program found that frontline workers’ knowledge of technology-facilitated abuse and confidence and ability to provide technology safety advice to victim-survivors significantly increased through training⁷⁶. While one-off training can have a great impact on initially lifting specialist family violence professionals’ practice in this area, the pace of technology developments and ever-evolving ways that perpetrators use technology to exercise control and abuse requires an ongoing monitoring, updating and nuancing of training and education programs.

Recommendation 18: The Australian Government invests in effective practice, policy and legal responses to address the use of technology as a tactic of abuse. This would include:

- Funding to expand access and reach of specialist family violence and technology advocacy and advice across all areas of society, including expanded and ongoing funding for WESNET’s Safe Phones program.
- Expand training programs, support and resources for victim-survivors, frontline service providers and legal professionals to provide nuanced and up-to-date information to support practice.
- Investment in qualitative and quantitative research exploring the dynamics of technology-facilitated abuse, impacts across victim-survivors and diverse communities, legal responses to technology-facilitated abuse, and best practice approaches in supporting victims of technology-facilitated abuse and stalking.

- f) The adequacy of the qualitative and quantitative evidence base around the prevalence of domestic and family violence and how to overcome limitations in the collection of nationally consistent and timely qualitative and quantitative data including, but not limited to, court, police, hospitalisation and housing.

There has been much effort directed at strengthening the evidence base around the prevalence of domestic and family violence. As a result, we have better insight into, and widespread acceptance of, the underpinning gendered drivers of violence. The data clearly tells us that family violence

⁷⁵ Douglas, H., Harris, B. A. and Dragiewicz, M. (2019) ‘Technology-facilitated domestic and family violence; Women’s experiences’, in *The British Journal of Criminology*, vol. 59, no. 3, pp 551-570.

⁷⁶ Dorozenko, K. and Chung, D. (2018) *Research and Evaluation of the Safer Technology for Women Training and the Safe Connections Program*, WESNET (Available at: https://wesnet.org.au/wp-content/uploads/sites/3/2019/10/Safe-Connections-Evaluation_Telstra-Report_Final.pdf).

disproportionately affects women and children, and that in the main, perpetrators are men⁷⁷. It tells us that female victims are more likely to experience domestic and family violence from a current or former partner, and that men are more likely to experience violence in a variety of familial relationships. We also know that women from particular groups experience violence at increased rates, such as Aboriginal and Torres Strait Islander people and women with disabilities, and that for some groups there are multiple and particular barriers for seeking help and accessing services⁷⁸.

However, this data only goes so far to help our collective efforts to prevent family violence and violence against women, target our responses so they are timely, safe and victim-survivor-centred, reform public policy and legislation and design service systems.

There is currently no consistent approach to collecting and reporting data within each of the states and territories and across Australia as a whole. Governments, advocacy groups, researchers and organisations working in this field often struggle to navigate the many sources, all which report on different aspects of family violence, depending on the context and criteria established for data collection. While some attempts at large-scale collection and reporting have been made through agencies like the Australian Bureau of Statistics, this ‘central’ location for quantitative data is seriously undermined by the lack of consistency of datasets across the jurisdictions, over-reliance on policing data, and lack of data quality assessment undertaken prior to publication⁷⁹. Additionally, there are often significant gaps in time between data collection and data publication, meaning portions of data are no longer relevant.

Recommendation 19: The Australian Government develop and fully fund a central database housing:

- **high-quality, reliable and consistent quantitative and qualitative data**
- **data that is based on an agreed dataset**
- **data from a range of agencies, including victim self-report data and agency data on perpetrators.**

DV Vic and DVRCV also encourage the Committee to look beyond the idea of prevalence when interrogating the adequacy of quantitative and qualitative data. We fully support the ongoing investment in dedicated and specialist gender-based violence research, which moves beyond prevalence to critically examine practice as well as the impact of policy, legislation and social life on the experiences of victim-survivors and use of family violence by perpetrators.

⁷⁷ Cox, P. (2016). *Violence against women: Additional analysis of the Australian Bureau of Statistics’ Personal Safety Survey, 2012* (ANROWS Horizons: 01.01/2016 Rev. ed.), ANROWS: Sydney.

⁷⁸ Australian Institute of Health and Welfare (2019) *Family, domestic and sexual violence in Australia: continuing the national story 2019*. Cat. no. FDV 3, AIHW: Canberra.

⁷⁹ 4533.0 - Directory of Family, Domestic, and Sexual Violence Statistics, 2018 ‘Types of Data Sources’ <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4533.0~2018~Main%20Features~Types%20of%20Data%20Sources~5> [Accessed 20 July 2020].

While there are a number of promising prevention programs and activities taking place across Australia and internationally, there continues to be a dearth of funding and attention directed towards prevention research and evaluation. The piecemeal approach to program funding continues to constrain our evidence-building capacity, where opportunities to successfully embed prevention activities are limited and result in predominately narrowly-focused evaluations which have limited ability to contribute to longer-term impact evaluation. The shortage of research and evaluation in prevention is an obvious gap that must be met by adequate investment to build evidence about what works in prevention, in what setting and to what effect.

Recommendation 20: The Australian Government provides long-term investment in research and evaluation on family violence, gender equity and gender-based violence prevention.

g) The efficacy of perpetrator intervention programs and support services for men to help them change their behaviour.

It is critical that all governments pivot their attention to understanding perpetrator behaviours, risks and intervention strategies if headway is to be made on reducing the harms and prevalence of ongoing and entrenched patterns of family violence. At present, this ‘pivoting’ remains superficial, with policy, legislation and systems designed without a clear focus and understanding of perpetrator accountability. A perfect example of this is through the design of the terms of reference that guide this Inquiry. Perpetrator accountability is not only about ensuring those who cause harm, trauma and death are held accountable through legal means or attendance at perpetrator interventions. It also speaks to the system’s responsibility to widen its focus to perpetrators in our collective effort to end family violence. This means that when ‘changes are made in one part of the system, the flow-on impacts to other parts of the system are considered and managed effectively’⁸⁰. DV Vic and DVRCV encourage the Committee to look beyond perpetrator interventions to consider the impact and contribution of system design, policy reform and service responses more broadly to perpetrator accountability.

Recommendation 21: The Australian Government holds a clear perpetrator accountability lens in all decisions about family violence policy, systems, legislation, program funding and research.

Perpetrator intervention programs and accountability measures have been vastly under-researched, conceptualised and fostered as a critical component of the family violence response system across Australia. Debate remains about perpetrator intervention outcomes, stemming from ongoing confusion and conflicting views about evaluation outcome measures, which have historically focussed on recidivism. With the introduction of a perpetrator-specific research stream through ANROWS, evidence is emerging about perpetrator interventions, including program theories and implementation, practice

⁸⁰ State of Victoria (Expert Advisory Committee on Perpetrator Interventions) (2018) *Expert Advisory Committee on Perpetrator Interventions Final Report*, Victorian Government: Melbourne, p91.

approaches, gaps in program responses to support diverse perpetrator cohorts, and the evaluation readiness of programs⁸¹.

The next *National Plan* has an opportunity to leverage emerging evidence to strengthen perpetrator intervention outcomes through investment in evaluation studies as well as further research as new data about perpetrators and effective responses emerge. To support evaluation, it is critical that perpetrator intervention programs are provided with the necessary resourcing to effectively implement the interventions, innovate responses, and embed a quality evaluation culture⁸². This includes the development of a national men's behaviour change program outcomes framework to provide consistency in evaluation frameworks.

Recommendation 22: The Australian Government works through the states and territories to allocate national funding to perpetrator interventions, including men's behaviour change programs, fathering programs, case management and case work, and other risk management strategies.

- h) The experiences of all women, including Aboriginal and Torres Strait Islander women, rural women, culturally and linguistically diverse women, LGBTQI women, women with a disability, and women on temporary visas.

Women on temporary visas

Women on temporary visas who experience family violence face systemic barriers and challenges if and when they try to leave a violent relationship. Temporary visa status can be used by perpetrators as an additional tool for coercion and control. If victim-survivors are in Australia with no family or friendship networks, they are increasingly isolated and dependent on the perpetrator. At the time of leaving a violent relationship, victim-survivors on temporary visas are confronted with multiple complex and confusing systems (i.e. legal, migration, social security, family violence systems) with no guarantee that they will be able to access support and safety. Eligibility to access the family violence provisions in the *Migration Regulations*⁸³, as well as health, welfare, working and social security, is dependent on the type of visa held rather than safety. This creates confusion, complexity and inequality for victim-survivors of family violence who may hold different types of temporary visas and provides further opportunities for perpetrators to exploit this uncertainty to continue to control and manipulate.

The complexity of the migration and social security systems, and the lack of consistency across states, territories and nationally, may result in cases where victim-survivors may theoretically be eligible to access support, but in reality cannot. This may be due to the inaccessibility of information and the

⁸¹ see ANROWS (2020) 'Perpetrator Interventions Research' [online], Available from: <https://www.anrows.org.au/perpetrator-interventions-research/>

⁸² Day, A., Vlasis, R., Chung, D., & Green, D. J. (2019) *Evaluation readiness, program quality and outcomes in men's behaviour change programs*, Research report, 01/2019, ANROWS: Sydney.

⁸³ Migration Regulations 1994 (Cth), Div 1.5-Special Provisions Relating to Family Violence

inability to understand what is complicated and confusing eligibility requirements for various payments. Further, for victim-survivors of family violence who have experienced trauma and abuse, navigating these systems becomes an almost impossible task.

DV Vic endorses the [Blueprint for Reform](#)⁸⁴ developed by the National Advocacy Group on Women on Temporary Visas Experiencing Violence, which contains reforms to achieve safety for women on temporary visas and sets out three steps to improve women's and children's access to safety and justice. Specifically, it calls on the Australian, State and Territory governments to:

1. Improve the migration system so that all women on temporary visas who experience domestic, family and sexual violence and their dependants can access protections, services and justice.
2. Ensure eligibility and access to services and government support are based on women's needs for safety and recovery, regardless of their migration status.
3. Ensure that women on temporary visas who have experienced domestic, family and sexual violence and their dependants have immediate and full access to safety, protection, justice and fully funded specialist support with demonstrated gender expertise and cultural competency.

The barriers and challenges women on temporary visas face when trying to access services and safety have become more acute during the COVID-19 pandemic. During this time, women on temporary visas are facing significant financial hardship as they have lost employment or other sources of income and in many cases have not been able to access the COVID-19 related income supports due to the type of temporary visa they hold. Further information on how the COVID-19 pandemic is impacting women on temporary visas is available in the [inTouch Issues Paper, April 2020](#).

Long-term structural change and collaboration from all levels of government is required to address the systemic barriers women on temporary visas currently encounter and to ensure that the legislative environment created by the Australian Government complements and supports state-based family violence responses. This will ensure that a victim-survivor is never placed in the impossible situation of feeling forced to return to a perpetrator because the type of visa they hold restricts their access to long-term support and safety.

Recommendation 23: Implement the recommendations outlined in the Blueprint for Reform to achieve access to safety and justice for women on temporary visas experiencing violence.

Victim-survivors with disabilities

Family violence is a significant and complex form of violence experienced by people with disabilities, which can have far reaching and life-long impacts for victim-survivors. As noted in our response to the [Royal Commission into Violence, Neglect and Exploitation of People with a Disability: Criminal Justice Issues Paper](#), it is difficult to definitively determine the prevalence of family violence experienced by

⁸⁴ National Advocacy Group on Women on Temporary Visas Experiencing Violence (2019) *Blueprint for Reform: Removing Barriers to Safety for Victims/Survivors of Domestic and Family Violence who are on Temporary Visas*

people with disabilities due to the lack of systematic data collection and the multiple and complex barriers people with disabilities face to reporting and disclosing violence they have experienced⁸⁵. The cumulative impact of inadequate data collection processes and under-reporting continues to mask the true extent of family violence experienced by people with disabilities, with the prevalence likely to be much higher than what is reflected in current data⁸⁶. For a detailed discussion on data limitations and gaps we refer the Committee to the Report and Recommendations of the RCFV, Volume V⁸⁷; Voices Against Violence Report, Paper 2, p30⁸⁸ and the Australian Institute of Health and Welfare: Family, Domestic and Sexual Violence in Australia report⁸⁹.

Noting the above limitations, current research shows that people of all genders with disabilities are more likely to experience family violence than people without disabilities⁹⁰. Women and girls with disabilities experience higher rates of sexual and family violence than men with disabilities, are more likely to experience family violence than women without disabilities and “the intersection of gender and disability increases the risk of violence against women and girls with disabilities”⁹¹. As noted by Backhouse & Toivonen (2018), current available research “indicates that women with disabilities are 40 percent more likely to experience DFV than other women and that more than 70 percent of women with disabilities have been victim-survivors of sexual violence”⁹². The most recent Personal Safety Survey (PSS) found that when compared with people without a disability, people with a disability are:

- 1.8 times as likely to have experienced physical and/or sexual violence from a partner in the previous year (2.5% women and 1.1% men),
- 1.7 times as likely to have experienced sexual violence (including assault and threats) since the age of 15, with women more likely to experience sexual violence from a partner/ex-partner and men a stranger (1 in 4 women and 1 in 20 men).

⁸⁵ Australian Institute of Health and Welfare (2019). *People with disability in Australia 2019-In brief*. Cat. No. DIS 74. Canberra. p23.

⁸⁶ Frawley, P., Dyson, S. and Robinson, S. (2017). *Whatever it takes? Access for women with disabilities to domestic and family violence services: Key findings and future directions*. ANROWS Compass Issue 05/2017. Sydney, NSW; State of Victoria (2014-16). *Royal Commission into Family Violence: Report and recommendations*, Vol V. Parl Paper No 132.

⁸⁷ State of Victoria (2014-16), Vol V, p193

⁸⁸ Healey, L (2014). *Voices Against Violence: Paper 2*. P30

⁸⁹ AIHW (2019). *Family, domestic and sexual violence in Australia: continuing the national story 2019*. Cat. No. FDV 3. Canberra.

⁹⁰ AIHW (2019). *Family, domestic and sexual violence in Australia: continuing the national story-In brief*. Cat. No. FDV 4. Canberra, p8; State of Victoria(2014-16). *Royal Commission into Family Violence: Summary and recommendations*, Parl Paper No 132. Melbourne, VIC. p36.

⁹¹ Family Safety Victoria (2019). *MARAM Practice Guides: Foundation Knowledge Guide*. Melbourne, VIC: State of Victoria. p51; Family Safety Victoria (2018). *Family Violence Multi-Agency Risk Assessment and Management Framework: A Shared Responsibility for Assessing and Managing Family Violence Risk*. Melbourne, VIC: State of Victoria. p35; Australian Bureau of Statistics (2017). *Personal Safety, Australia 2016*. ABS Cat. No. 4906.0. Canberra.

⁹² Backhouse, C., & Toivonen, C. (2018). *National Risk Assessment Principles for domestic and family violence: Companion resource. A summary of the evidence-base supporting the development and implementation of the National Risk Assessment Principles for domestic and family violence* (ANROWS Insights 09/2018). Sydney, NSW: ANROWS; p19.

- 1.5 times as likely to have experienced emotional abuse from a partner and more likely to report having experienced emotional abuse from multiple previous partners (1 in 3 women and 1 in 5 men)⁹³.

As noted by Maher et al (2018), “the prevalence, type, and impacts of violence against women with disability are different in comparison to women in the broader population”⁹⁴. While women with disabilities can experience the same types of family violence as those experienced by women without disabilities, they also experience different and additional types of violence (referred to as ‘disability-based’ or ‘disability-specific’ violence) including reproductive control, forced or withheld medical treatment or administration of inappropriate medication, forced isolation or restraint, withholding medication or aids, limiting access to support services, threats to withdraw care, denial of impairments and abuse of enduring Power of Attorney⁹⁵.

Intimate partner violence is the most common form of violence perpetrated against women with disabilities but it “may take different forms in the context of disability”⁹⁶. The complex dynamics between women with disabilities and their partners, where they have a dual role of partner and carer, make it even more difficult for women to consider reporting violence and leaving the relationship as they rely on the relationship for practical support⁹⁷. They may also have heard how others have tried to access safety only to find that the system has not been able to support them. Furthermore, a victim-survivor may be fearful of retribution from the perpetrator, for her safety and that of any children in her care⁹⁸ or of losing custody of her children. This fear is well-founded with removal of children from parents with disabilities happening at a much higher rate than for parents without disabilities⁹⁹.

Research shows that for women with disabilities, family violence is perpetrated within a broader range of relationships (i.e. other family members, paid carers and so on), in a broader range of settings (e.g. institutional/residential setting) and may be inflicted for longer periods of time by a greater number of perpetrators than for women without disabilities¹⁰⁰. For a comprehensive summary of the nature of violence against women with disabilities and examples of perpetrator’s use of violence specific to women with disabilities, we refer the Committee to the Voices Against Violence report, Paper 2¹⁰¹.

International and Australian evidence shows that women with disabilities “experience violence more frequently and with more severity”¹⁰² than other women. Family violence frameworks, such as the

⁹³ AIHW, 2019, op. cit.

⁹⁴ Maher, J. M., Spivakovsky, C., McCulloch, J., McGowan, J., Beavis, K., Leas, M., Cadwallader, J., Sands, T. (2018). *Women, disability and violence: Barriers to accessing justice: Final report*. Sydney: ANROWS.

⁹⁵ Healey, L (2014). op. cit. Paper 2, pp38-40; Frohmader et al. 2015 cited in AIHW (2019). *Family, domestic and sexual violence in Australia: continuing the national story 2019*. Cat. No. FDV 3. Canberra; Maher et al op cit; Backhouse, C., & Toivonen, C. (2018). Op cit

⁹⁶ State of Victoria (2014-16), Vol V, p176

⁹⁷ Ibid, p191

⁹⁸ Ibid. p183

⁹⁹ Ibid. p183; Healey, L. (2014). Paper Two. p52

¹⁰⁰ Family Safety Victoria (2019). p51-53; State of Victoria (2014-16), Vol V; Healey, L. (2014). Paper 1 and 2.

¹⁰¹ Healey, L (2014). *Voices Against Violence: Paper 2*. pp. 38-41.

¹⁰² Backhouse, C., & Toivonen, C. (2018). op. cit. p7.

Multi-Agency Risk Assessment and Management Framework (MARAM) in Victoria and the National Risk Assessment Principles developed by ANROWS, recognise that victim-survivors with disabilities are at increased risk of experiencing family violence, and that when they do experience family violence their level of risk of future harm is likely to be heightened. They also face additional barriers to accessing support and safety, which can result in them staying in a violent situation for longer¹⁰³.

DV Vic and DVRCV note that further research is required to understand the dynamics and experiences of victim-survivors with disabilities from gender diverse and gender non-binary communities, and other marginalised and excluded groups.

Given this evidence, it is critical that disability and family violence service systems provide a coordinated continuum of support to victim-survivors that address both their family violence risk and safety needs and disability support needs¹⁰⁴. The interface between the family violence and disability service systems is complex and dynamic as a result of the transition to federally-funded NDIS services. There remain issues that need to be addressed to ensure it operates effectively and provides ‘joined-up’/‘wrap-around’ support to victim-survivors. Dedicated resources are needed to build family violence capability in the disability service system, particularly for NDIA staff who are responsible for assessing and approving NDIS plans and NDIS staff who provide direct support to people with disabilities, and to facilitate collaborative practice across these two service systems. This requires high-level leadership across various levels of government to ensure interface issues are resolved and victim-survivors no longer experience further violence due to systemic failures.

Recommendation 24: Client-facing NDIA staff (including NDIA planners and those with decision making delegation) and disability service workers funded by the National Disability Insurance Scheme (NDIS) complete mandatory training in identifying and responding to family violence.

Victim-survivors with disabilities who experience family violence often become known to the family violence service system at a point of crisis, where the victim-survivor is at increased risk of harm and needs immediate crisis response to reduce risk and to enhance their safety. For example, a victim-survivor may need to relocate to a refuge in another area, may have to attend a court hearing soon after a family violence incident or the perpetrator may have been removed from the home and the victim-survivor has been dependent on them for care. The NDIS was not established or intended to provide a crisis response and consequently is not currently agile or flexible enough to immediately meet a victim-survivors’ crisis needs. Delays in service as a result of NDIS processes compromises the safety of victim-survivors, where immediacy of action is key to securing safety and wellbeing.

Whilst there is an urgent need to speed up access to NDIS plans and/or reviews for victim-survivors of family violence with disabilities and a clear process for prioritising and triaging access for those with urgent needs for support and safety, there is also a need for a ‘safety net’ that can bridge the gap that

¹⁰³ FSV (2019). op. cit. Backhouse, C., & Toivonen, C. (2018). op. cit.

¹⁰⁴ In acknowledgement of the importance of this the interface between these two systems it was a focus in the RCFV report (see Volume IV) and whilst some improvements have been made, work remains to be done.

currently exists for victim-survivors at the point of crisis. The time it takes for a plan to be approved or reviewed cannot be a barrier to women escaping family violence or lead them being left without basic needs and support for extended periods of time.

Recommendation 25: The interface between the NDIA, the disability sector, and the family violence service system is addressed in close consultation with both sectors to bridge the ‘crisis response’ gap in the NDIS system.

- i) The impact of natural disasters and other significant events such as COVID-19, including health requirements such as staying at home, on the prevalence of domestic violence and provision of support services.

Research in Australia and overseas has demonstrated that family violence increases in frequency and severity in the aftermath of emergencies and/or natural disasters. Research has also demonstrated that victim-survivors of family violence, particularly women and children, people with disabilities, older people, and members of the LGBTI community, are more vulnerable during emergencies. For example, New Zealand experienced a 53% increase in family violence reported to police after the Canterbury earthquake¹⁰⁵. Similarly, the US experienced a 98% increase in violence against women following Hurricane Katrina¹⁰⁶. Post the Black Saturday bushfires, research conducted by the Australia Gender and Disaster Pod (GAD Pod) indicates that family violence reports also increased, although by how much is difficult to quantify because of insufficient data¹⁰⁷.

Increases in family violence during and post disaster are a result of a range of factors. Most significantly amongst these factors is a tendency to revert to stereotypical and ‘traditional’ gender-binary roles during times of uncertainty, namely men taking the role of protectors and decision makers while women are seen as carers. When these strict gender norms resurface in the home, out of sight, they limit women’s independence and autonomy and can put them and their children at risk. Financial stress, unemployment and housing insecurity are other known risk factors for family violence that are often present post disaster. These risk factors, combined with strict gender norms, create an environment where family violence is likely to increase.

Research also shows that during times of disaster or emergency, there is an increased tendency for people to dismiss or downplay a person’s experiences of violence, or ‘excuse’ the violent behaviours of perpetrators with statements like ‘he’s just stressed’ or reference to gendered ‘hero’ narratives. This was found to be particularly true in communities affected by the Black Saturday Bushfires where many men’s violent behaviour towards their families was often excused as a result of the traumatic

¹⁰⁵ Available from: <https://knowledge.aidr.org.au/resources/ajem-apr-2013-the-hidden-disaster-domestic-violence-in-the-aftermath-of-natural-disaster/>

¹⁰⁶ Available from: <https://knowledge.aidr.org.au/resources/ajem-apr-2013-the-hidden-disaster-domestic-violence-in-the-aftermath-of-natural-disaster/>

¹⁰⁷ Available from: <https://www.genderanddisaster.com.au/themes/family-violence-disaster/>

experiences they had faced during the fires. Significant research has been produced by the GAD Pod regarding family violence and disaster recovery since the Black Saturday Bushfires. We encourage the Committee to review the GAD Pod's work including their report, ['The way he tells it...': Relationships after Black Saturday](#).

January 2020 bushfire responses and family violence

Following the bushfires in early 2020, and in light of previous research, the state's disaster responses were noticeably more attuned to the risk of increased family violence. However, being aware of the potential increase in its incidence is not a direct indicator of safe and timely responses, nor of any prevention efforts instigated during the time of crisis. The GAD Pod's research into the Black Saturday Bushfire recovery response demonstrated the need for bushfire recovery support workers to have a basic knowledge of family violence so they were able to effectively ask about and screen for family violence, and then refer people to specialist supports. The research demonstrated that unless directly asked about family violence, victim-survivors were unlikely to disclose family violence until months, if not years, after the event.

While the data on the prevalence of family violence following the January 2020 bushfires remains inconclusive and we are yet to determine the true impact of this season's bushfires, anecdotal evidence in Victoria suggests that the GAD Pod's research findings and recommendations have not been fully translated into practice to respond to the January 2020 bushfires. While there is more awareness regarding the risk of family violence post bushfires, DV Vic understands from its members in bushfire-affected areas that bushfire recovery support workers have not been consistently trained in family violence, nor have they been equipped with the necessary resources, including common risk assessment tools and referral protocols, to enable them to confidently ask about and respond to family violence disclosures.

DV Vic has also heard reports from Bushfire Recovery Victoria that data regarding family violence is not regularly or consistently collected at Recovery Hubs. Information regarding mental health and accommodation needs, as well as access to building supplies and emergency relief, is regularly being collected at Recovery Hubs. However, it is DV Vic's understanding that community members are not being regularly asked or prompted to disclose if family violence or relationship breakdown is occurring. It is therefore not surprising that family violence has not emerged as a main presenting need in current bushfire affected communities.

Bushfire Recovery Victoria and family violence services in local areas agree that the absence of data does not mean that family violence is not occurring. Rather, it demonstrates continued room for improvement when integrating family violence and gender awareness and response capability in bushfire recovery processes. While access to accommodation, building supplies and other essentials are understandably priorities during disaster recovery, the tendency to focus recovery efforts predominately on rebuilding physical infrastructure can obscure the prevalence of social issues, particularly highly gendered issues such as family violence, occurring in communities and its impact on

communities' ability to rebuild social infrastructure. It is critical that the gendered impact of disasters and family violence are considered in tandem with rebuilding physical infrastructure in communities.

DV Vic understands formal family violence and disaster response training, as well as training in the Multi-Agency Risk Assessment and Management (MARAM) Framework, is being rolled out to Bushfire Recovery Support Workers in the next few months and that local family violence services are continuing to build relationships with local townships to facilitate referrals. These are very positive developments which we hope will be systematised in future recovery responses. The National Gender and Emergency Management Guidelines (GEM Guidelines), developed by the GAD Pod, lay out a clear evidence base for the gendered impacts of disasters and provide practical checklists to ensure key emergency management organisations and communities have the knowledge and skills needed to help identify, prevent and respond to gender-based disaster impacts. These guidelines have yet to be consistently and fully implemented across Australia's bushfire and other disaster responses. We encourage all Australian jurisdictions, including the Australian Government, to do so.

Recommendation 26: All Australian jurisdictions at all levels of government build the Gender and Emergency Management Guidelines into bushfire and other emergency response procedures and protocols.

COVID-19 - service provision

DV Vic and DVRCV have welcomed the strong focus on monitoring the impact of COVID-19 and associated containment measures on the onset, frequency and severity of family violence across Australia. Driven by previous research into the correlation between other disaster and emergency events, such as bushfires, as well as emerging international evidence from countries that experienced a COVID-19 outbreak ahead of Australia¹⁰⁸, additional measures and government funding were quickly identified to support and plan for an increased risk of family violence.

The COVID-19 pandemic has brought new and unique challenges to victim-survivors and the specialist family violence sector. Compared to other types of natural disaster, a unique characteristic of the COVID-19 pandemic is the prolonged nature of the health crisis, which has now lasted for many months without the usual 'recovery' phase. The required social distancing, social isolation and remote working environment is also a unique feature of the pandemic. This has resulted in sustained periods of times that families spend together at home, while isolated from other people.

For families experiencing family violence, opportunities for perpetrators to isolate, monitor and control victim-survivors have exponentially increased. At the same time, many protective factors, such as contact with family and friends and the ability to leave the home and family violence to go to work, school or access child care, have all but vanished. While financial stress, unemployment and housing security are features of many natural disasters, the prolonged nature of this pandemic and resultant

¹⁰⁸ as an example, see <https://www.axios.com/china-domestic-violence-coronavirus-quarantine-7b00c3ba-35bc-4d16-afdd-b76ecfb28882.html>

closure of businesses and loss of jobs over an extended period of time, has meant that these risk factors for family violence during this disaster are likely to be more acute.

At the national level, the Australian Government invested an initial \$150 million to support Australians experiencing domestic, family and sexual violence in response to the predicted impact of the coronavirus pandemic, including funding a family violence and COVID-19 awareness campaign¹⁰⁹. This funding and the corresponding initiatives were very welcome. However, DV Vic has heard reports from family violence services across Australia that this funding has been slow to be dispersed, is low relative to additional demand driven by COVID-19, and that the money is tied to onerous reporting requirements. In addition, the \$150 million announced was said to be an initial funding increase. However, no additional information has been provided about whether there will be subsequent funding or when it will be distributed. As the true rates of family violence in the community during the pandemic starts to become more apparent, it is important that funding is transparently and quickly distributed to services to support an adequate response.

In Victoria, the family violence sector responded rapidly to the initial wave of the pandemic to ensure service continuity to victim-survivors. Family violence services moved quickly to establish remote service delivery arrangements with agencies providing crisis interventions, case management and other services remotely. The family violence sector, DV Vic as the peak body, and the Victorian Government all worked together to support service continuity planning, translate advice from the Chief Health Officer into a family violence context and share information to understand emerging trends and distribute resources accordingly.

Despite these efforts it has proven very difficult to continue to support victim-survivors and ensure they can access the family violence system. The most pressing challenges have been:

- Inadequate technological infrastructure in services to support remote service delivery, including enough laptops and phones for staff to work from home and ICT systems that supported secure remote access to client files;
- Workforce capacity and shortages which existed prior to COVID-19 and were exacerbated by staff needing to take time off either due to illness or caring responsibilities;
- Lack of capacity to scale up to meet increased demand caused by an emergency due to family violence services already being beyond capacity prior to the pandemic; and
- An over reliance on victim-survivors' ability to contact family violence services by phone which was not possible for many victim-survivors in isolation with their perpetrator.

Since responding to the first wave of the pandemic, family violence services have gone to great lengths to increase access to services for victim-survivors. New functions, such as web chat platforms, and local partnerships with services that victim-survivors are still able to attend, including supermarkets, pharmacies and child care centres, have proven to be both creative and successful channels to enhance service access. While these initiatives are promising, they are new ways of working and in themselves

¹⁰⁹ Prime Minister of Australia: Media Release (29 March 2020). *\$1.1 Billion to support more mental health, Medicare and domestic violence services*. <https://www.pm.gov.au/media/11-billion-support-more-mental-health-medicare-and-domestic-violence-services-0>

raising fresh challenges for how services can safely work with victim-survivors. After quickly rolling out some of these initiatives during the first wave, it is important the efficacy and safety of these new responses is carefully assessed and evaluated.

The COVID-19 pandemic has exposed long-existing gaps in system and service infrastructure that negatively impact on victim-survivors' recovery from family violence. As the pandemic is brought under control and restrictions ease, governments will need to take a gendered approach to recovery efforts that recognise the unique challenges and barriers women face, particularly victim-survivors of family violence. This includes issues relating to:

- the economic impacts on women, who are more likely to work in casual and low paid industries that have been subject to significant job losses;
- the health impacts on women employed in essential services such as nursing and the community services sector;
- the disproportionate and increased unpaid caring and homeschooling responsibilities that were pushed onto women;
- access to housing, particularly for victim-survivors who were not able to safely remain at home during the pandemic, and;
- access to child care, health and mental health services and financial counselling and support.

In addition to adopting the GEM Guidelines, as discussed in this submission relating to bushfire responses, it is critical that a gendered lens is applied to the recovery from this disaster. The gendered nature of the pandemic should be a core principle of all recovery responses, not an addition to mainstream recovery planning. Funding to support women and other victim-survivors of family violence should be quickly and transparently distributed to agencies which *specialise* in responding to family violence.

Recommendation 27: The Australian Government, as well as other jurisdictions, apply a gendered-lens to all policies associated with recovering from the COVID-19 pandemic, including economic stimulus, employment, income support, housing, health and education policy.

Recommendation 28: The Australian Government prioritise funding to support women and other victim-survivors of family violence during COVID-19 to agencies with specialist knowledge and expertise in responding to family violence.

COVID-19 - prevalence and impact on family violence

At the onset of the COVID-19 lockdown measures, specialist family violence services expected a substantial increase to demand. However, in the first weeks of lockdown most services reported a significant decrease in incoming contacts for support. The Victorian state-wide crisis service, Safe Steps, reported an over 30% reduction in incoming calls. This decrease in calls for support raised significant

concerns in the sector that victim-survivors were unable to reach out for support due to increased contact with and monitoring and control by perpetrators. This trend changed over the following weeks, with services reporting that incoming contacts were returning to pre-COVID-19 levels. In some regions, there were also reports of higher than normal demand compared to the same time last year.

Services have heard from victim-survivors that their experiences of family violence during this period have changed, both in terms of the types of perpetrator behaviours and severity of harm caused. Anecdotal evidence suggests increases in surveillance of communication devices, controlling behaviour, psychological and emotional abuse, severe sexual and physical assault and instances of strangulation. Across the board, reports from victim-survivors consistently highlight the weaponising of COVID-19 by perpetrators, including by:

- Saying they have COVID-19 so the victim-survivor and children have to remain in social isolation;
- Threatening to expose children to COVID-19;
- Inviting people into the home and then saying they 'have' COVID-19;
- Taking children under family law parenting orders and refusing to return them claiming they have 'been exposed' to COVID-19 or 'don't trust' that the victim-survivor has not tested negative to COVID-19; and
- Telling victim-survivors they are not allowed to leave the house for any reason.

Specialist family violence services have also reported significant concern for children at this time, who had lost contact with schools, child care and other protective community contacts. Increased contact with perpetrators raised, and continues to raise, concerns for childrens' ongoing welfare and wellbeing. At times during the pandemic in Victoria it has also become difficult for services to make contact directly with children, and have needed to reach out through parents.

COVID-19 - Prevention of violence against women

The focus from media and initial government funding on the likely, and now evidenced, increase in frequency and severity of family violence as a result of COVID-19 has been welcome and necessary. As illustrated in the preceding sections, there remain critical elements pertaining to how services support victim-survivors that need to be addressed.

At the same time, as a result of the difficulty and urgency of responding to the needs of victim-survivors by an under-resourced specialist family violence response sector facing ever-increasing demand, there is anecdotal evidence that suggests that primary prevention practitioners working in organisations that also respond to family violence have been diverted to response work. Media commentary has also seen a shift away from a dual focus on preventing and responding to violence against women to a more singular focus on the prevalence and impact of family violence in a COVID-19 context. Furthermore, in the context of the economic downturn attendant to the pandemic, there have been many prevention practitioners who are working outside the specialist family violence sector that have been redeployed, stood down or made redundant. We are deeply concerned that this practice is reflective of a perception

that prevention work is a ‘luxury’ or add on, rather than a crucial and complimentary element of the continuum of efforts to end violence against women and family violence.

This is particularly problematic as, at the same time as support for prevention work is being withdrawn or reallocated¹¹⁰, the gendered drivers of violence against women are made more pronounced in the context of a global pandemic. For example, reports internationally and from Australia indicate that rigid gender roles are further emphasised during the COVID-19 context, with women taking on a greater share of caring duties in the context of home-schooling. Women are more likely to be in precarious employment and therefore vulnerable to unemployment or employed in ‘frontline’ services¹¹¹. If left unattended, it is difficult to know what the legacy of these setbacks will be into the future.

In order to ensure that the considerable gains made nationally to address the gendered drivers of violence against women are not lost, to address the particular articulations of those drivers in the context of COVID-19, and to ensure that lessons from the response period are captured, applied and expanded during recovery, it is crucial that the prevention sector remains supported, funded and its legitimacy protected.

Recommendation 29: The Australian Government works with states and territories to ensure prevention programs, activities, projects and campaigns are funded and prioritised during the COVID-19 pandemic and beyond, as part of ongoing and holistic efforts to end violence against women. Further, that particular focus is given to mitigating the known risks of reinforcing the gendered drivers of violence risks in the context of disaster.

- j) The views and experiences of frontline services, advocacy groups and others throughout this unprecedented time.

The COVID-19 pandemic has presented significant challenges for the specialist family violence sector workforce. Many practitioners are simultaneously juggling caring responsibilities for children, elderly parents and/or other vulnerable members of their families, education responsibilities to support their children’s remote learning, and work responsibilities to deliver quality family violence support services, all from their homes. The ‘stay at home’ restrictions are exposing the incongruencies and tensions within the specialist family violence sector, that is, a sector that works towards gender equality, yet is constituted by a highly gendered workforce impacted upon by deeply entrenched inequality in the domestic division of labour.

Specialist family violence practitioners must also cope with their personal responses to COVID-19, which may include fear and anxiety, grief and loss, frustration, or loneliness and isolation, while

¹¹⁰ DVRCV has received reports through the Partners in Prevention (PiP) Network Advisory Group that organisations, in particular local councils, are reallocating funding and staff away from their prevention roles.

¹¹¹ Nguyen, M.L., Mundkur, A., Molony, T., Nguyen, A., Ra, R. and Howley, T. (2020) *Rapid Gender Analysis of COVID-19 in Australia*. CARE Australia <https://www.care.org.au/wp-content/uploads/2020/04/Australia-COVID-19-RGA-April-2-2020.pdf>

continuing to deliver family violence services. This is an unprecedented situation within which new workforce wellbeing issues are emerging.

Family violence managers and practitioners are reporting challenges to workforce wellbeing that specifically arise from undertaking family violence work at home. These challenges predominately include a sudden deterioration of boundaries between work and home, and an inability to 'switch off' and find new self-care strategies for 'living at work'. Most practitioners' homes are not set up for the delivery of private and confidential family violence services and many staff report taking crisis calls and having challenging client support sessions in areas of their homes which were previously places to retreat from the stresses of their work. Staff also report concerns about their inability to regularly debrief about traumatic information received from clients with other staff when in isolation in their home. In response to these remote working arrangements, many services have instigated additional remote supervision and debriefing.

As a result of remote service delivery, specialist family violence practitioners have reported:

- feeling distressed by the sense that they are unable to work according to their ethical values and standards;
- stress arising from their perception that they are not able to deliver the same quality of service and support to victim-survivors;
- frequently feeling they are not meeting their duty of care to their clients;
- concerns about their inability to adequately engage children while working remotely, which carries with it a higher burden than normal from carrying concerns for children's safety and wellbeing during this time, and;
- that all the factors combined are impacting on their mental health and wellbeing, and contributing to increased feelings of burn-out.

Most specialist family violence services have put new systems and strategies for supervision, debriefing and worker wellbeing, including purchasing additional Employee Assistance Program packages. However, many smaller organisations have limited resources to provide the support required, and none have the systems and resources available to provide the support required without diverting funding from frontline service delivery.

While a crisis of this type is unprecedented, the impact of COVID-19 has highlighted that specialist family violence workforce wellbeing has not received any significant attention within the reform environment to date, and the sector was largely unprepared for a disruption to 'business as usual' on this scale. The experience of COVID-19 has demonstrated that investment in the wellbeing of the specialist family violence workforce is critical and overdue.

Recommendation 30: The next *National Plan* includes a focus on family violence in times of emergency and strategies for supporting the safety, health and wellbeing of essential workforces including the specialist family violence workforce.

k) An audit of previous parliamentary reviews focussed on domestic and family violence.

We make no comment on this term of reference. The committee has access to the previous parliamentary reviews as well as reviews which have occurred within the states and territories, some of which is referenced earlier in this submission.

l) Any other related matters.

DV Vic and DVRCV thank the Committee for the opportunity to contribute to and participate in this Inquiry. Given the complexity of addressing and responding to violence against women and children, particularly during this unprecedented time, we urge this Inquiry to consider the ongoing need to consult with specialist services in the development of the next *National Plan*. It is not an ideal set of circumstances during which this Inquiry is being conducted, particularly in Victoria where the health crisis is still unfolding and there are increasing demands placed on specialist family violence services and peak and advocacy bodies. We hope further opportunities arise to inform and shape the next phase of our collective effort to prevent and respond to family violence and violence against women and their children.