

Response to the Family Violence Reform Implementation Monitor's Call for Submissions: Monitoring the Family Violence Reforms – July 2020

Submission #011 – Organisation – Melbourne Specialist relationship Counselling Clinic

Q1. What are the major changes you have seen in the family violence service system since the Royal Commission into Family Violence made its final report and recommendations in 2016?

As private practitioners who market themselves as specialising in couple counselling therapy we have found that we have experienced one in eight couples who present for therapy with behaviours that are consistent with domestic violence. As we are private practitioners we do not have the support to assist these clients and due to us being located in a very high economically status area many couples will not seek publicly funded services.

Q2. How has the experience of accessing services and support changed since the Royal Commission for victim survivors, including children, and perpetrators of family violence?

Couple sought couple counselling. Husband violent, couple counselling stopped. Both wanted individual support from us. When we refused unless he attend men's behavioural change program, he agreed but we were not supported by our supervisor (she did not have the specific skills). We referred him to other counsellors and he refused to go. To our knowledge the couple are still together with a child receiving no support.

Q3. What are the most critical changes to the family violence service system that still need to occur?

We believe that there a large gap in the private sector, where many of our clients, who are financially very affluent will not contemplate counselling from the public sector. Consequently, these people do not receive the services they require as we do not have the resources required (public funding) to assist these couples.

Q4. Are there any parts of the family violence reforms that have not yet progressed enough and require more attention?

In our experience, there are gaps in family violence. One in eight of the couples that approach our clinic are classified as domestic violent. Furthermore, there are a large portion of our clients who display characteristics that are consistent with emotional, psychological and financial abuse. In our experience, this behaviour continues to be underplayed within the general community and in day-to-day relationships. Furthermore, when we highlight this to our clients it is often rejected and not to take it as seriously as we believe it should be. This highlights that their needs to be a significant cultural shift in how Australians perceive functional intimate personal relationships.

Q5. Are there any improvements that could be made to the implementation approach of the family violence reforms?

Currently there is no incentive for private practice to assist couples who are experiencing domestic violence. As a result of the lack of resources and financial support it is an area that makes it difficult for our practice to financially pursue. Furthermore, we have experienced firsthand a violent partner pursuing a practitioner when his partner ended the relationship. There has been little support given to the practitioner when the client has pursued complaint and legal avenues (that have been consistently dismissed) but he has been able to continue his complaints. This makes it very difficult for practitioners to work with clients who are not only aggressive to their partners but to the practitioner as well.

Q6. What has been the biggest impact of the COVID-19 pandemic on your organisation or sector? How have the services that your organisation or sector provides had to change?

Our organisation is currently experiencing an influx of clients as a result of COVID-19. We are unable to service all of the needs of our community and have a significant waitlist for the couples and are unable to refer them to due to the rest of our colleagues also being overwhelmed with work.

We have also experienced an increase in domestic violence and had to support numerous women to extract themselves safely from their domestic situation. In one instance, a client was threatened by her partner via text message in the clinical setting, she was then refer to the place, who dismissed her complaint resulting in the clinician calling the police in order for them to take the matter more seriously. We have also experienced a significant increase of about 40% of marriage separations due to the COVID-19 outbreak, with many couples experiencing significant stress on their relationship and resulting in hostile and highly escalated environment that is detrimental to the children and a couple of relationship.

Q7. Has the COVID-19 pandemic highlighted any strengths or weaknesses in the family violence service system?

The lockdown measure implemented by the Victorian government for COVID-19, in our opinion resulted in undue stress for many couple relationships and resulted in an escalation of conflict with couples that led to them merging into the space of domestic violence. Many couples experienced having to home educate their children, as well as financial stress which increased couple distress and led some to violence, not normally seen in the couples presentation.

Not allowing Victorians to see another person outside of their family home limited their ability to process their distress and consequently isolated many woman and couples. We also believe this is a big reason why we are seeing so many couple separate.

Q8. Are there any changes resulting from the COVID-19 pandemic that you think should be continued?

More advertising and resources for family violence. We would also like to see more support for private practitioners such as our clinic.

Q9. The Monitor invites you to make any final general comments around the family violence service system reform.

We would like to see extended support for private practitioners who regularly see couples who often present with family violence.

We would also like to note that we find it disturbing that under the current system alleged perpetrators of family violence are often given the 'benefit of doubt' and the prevailing attitude is to wait until violence has occurred, before intervention orders are issued or mandatory men's behavioural change programs required. We are unsure why this is the case, when the result is death (at least 1 woman per week in Australia). If harm minimisation was the approach, and a cautious approach adopted, it would most likely only result in potentially infringing on someone's rights rather than waiting for the other person to be significantly harmed or murdered.