

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

Submission #039 – Individual practitioner – Mindful Counselling Australia & Ashray Women's Centre

How has the family violence service system changed since the Royal Commission?

- 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?
 - Please share specific examples from your own organisation and/or your own practice.
 - We welcome comment on changes to both your individual practice or your organisation's service delivery, as well as any broader system issues.
- How has the experience of accessing services and support changed since the Royal Commission for victim survivors, including children, and perpetrators of family violence?
 - Please share specific examples or case studies where possible.

Looking forward – what is still required in the family violence system

- What are the most critical changes to the family violence service system that still need to occur?
- In working with clients experiencing FV, it is clear that we need to have people, who act as advocates of safety. In this way victims of FV are able to connect to the advocates, who in turn would be able to connect victims to the required counselling services.
- Victims of FV are still isolated from the community at large, and are *invisible* community members, especially women who stay at home and do not work. They have marginal skills and at times even marginal understanding of how things work in the economy. In these instances, victims feel helpless and trapped. One such client, had stayed in the circle of violence for 21 years before seeking help.
- One of the main concerns of victims attempting to leave the violence is the lack of financial resources and lack of confidence and skills to find work.
- Victims of FV need to get access to support and perhaps alternative accommodation in the case of escalating abuse.
- Online media can be used to advocate safety at home, explain rights of women and children and show a clear path of what need to do to access help.
- Use of technology such as Zoom and What's App to connect to provide services for victims of violence.
- Some people are currently placing teddy bears in their windows, to suggest that they are safe homes, we would like to suggest the use an open heart design or similar to place in windows to let victims know that it is a safe refuge and meets the isolation requirements.
- Additional support workers need to be trained to field the support calls and provide assistance or facilitate solutions. These workers / volunteers on shifts to provide 24x7 availability to victims of FV. The support workers need to be have easy access to police, health and community services.
- Are there any parts of the family violence reforms that have not yet progressed enough and require more attention?
- We would like to suggest a central database once a victim identifies herself to the relevant services or an advocate connects to a victim of FV. This central registry needs to have the most up to date information and the victim's details.

- Are there any improvements that could be made to the implementation approach of the family violence reforms?
- Some service providers are unaware of SafeSteps and 1800Respect services. These service providers need to be advocated.
- Where the victim of FV has an intervention order issued by the court and where the perpetrator has been taken into custody – a case worker needs to be immediately assigned to clarify when the victim of FV needs to appear in court, when will the perpetrator be released and the risk to the victim and her children needs to be assessed when the perpetrator is released. We have had a situation where the victim was not sure of the relevant dates.
- Boutique counselling service providers need to be also funded by the government. We give a lot of care and time to victims of FV and ensure that victims are linked to the major service providers and at the same time work towards empowering victims to build their own sense of agency and confidence.
- The time taken to allocate case workers / social workers to victims of FV needs to be minimised.
- A pathway for children experiencing FV needs to be made visible as children in these circumstances struggle to connect.

Impact of the COVID-19 pandemic

- What has been the biggest impact of the COVID-19 pandemic on your practice, organisation or sector? How have the services you provide had to change?
- Through COVID-19 Women and children are being trapped with their abusers/perpetrators at home and it has not been safe for them . Home is not safe for these women and children and they need immediate support. They need someone they can trust, talk to, feel comfortable with, the strength and courage to get the help they need as well without being judged by their peers or community.
- Has the COVID-19 pandemic highlighted any strengths or weaknesses in the family violence service system?
- Are there any changes you have made, or observed, during the COVID-10 pandemic that you think should be continued?
- COVID-19 having to work from home, children being home schooled, husbands/partners are also working from home, having to self-isolate has not allowed victims of FV to get respite.
- Since COVID-19 there has been uncertainty in the world, workplace, financial stability, education, changes to religious settings and fear of losing everything.
- Before COVID-19, the victim had more opportunities to get out of the house to escape, or get help, Help was more available. Now you can only see someone through telehealth, and the victim might not be able use the computer at home and at the same time her husband/partner is always at home.

General Comments

- The Monitor invites you to make any final general comments around the family violence service system reform
- As a boutique counselling service (Mindful Counselling Australia) and a not for profit organisation (Ashray Women's Centre) we have the capacity to work closely with clients and advocate psychological first aid in the first instance. At the same time, we understand and are sensitive to the cultural nuances of a given situation and help bridge the gap between the victim of FV and the respective service providers.