

Eastern Metropolitan Regional Family Violence Partnership –
Submission to the Family Violence Reform Implementation Monitor



We acknowledge and thank the Speaking Out advocates with lived experience of family violence whose voices have informed this submission – as always, victim survivors are at the centre of our work.

This word cloud was produced from the discussion that took place with victim survivors at the Speaking Out consultation.

Who we are

The Eastern Metropolitan Regional Family Violence Partnership (RFVP) provides leadership, advocacy and specialist expertise to strengthen, integrate and improve the family violence system and help end family violence across the Eastern Metropolitan Region (EMR). The EMR covers the two Department of Health and Human Services (DHHS) areas of Inner Eastern Melbourne and Outer Eastern Melbourne encompassing the seven Local Government Areas (LGAs) of Boorondara, Monash, Manningham, Whitehorse, Maroondah, Knox and Yarra Ranges.

Established in 2007 under the Victorian family violence reforms, Family Violence Regional Integration Committees (FVRICs) provided a governance structure to improve the integration between services responding to family violence in the local regions. The Royal Commission into Family Violence (Royal Commission) acknowledged the inherent value of regional integration. Recommendation 193 recognised that FVRICs should be part of the governance structure 'for implementing the Commission's recommendations and overseeing systemic improvements in family violence policy' (RCFV Summary, 2016, p.97).

The RFVP is one of 14 FVRICs that exist across Victoria. As local system governance structures, these partnerships are integral to the success of the Victorian Government's plan to implement the recommendations from the Royal Commission outlined in *Ending Family Violence: Victoria's 10 year plan for change*.

The RFVP has representation from specialist family violence services as well as broader cross-sector organisations and alliances whose work intersects with family violence response, early intervention and prevention. RFVP members are leaders active in strengthening the family violence system and ending family violence in the EMR, we thank our partner agencies for providing valuable input into this submission.¹

Introduction

The RFVP commends the Family Violence Reform Implementation Monitor for the office's work investigating the effectiveness of the family violence reform package and holding the Victorian Government and its agencies to account. The partnership welcomes the opportunity to report on the 2020 monitoring areas for the fourth and final report.

The establishment of a family violence coordination agency leading the delivery of the reforms, coupled with investment in capacity building across specialist, mainstream and universal sectors has seen a greater focus on preventing, identifying and responding to family violence than ever before. However, fulfilling the vision articulated in *Ending Family Violence* requires continued effort and investment to

¹ See Appendix for membership list.

see key reform initiatives effectively embedded. This requires careful reflection on what challenges exist in reform implementation, gaps that remain and what key successes can be built upon.

This response is prepared on behalf of the RFVP and captures the views of both partner agencies and victim survivors through consultation with victim survivor advocates from the Speaking Out Program. The submission responds to the following monitoring areas:

- How the family violence service system, and users' experience of it, has changed since the Royal Commission.
- Looking forward: what is still required in the family violence reforms.
- Impact of the COVID-19 pandemic.

Listening to the voices of victim survivors

“It takes both experts and survivors to make choices. I think that every involvement that victim survivors have is important. You can't make decisions based on what you think is going on. Lived experience is invaluable to inform and help make decisions around planning how to respond to family violence. Survivors' voices are powerful and need to be heard.” – Victim survivor advocate

Women directly affected by violence have invaluable knowledge and understanding of family violence, and insight into what needs to change in order to improve response systems and end family violence. A genuine commitment to listening to victim survivors has been considerably strengthened since the Royal Commission. This is evidenced by the establishment of groups like the Victim Survivors' Advisory Council and robust guiding frameworks for working with victim survivors such as *Client Voice framework for Community Services* (2019) and the *Family Violence Experts by Experience framework* (launching on 27 July 2020 at the time of submission). However this work needs long term sustained funding from the Victorian government and support from local specialist agencies to elevate and embed the voices of victim survivors at all levels of the family violence system.

There are many good practice examples in the sector where the voices and experiences of victim survivors are heard. An example of this is the 'Speaking Out' program led by Women's Health East (WHE) in partnership with the Eastern Domestic Violence Service (EDVOS) and the Eastern Centre Against Sexual Assault (ECASA). Demand for the engagement of Speaking Out advocates has specifically and significantly grown in recent years in line with the increased focus in Victoria on family violence, including the Royal Commission and the subsequent reform agenda.

There are numerous requests for consultations, articles and speakers for the Speaking Out program, however the program does not have ongoing funding and is currently

operating on extremely limited resources. The program is incredibly important to the advocates, and in creating change in the sector and advancing gender equality more broadly. It's also important to fund the services that support and develop the program and support the Speaking Out advocates. This work is currently being undertaken with commitment and passion, but no ongoing funding which undervalues the work and the experience of the Speaking Out advocates and the work of women and the specialist agencies who support the program.

The victim survivor advocates that were consulted strongly agree that the voices of victim survivors should be embedded at all levels of the family violence system through ongoing funding, appropriate compensation for victim survivors and initiatives which empower meaningful participation. To ensure inclusion and accessibility, consultation needs to be flexible and responsive to the needs of victim survivors; for example ensuring documents are translated or available in plain English, having support staff available and offering a range of ways to provide feedback.

Being asked to consult on decision-making committees, being employed as a survivor advocate or consumer consultant, being asked to share at events and holding leadership roles, advisory roles or peer support roles were nominated by advocates as ways to incorporate the views and voices of lived experience.

Family Court's role in family violence reform

*"[What is needed is] a total revamp of the Family Court so that family violence is acknowledged and taken into account and survivors are believed and respected."
-Victim survivor advocate*

Until the federal government commit to systemic reform of the Australian Family Court system, the goals of the Royal Commission will be hindered. Advocates identified the Family Court system as confusing, traumatic and often weaponised by perpetrators to continue to control and intimidate. A case study provided by Doncare's DAWN Program² illustrates the Family Court's role in obstructing the change hoped for through the family violence reform agenda.

CASE STUDY *Alice *Names have been changed to protect the identities of all persons.

² The DAWN program provides long-term support to women recovering from family violence. This is achieved through a mentoring process, where female volunteers are matched with a client to provide social support, assistance with practical issues and companionship. The program's focus is to improve the safety, confidence, and community connectedness of women who have experienced family violence, and therefore improving their mental health and their ability to manage their lives, and their capacity to contribute to the community. The program is designed to increase community engagement by strengthening ties between vulnerable women, trained volunteers, and local support networks.

**Alice came to Australia 4 years ago on a skilled migrant visa. Alice doesn't have any family or friends in Australia. Alice met *Martin soon after arriving and the couple married about one year later. They were married for 2 years and have an 18 month old daughter named *Ruby. Alice noticed Martin's change in behaviour soon after they married, and soon, Alice was living an existence that included ongoing physical, psychological and financial abuse perpetrated against her by Martin. During the first 6 months of Ruby's life, Ruby witnessed Martin's violence. Alice feared for her and Ruby's lives and moved away from Martin and sought family violence assistance*

After separating, Martin has continued to perpetrate family violence by using controlling behaviours over the couple's finances, leaving Alice with no support or access to their joint assets. Martin is also using the power of the family court to harass and control Alice and Ruby in any way he's able.

For example, Martin lives on a rural property 2 hours drive away from Alice's home and wants Alice to drive Ruby to his place every week and leave her for overnight stays. This would see Alice driving an 8 hour trip every week to drop Ruby off, return to her home and repeat the same journey to pick up Ruby. Alice has reminded Martin about Ruby's tendency towards car sickness but it falls on deaf-ears. Not only would Ruby most likely become sick on each trip, the weekends are Alice's only time for relaxation as she studies during the week.

Alice has suggested an alternative gradual parenting plan, as Martin has not spent any time with Ruby since she was born, and doesn't understand the signals of her cries. The cry she uses when she's frightened, when she's hungry or tired. Ruby is allergic to some medications and foods, and has been hospitalised due to these allergies. Martin has never been involved with Ruby's care and he has no knowledge of the child's medical, emotional or physical needs.

Alice has attended several mediation sessions and has been willing to negotiate a fairer arrangement with Martin. Driving to a town between Alice's home and Martin's property and asking for supervised shorter visits while Ruby is still very young. Alice doesn't feel supported or heard by the mediator or her own lawyer. Alice has said..."They expect me to hand over my daughter to a man she doesn't know, who's put us both through physical, emotional, and financial pain and harm....he doesn't know her...I might as well give Ruby to a violent stranger for the night, because that's what they're asking me to do".

During mediation, Martin is argumentative, hostile and not willing to compromise on any points of contention. The more upset Alice becomes during proceedings, the happier Martin appears to be. Mediation has been stopped several times because Martin refuses to compromise. He sees compromising as Alice getting her own way. Alice is trying her best to act in the best interests of Ruby. None of the legal practitioners involved in this case (including Alice's lawyer), demonstrate an understanding about family violence, or the effects on victim survivors or their children. Alice is reminded constantly that the court's aim to find a way for both parties to agree on workable parenting plan. Alice keeps asking, ..."when is anyone going to listen to what I'm saying about how violent Martin has been to me and Ruby".

Alice is shocked, frightened and in disbelief that the Australian family law works this way, where the weight and effects of ongoing family violence isn't considered during negotiations. Alice's greatest fear is that soon the court will make an order to move the case forward, and give little regard to the family violence issues or the long-lasting effects the courts decisions could have on Ruby and Alice's lives.

So far, Alice's legal bill is \$6,000 and she has applied for an early release of her superannuation under the provisions that have been offered during the COVID-19 pandemic. Alice is applying for further access to her superannuation to pay for the next round of legal fees.

Alice has sought advice from two no-fee community legal centres. Both have not been able to provide her with any legal assistance due to either capacity or not meeting the criteria for fee-free assistance. Alice will continue to pay for legal assistance through a private lawyer as she has no other option.

Alice has not worked since Ruby was born and has spent the last year attending to tertiary studies to help her gain employment in the future. Alice has exhausted her savings.

Alice's health is unravelling daily. Her sleep is disturbed, her energy is low and her mood is affected to the point of suffering depression and constant anxiety.

The question Alice keeps asking her DAWN mentor is; "why do I have to give my child to a violent man"? "Can't the court see that he's doing this to get to me....to destroy me....and why don't they believe me".... why can't Ruby and I get help that we can afford and need... why won't they listen to me?

Other women participating in the program face similar scenarios including: feeling that their voices and histories of family violence are not listened to by the Family Court; the significant risk they and their children face because the Family Court has ordered that the violent perpetrator should have access to the children; little or no access to low, or no cost family law practitioners; and little accountability for the perpetrator's violent actions appear to be genuinely considered during the proceedings. Perpetrators of family violence often present well and their ex-partners who are often already traumatised from the relationship and re-traumatised by the court process, look far less credible.

Specialist services like ECASA are unable to see children/non-offending parents who have an active family court matter related to allegations of sexual assault. The Family Court views CASA's as not holding an objective position and are concerned that the non-offending caregiver and the child's memory of sexual assault might be influenced. Because the child will undergo court assessments, specialist services do not want to put the child through further assessment and do not want to adversely impact the outcome given the perception of CASA's by the courts.

Children in these circumstances are therefore referred to generalist counsellors, who do not have an understanding around the dynamics and impact of sexual assault.

At all levels of family violence reform in Australia, perpetrator accountability has been cited as a fundamental element. Yet there remains a clear tension between state reforms and the federal family law legislation of 50/50 shared parenting, which exposes vulnerable children to violent perpetrators, and increases the level of risk for women, who are constantly and tirelessly trying to negotiate a legal system that appears to be working against them.

The recovery journey of victim survivor's is often set back due to the family law legislation. Because of this, many women face structural violence through a system that continues to fail them. Furthermore, many victim survivors face interconnected barriers including disability, socioeconomic disadvantage, language and cultural barriers. All of which contribute to being excluded and feeling marginalised before they begin to negotiate a complicated law system that does little to hear or take their experiences of perpetrator's violence against them and their children into consideration. Often family violence clients have difficulties with their visa status, which restricts access to government assistance such as Legal Aid, Medicare and Centrelink payments. Vulnerable women and their children, find support through welfare agencies to help meet some of their daily living needs.

Various Australian governments over preceding years have commissioned enquiries into the family law court system. Many recommendations have been provided, including those from the 2017 enquiry by the Australian Law Reform Commission. Under the terms of reference for the ALRC's 2017 enquiry, a key goal was to make the necessary reforms 'to ensure that the family law system meets the contemporary needs of families and effectively address family violence and child abuse'. The commission's recommendations have not been acted on. Further enquiries have been commissioned since the 2017 enquiry. Today, the family court system in Australia is again in the daily news as the government call for a new enquiry.

Meanwhile, women such as Alice wake up each day fearful of what the current system will force them to do. Is today the day Alice will have to hand her daughter to a violent father who knows nothing of the child welfare needs, because the court orders her to? Alice is losing hope and the will to keep battling, and feels she is running out of options. When will the family court hear her pleas for help?

Police response to family violence

"There are still outdated attitudes about family violence within the police force that must be addressed; more specialist training is required." -Victim survivor advocate

While victim survivor advocates felt that the Family Violence Investigation Units were very good, more specialist training across the police force is urgently needed so the response is consistently appropriate, particularly in relation to emotional abuse and

Intervention Order breaches which advocates consistently state are poorly managed. In addition, advocates want to see police being more responsive to immediate and ongoing needs without requiring so much paperwork or the need to repeat their story. One suggestion included an online form to make a report of Intervention Order breaches instead of constantly attending police station and repeating the story to multiple officers. Effective responses for the victim survivor from the first disclosure was also noted as critical. Victim survivors should not have to disclose multiple times before an appropriate response is received. This issue was noted in various points in the system but was particularly problematic for victim survivor advocates who had reported family violence to the police.

Healing and Recovery for Family Violence survivors

“The system must be responsive to immediate needs but also provide services in a way that empowers women to take responsibility for their own lives longer term...and build capacity to build a better future for themselves.” -Victim survivor advocate

The victim survivor advocates felt that after the immediate threat to their safety had passed, there have been few appropriate services to support ongoing recovery and healing for them and their children. The advocates felt that family violence system does not respond to the long-term, far-reaching and ongoing impacts of family violence, including intergenerational trauma.

The reform agenda needs to include building the capacity of services to respond with family violence knowledge and a trauma-informed lens to the needs of people who have experienced or used family violence including therapeutic services, services to support victim survivors to find safe and appropriate housing, children’s services and services offering programs around parenting skills.

The Royal Commission recognised that there were not sufficient opportunities for victim survivors to recover and heal from the trauma of family violence. Funding has been made available as a result of the Royal Commission for therapeutic services for victim survivors of family violence to assist long term recovery and wellbeing by re-building confidence, self-esteem and reducing social isolation. In the Eastern Metropolitan Region, Pathways to Resilience provides a range of therapeutic responses, including counselling, group work and one-on-one therapeutic work for victim survivors including adults, children and young people including people who are part of the LGBTIQ+ community. Efforts have been made to respond to a more diverse group of survivors who have had difficulty accessing therapeutic supports such as children, young people and members of the LGBTIQ community. The continued funding of collaborative therapeutic intervention is critical to support the long-term recovery of victim survivors.

Responding to diversity

“Understanding each case might be similar to another however they are not the same. The layers of complexity of each case is unique to itself.” -Victim survivor advocate

The Royal Commission noted that family violence can be less visible and less understood for people who experience additional barriers in seeking and receiving support, including Aboriginal people; people with a disability; people from diverse cultural, linguistic and faith backgrounds; LGBTI people; older people; people who work in the sex industry; people in prison or exiting prison and people living in rural, regional or remote areas. People in these groups, particularly women and children, are at greater risk of experiencing family violence than the general population, and may also experience additional forms of family violence. Victim survivor advocates want to see improved access to services for people from LGBTIQ+ community as well as people with disabilities and male victims. Support must be offered flexibly, to suit the unique needs of each individual with an understanding of how different people are impacted differently.

A number of Royal Commission recommendations sought to build inclusive practice across organisations providing family violence services to better respond to the unique needs of all people requiring support. However the implementation of these initiatives has been considerably challenging and the progress has been weakened by piecemeal funding. Rainbow Tick accreditation for example, has been attained by very few services in the Eastern Metropolitan Region. For all agencies, particularly smaller organisations, the resources proposed for accreditation have not been realistic or sustainable.

More training and dedicated funding is needed to build capacity across workforces to improve inclusive practice. Some organisations such as EDVOS have multiple diversity portfolios roles in order to enhance and strengthen service delivery for diverse groups. The diversity portfolios sit with Speciality Family Violence Advocates within the Services team who lead resource development and stakeholder engagement within areas such as people living with a disability or people from CALD communities. Co-location of specialist family violence practitioners at various settings such as Universities, Headspace and child and family services also enables early intervention, creates visible services and better engages with local communities. While specific portfolios and co-location increase inclusive practice, these are initiatives driven by individual agencies rather than government reform. To ensure entire workforces are equipped to respond to the needs of any person requiring support, greater capacity building needs to occur consistently across workforces with appropriate resourcing.

One specific response that has been developed for LGBTIQ+ young people has been the delivery of LGBTIQ+ therapeutic support for victim survivors of family violence, as part of the Pathways to Resilience partnership. However funding for the LGBTIQ+ practitioner for this initiative has been insecure and piecemeal, creating

further barriers to embedding inclusive practice in the region. The safety of LGBTQ+ community members in accessing services is particularly heightening during COVID-19. Community members, especially young people, are often forced to isolate in households where their identity is hidden and/or not supported. When accessing family violence services remotely, they are at increased risk of compromised safety if they wish to disclose their identity to workers.

The victim survivor advocates want to see a greater understanding of the diversity and complexity of family violence and sexual assault, both within the community as well as the service system. Some advocates feel that the family violence system is built to respond to intimate partner family violence perpetrated by men towards women, and that experiences outside of this dynamic such as sibling abuse, elder abuse, family violence in same sex relationships and adolescent violence do not receive appropriate and effective support. Groups that experience additional forms of violence and at higher rates need to be better understood and responded to across the system, such as women with disabilities who are far more likely to experience sexual violence and face additional barriers to disclosing and receiving help.

Homelessness and housing

While resourcing much needed refuge accommodation has been a welcomed feature of the family violence reform package, generalist homelessness services are seeing an increase in victim survivors with no additional funding to provide support. Women and children who are homeless as a result of family violence who do not require or do not want secure refuge as an accommodation option are referred to homelessness entry points. Frequently homelessness entry points do not have sufficient funding to provide appropriate emergency accommodation for those women and children and sometimes this means that women return to the perpetrator as there is no alternative. This is particularly a risk if the woman does not have children in her care. For example, the Uniting Homelessness entry point at Ringwood assesses that between 50 and 60% of those presenting for assistance have family violence as a factor in their homelessness. However Uniting have no specific family violence funding to access to fund emergency accommodation apart from small amounts of philanthropic funding. To achieve the aim of safe and stable housing for victim survivors escaping family violence, generalist homelessness services also need additional resourcing.

Victim survivors who are non-permanent residents are not eligible for public housing or Centrelink benefits. Their work rights are often restricted and if they do work, they often receive insufficient income. Safe and secure housing is often not available to non-permanent resident clients; usually the only option is for them to move in with family or friends, but they may be closely aligned with the perpetrator or not in the

country. Services providing refuge/crisis accommodation such as Safe Futures³ work with clients who are at high risk – it is not safe for them to stay in their home or community. Because this service is not able to exit non-permanent resident clients safely, they may stay in accommodation for much longer than the contracted timeframe of 6 weeks, limiting the number of high-risk victim survivors the service can support. It can take years for a non-permanent resident client to obtain permanent residency. Community attitudes tend to be that as these clients are not eligible to stay in Australia, they should not receive support. This analysis overlooks a common dynamic between the non-permanent resident victim survivor and Australian perpetrator with the perpetrator ensuring that his partner remains non-permanent resident as a means of coercively controlling her. A possible solution to this dilemma is to pay the non-permanent resident victim survivor a benefit while pursuing permanent residency so she can exit refuge safely to private rental options.

Perpetrator Interventions

“Perpetrators being engaged by a service that can help educate and direct thought and behaviour change.” – Victim survivor advocate

Victim survivor advocates are happy to see the inclusion of perpetrator interventions in family violence strategy, and to see the system shifting towards perpetrator accountability. Strengthening the integration of services which engage perpetrators and hold people who use violence to account is critically important to advocates.

The absence of Perpetrator focused MARAM Practice Guide and training continues to hinder capacity building progress particularly for Tier 3 sectors such as Housing, Mental Health and AOD services. Partner organisations have noted that the Minimum Standards Practice Guidance for Men’s Behaviour Change Programs written by Family Safety Victoria in consultation with No To Violence are less comprehensive than the previous minimum standards. Organisations want to see that a Compliance Framework is developed that gives services and the regulator the ability to audit. Appropriate oversight is critical to ensure safe practice that doesn’t impact negatively or increase risk for women and children. Further research on the short and long term impacts of Men’s Behaviour Change Programs is also needed to understand the impact of this intervention.

MARAM alignment, implementation and embedding

“Services being more responsive to immediate and ongoing needs, more funding without going through all the paperwork with agencies and Centrelink. More in depth help after family violence [to support] the healing process, with

³ Safe Futures Foundation provide specialist family violence case management for clients with exit plans into safe and secure housing.

psychological and specialised trauma help and extensive programs that help one deal with the scars.” – Victim survivor advocate

Partner organisations have consistently reported that the implementation of MARAM training has been fractured, confusing and poorly coordinated. A key issue with the implementation of the MARAM framework has been the piecemeal release of the MARAM tools and training. For example, Collaborative Practice Training has been released before Screening Training, leaving many practitioners without capability to identify family violence. At the time of this submission, perpetrator focused MARAM Practice Guides has not been released, leaving organisations working with this cohort unable to operationalise MARAM risk assessment. Critically, this fragmented approach to implementation doesn't acknowledge the risk and complexity involved or the effort, time and sequencing required to implement a risk assessment framework safely.

For some, such as the AOD sector, assessment frameworks are controlled by the sector wide Intake and Assessment Tools. Work is currently underway to align the AOD Intake and Assessment tools to MARAM. Currently, the workforce is directed to undertake training in the MARAM tools, however once the MARAM aligned AOD tools are released the MARAM tools will become redundant for this workforce. It would be more effective and minimise confusion for this particular workforce to wait until the MARAM aligned AOD tools and framework are finalised and undertake this training only.

Organisations are frustrated with the lack of availability of MARAM training. Training is over booked and allocations are exhausted quickly. In addition, intermittent availability has meant consistency of whole teams completing training has not occurred, creating a situation with portions of team members trained and some untrained, resulting in additional implementation barriers. This has led to increasing levels of staff frustration; momentum gained from the reform rollout and capacity-building opportunities has been reduced by training inaccessibility. There is a growing reluctance from agencies to invest in MARAM due to mixed messages; training released in the wrong order or sold out; and pressure to move ahead without regard for client safety or clinician skill levels. There is also a lack of ongoing support for teams to embed Family Violence Risk Assessment into their practice after training.

Resources and communication from Family Safety Victoria regarding MARAM roles and responsibilities have not been well received across the region. Organisational leaders are still unclear about what training is required for which staff. This has been attributed to the lack of communication outlining training that is appropriately sequenced, with clear competencies and clear outcomes. Leaders have reported a lack of clarity within teams and their management as to what “MARAM Training” actually means and confusion around jargon, pillars, principles, responsibilities, capabilities. In addition, organisations report feeling overwhelmed by the volume of resources and the amount of competencies to achieve. For organisations to undertake this work they need to secure additional funding resources to increase

capacity over a longer timeline to develop their own specific practice based workforce development strategies.

For specialist family violence service providers, the implementation of MARAM has meant an increase in secondary consultation, a practice that is emphasised in MARAM Collaborative Practice. For example, EDVOS received over 130 secondary consultation requests from one Tier 3 organisation between July 2019 and June 2020, compared to approximately 30 secondary consultation requests from the same organisation between July 2018 and July 2019. Almost 50% of the request in 2019-2020 occurred during Covid-19 pandemic.

Specialist family violence services need sustainable funding to respond to the significant increase in workload due to secondary consultation. Requests for secondary consultation will continue to grow as Tier 4 services are prescribed, and during times of natural disasters and crisis as we have seen during Covid-19.

Prevention of violence against women

“Examining women's and men's social roles, experiences, interests, chores, influence, sexism, discrimination and analysing gender inequality to challenge the systemic inequalities women face on a daily basis.” -Victim survivor advocate

The victim survivor advocates are eager to see family violence capacity building activities in the community including a prevention component which emphasises social accountability and cultural change to stop family violence and sexual assault from happening in the first place. Advocates feel that community members need greater understanding of the drivers of violence against women and gender equality.

Supporting the wider community to increase awareness on family violence requires sustainable funding. The EDVOS Education and Training team was developed following the Royal Commission as community members articulated the need for basic family violence trainings. EDVOS Education and Training team developed basic 3-hour trainings programs, 3Rs (How to Recognise, Respond and Refer) in Family Violence, to reach wider community members educating over 5,000 community members in last three years. These included targeted trainings to over 600 salon professionals (Hair-3Rs), over 200 vet professionals focusing on the link between animal abuse and family violence (Animal-3Rs), trainings for faith and CALD leaders, neighbourhood houses, local members and local council staff. Since MARAM Collaborative Practice Training has replaced Identifying Family Violence training (3Rs) there is no free training providing community members with foundational knowledge of family violence.

The regional partnership approach for the Prevention of Violence Against Women (PVAW) is extremely strong in the Eastern Metropolitan Region (*Together For Equality and Respect - TFER*). Beginning in 2013, this partnership brings together 32

organisations in a collective impact approach for the PVAW and includes 7 local Councils, 6 community health services, specialist organisations and education settings. The TFER partnership is led by Women's Health East who support workforce development, promote evidence based practice and capacity building for the PVAW sector. Examples of this include; development and delivery of regular Communities of Practice, training opportunities and other workforce development, resources, and innovative and responsive project development (for example; the Margins to the Mainstream; preventing violence against women with disabilities 2020 – 2022 project).

However it is important to note that PVAW work is still largely project funded, and there is a need for long-term funding to support the expertise and infrastructure provided by Women's Health services, who lead the regional PVAW partnerships.

Prevention work driven by other organisations in the region such as EDVOS is also project funded. EDVOS Primary Prevention programs do not receive any government funding, therefore, rely on external philanthropy grants. Sustainable funding is needed to strengthen prevention efforts.

Education

Schools play a significant role and targeted funding is needed to develop a collaborative approach and relationship with local services. The Victorian Government mandated the introduction of Respectful Relationships education into every government school in Victoria from Foundation to Year 12. Implementation should be staged to ensure school readiness and to allow for ongoing evaluation and adaptation. It should be delivered through a whole-of-school approach and be consistent with best practice, building on the evaluation of the model being tested by the Department of Education and Training through Our Watch.

The Respectful Relationships initiative is a strong component of the Victorian Government's response to Family Violence and a strong model of primary prevention. However the program needs more resourcing. Women's Health East and many organisations in the Together for Equality and Respect (TFER) regional PVAW partnership, provide training, resources, secondary consultation and 'in-kind' support to schools involved in the Respectful Relationships program. Much of this work takes place in the context of strengthening partnerships for the PVAW and is mutually beneficial (i.e.; DET is a TFER partner and schools are part of our communities). The Respectful Relationships model is commendable with excellent staff working in the program (DET), however schools are extremely busy with many competing issues and needs. They need someone walking alongside them, as part of their school action team (who is not also teaching and managing student/family wellbeing issues), someone with another perspective, with specific PVAW/GE knowledge and expertise – the *Critical Friends for Respectful Relationships approach (TFER)* provides this. *Critical Friends for Respectful Relationships approach (TFER)*, provides training to TFER partner organisations, who are then matched to a RR school as part of their

action team. The Critical Friend supports the school as they develop and work through their action plan.

Critical Friends for Respectful Relationships has strengthened the relationship between DET and other TFER partners (eg; WHE, community health, Council youth services, etc) and schools in the Outer Eastern region of metropolitan Melbourne. There is anecdotal evidence that it has led to more robust action plans from Respectful Relationship schools that were part of the Critical Friends approach (ie; action plans from schools without a CF were not as strong as action plans from schools that had a CF on their RR action team). It also led to the development of other RR projects in the Outer Eastern Region (eg; Respectful Relationships Student Voice and Respectful Relationships Active Bystander approach).

There is potential for scale-up of the *Critical Friends for Respectful Relationships approach (TFER)* in other regions of Victoria. In 2019/2020, further collaboration was developed between Women's Health East and Women's Health In the South East (WHISE) as well as DET EMR and DET SMR. WHISE and DET SMR have attended training run by WHE and DET EMR and there have been many planning meetings to support the development of a *Critical Friends for Respectful Relationships approach (TFER)* in the Southern Metro region. *Critical Friends for Respectful Relationships approach (TFER)* will run again in the Outer East EMR in 2020, building on previous work. There is scope for an impact evaluation which could then be used to scale-up the *Critical Friends for Respectful Relationships approach (TFER)* in other regions, creating stronger outcomes for school communities.

Impact of the Covid-19 pandemic

In contrast to state-wide trends, Specialist Family Violence Services in the Eastern Metropolitan Region reported a notable rise in demand for services from March. EDVOS reported an increase in high risk L17s; approximately 50% of the total L17's received were assessed as high risk. SFVS attribute this increase to perpetrators taking advantage of the impacts of the pandemic, where more women are working from home, to assert power and control. Approximately one third of engagements with new clients at EDVOS in March were self-referrals. In addition, calls for secondary consult to EDVOS increased by approximately 20% since Covid-19.

During Covid-19, services have reported difficulty reaching existing clients and concerns with case closure policies (e.g. close after 3 unsuccessful contact attempts).

Services have reported secondment arrangements to respond to client needs; for example non-client facing staff being deployed to intake services or group facilitators now working with clients one on one. The increase in complexity and risk for clients has been challenging for some practitioners, as has been the adapting to working from home, decreased supervision and technology safety concerns.

Conclusion

The predominant themes that emerged from the Speaking Out consultation echo the words of victim survivors during the Royal Commission some five years ago. This indicates that while many initiatives born from the Commission's 227 recommendations are well underway, it will take more time, and continued investment and effort, for the impact of these reforms to be consistently felt by people accessing the family violence system.

Without secure, long term funding to resource capacity building across the family violence system, progress will continue to be slow and fragmented. The Family Court system has been identified as a key area needing urgent attention. Further work to implement and embed MARAM and build inclusive and intersectional practice requires ongoing attention, improved coordination and adequate resourcing. Finally, we cannot undervalue the input and advocacy of victim survivors who know first-hand where the gaps in the system are.

Appendix

RFVP Members

EACH
Anglicare Victoria
Australinan Childhood Foundation
Boorndawan Willam Aboriginal Healing Service
Child Protection
Department of Health and Human Services
Department of Justice
Doncare Community Services
Dhelk Dja Eastern Regional Action Group (Eastern Metro)
Eastern Centre Against Sexual Assault Eastern Community Legal Centre
EDVOS
Eastern Health
Eastern Homelessness Service System Alliance
Eastern Men's Family Violence Network
Eastern Mental Health Services Coordination Alliance
Family Access Network
In Touch
Inner East Primary Care Partnership
Kara House
Link Health and Community
Mitcham Family Violence Education and Support Services
Outer East Primary Care Partnership
Safe Futures Foundation
Swinburne University
Together For Equality and Respect
Uniting Vic Tas
Victoria Aboriginal Child Care Agency
Victoria Police
Women's Health East
Women's Liberation Halfway House