

# Submission to Monitoring the family violence reforms in Victoria

## The Family Violence Reform Implementation Monitor

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**AASW**

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Australian Association  
of Social Workers

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# The Australian Association of Social Workers

The Australian Association of Social Workers (AASW) is the professional body representing more than 12,000 social workers throughout Australia, with more than 2,900 members in Victoria. We set the benchmark for professional education and practice in social work, and advocate on matters of human rights, discrimination, and matters that influence people's quality of life.

## The social work profession

Social work is a tertiary qualified profession recognised internationally that pursues social justice and human rights. Social workers aim to enhance the quality of life of every member of society and empower them to develop their full potential. Principles of social justice, human rights, collective responsibility and respect for diversity are central to the profession, and are underpinned by theories of social work, social sciences, humanities and Indigenous knowledges. Professional social workers consider the relationship between biological, psychological, social and cultural factors and how they influence a person's health, wellbeing and development. Social workers work with individuals, families, groups and communities. They maintain a dual focus on improving human wellbeing; and identifying and addressing any external issues (known as systemic or structural issues) that detract from wellbeing, such as inequality, injustice and discrimination.

## Social work and family violence

While family violence affects many members of society, it is a gendered crime and abuse of human rights most commonly perpetrated by men against women and children. It is both widely prevalent and completely preventable.

The AASW endorses Domestic Violence Victoria's definition, identifying family violence as:

*...a pervasive, life-threatening crime that impacts on thousands of women and children with serious physical, psychological and economic effects. Family violence includes not only physical assaults but*

*also an array of power and control tactics used along in concert with one another... Family violence can occur within any intimate relationship, age and ethnicity. While it can be perpetuated by any member of a family against another, it is more likely to be perpetrated by men (predominately by a woman's current or ex- partner) against women and children.<sup>1</sup>*

The causes of family violence are complex and include individual, environmental, cultural and social factors, such as gender inequality and community attitudes towards women. As the fundamental cause of violence against women, gender inequality is reflected across all aspects of a woman's life. Women experience a range of discrimination, including lower incomes, poor health and wellbeing outcomes across the lifespan as a consequence of not only violence but structural discrimination based on gender. Discrimination based on gender has been widely documented in a range of structural settings, such as unequal economic, social and political power between men and women.

The AASW recognises the intersecting vulnerabilities of those living with diversity or in marginalised communities. We acknowledge that within these intersections, there are unique experiences of abuse. The AASW acknowledges that this submission does not include the voices of all these experiences and therefore recommends additional research to better understand and address experiences of abuse within marginalised groups in Australia.

Social workers are integral to the delivery of support and intervention services for victims and survivors of family violence. In their practice, social workers believe that everyone has a right to live free from fear and violence in their home and broader society. The scope of social work practice includes counselling, crisis interventions, group work and case management; as well as policy development, research, evaluation and advocacy. Within these domains of practice, social workers work at all levels of intervention such as prevention, early intervention, crisis and recovery.<sup>2</sup> Above all, social workers are deeply committed to challenging family violence at an individual, community, and systemic level, with the twin aims of ending it and of minimising its profound, long-lasting impacts.<sup>3</sup>

As a result of the Royal Commission into Family Violence in Victoria in 2015, the AASW was asked by the Department of Health and Human Services (DHHS) to implement recommendations 208 & 209 on developing a professional workforce that can work with people who have lived experience of family violence. The AASW has responded to both of these recommendations. We have re-developed our ASWEAS (Australian Social Work Education and Accreditation Standards – the standards by which all social work degrees across Australia gain and retain their accreditation) to include a compulsory subject dealing with family violence. This subject, 'power and oppression in relationships' covers patterns of coercive control and abuses of power within familial and kin relationships.

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<sup>1</sup> <http://www.dvvic.org.au/>

<sup>2</sup> Australian Association of Social workers. 2019. "The Scope of Social Work Practice: Family violence." Australian Association of Social workers. August. Accessed December 02, 2019. <https://www.aasw.asn.au/document/item/12226>

<sup>3</sup> *ibid*

The AASW has also developed the AASW Accredited Family Violence Social Worker (AFVSW) credential which accredits a social worker who demonstrates experience and specialist knowledge in family violence practice.

## Our submission

The Australian Association of Social Workers (AASW) welcomes the opportunity to make a submission to The Family Violence Reform Implementation Monitor. Of our previous submissions on family violence, the most comprehensive was the one to [the Royal Commission into Family Violence in Victoria](#) for which the AASW conducted an extensive consultation. The AASW heard from many social workers who have many decades of experience in the family violence sector, and in other areas of practice which intersect with the sector. Although the AASW has welcomed the whole-of-government response to family violence reform that followed the royal commission, AASW members have identified minimal change in the prevalence of family violence in the community and little improvement in the outcomes for women seeking assistance at the time of crisis.

Despite the widespread legislative changes, the roll-out of the Multi-Agency Risk Assessment and Management (MARAM) framework, and the campaigns to raise community awareness of the forms of family violence and the harm it causes, there does not appear to have been a reduction in the level of family violence in Victoria. Given the complexity of creating permanent attitudinal change, and the widespread nature of the structural inequalities which affect all aspects of women's lives, the task will clearly take a concerted effort from all levels of government, the private sector and civil society.

For this submission, the AASW consulted with experienced family violence social workers. This submission will address the inquiry's three topics:

- How the family violence service system, and users' experience of it, has changed since the Royal Commission;
- What is still required in the family violence reforms;
- The impact of the COVID-19 pandemic.

## Recommendations

- That the Victorian government continue to invest in all services provided by the Orange Door
- That the Victorian government provide additional funding to the Orange Door centres and partner services in regional areas to ensure the consistency of service provision across Victoria
- That the Orange Door develops a back-up strategy for service users in crisis
- That the Victorian Government ensure that those employed in the Orange Door are family violence specialists and are remunerated accordingly.

- That the Victorian government to design a strategy, in consultation and in conjunction with the current SHRFV program, to implement the SRAF, providing a clear indication of the roles, responsibility, and ongoing professional developments of relevant workers in hospitals
- That the Victorian Government continue the funding for the SHRFV programs across Victoria.
- The Victorian government to develop an implementation plan of the Collaborative practice framework in consultation with family violence services in Victoria.
- That the MARAM syllabus be reviewed regarding the content for working with intersecting experiences of marginalisation and content regarding decolonising practices.
- The Victorian government explores the best practice approaches to men behavioural change programs before its full integration to the Orange Door.
- That the Victorian government invest in outreach programs that collaborate with different sectors to provide services for victim-survivors.
- That the Victorian government develop resources in a range of community languages to address the barriers for accessing family violence services
- That the Victorian government continue to invest in more crisis accommodation for victim-survivors, and in further supports for women and children affected by family violence

## How the family violence service system, and users' experience of it, has changed since the Royal Commission

### The rapid implementation of the Support and Safety Hubs (Orange Door) and its implications

Originally intended to ensure that people affected by family violence receive the information and services in a timely, effective and co-ordinated way, , the Orange Door centres were intended to provide 'wrap-around' services which would counteract previous fragmentation of services across Victoria. AASW members endorse this aim, and point out that this vision requires , and will lead to improvements in the way information is shared within the sector. Although AASW members have observed an increase in the information that is shared between services, these hubs have not yet fulfilled the expectations of them. The experience of AASW members was that the rapid implementation of the Orange Door services meant that the workforce did not have sufficient time to develop the risk assessment tools and practice frameworks and standards to translate the vision into an effective service. Similarly the workforce did not have sufficient time to and acquire the necessary level of expertise or skill to assess then meet the complex needs of family violence victim-survivors, their children and perpetrators. In this respect the members' impressions are echoed by the findings of the Victoria Auditor general 's report, into the management of the Orange Door.<sup>4</sup>

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<sup>4</sup> Victorian Auditor General, Managing Support and Safety hubs, May 2020, VAGO

Central to the effectiveness of the Orange Door Centres is the “wrap around” service model: the collaboration of specialist services to provide a targeted, individualised and holistic response to all dimensions of a person’s needs. This is particularly important for people with complex needs across mental health, differing levels of ability or cultural and linguistic ability. It is in this area that staff need specialist service co-ordination expertise and unfortunately this area has also been limited by the rapid introduction of the hubs, Members report that despite formalised agreements at management level, staff from different services find it difficult to establish shared understandings of the complex needs and best way forward for people calling on the Orange door services.

Members who work in the rural area report that the Orange door centres have limited resources and that this is compounded by a similar shortage in other community support services. There is an urgent need to further invest in family violence support services in regional and rural areas and to provide back-up services for women and children in crisis who, at present, cannot receive services in a timely manner.

AASW members also suggest that services provided by the Orange Door are not consistent across metropolitan and regional areas. Although Orange Door agencies follow a consistent staffing structure, it is not a requirement that all staff (including the Managers) are required to be family violence specialists at the time of employment with the Orange Door. Instead the requirement is that only one member of staff needs to be a family violence specialist. In a service which is meant to embody family violence expertise in all aspects of needs assessment and wraparound service provision, this requirement appears inadequate. This has caused huge inconsistencies in the service provided. Members believe that this has discouraged women from continuing with assistance from these services

### **Recommendation**

- That the Victorian government continue to invest in all services provided by the Orange Door
- That the Victorian government provide additional funding to the Orange Door centres and partner services in regional areas to ensure the consistency of service provision across Victoria
- That the Orange Door develops a back-up strategy for service users in crisis
- That the Victorian Government ensure that those employed in the Orange Door are family violence specialists and are remunerated accordingly.

### **The introduction of a Shared Risk Assessment Framework (SRAF) in hospitals**

In general, hospital social workers have welcomed the introduction of a Shared Risk Assessment Framework (SRAF) to enable all health professionals to adopt a consistent risk assessment tool, based on a sophisticated, empathic understanding of the indicators of family violence.

Nevertheless, AASW members report that there is inconsistency in the way the framework is used to identify violence. More importantly, using the assessment tool does not guarantee that people

experiencing family violence experience the most appropriate or effective services after the assessment tool has been used.

To ensure that risk assessment results in the appropriate services, the SRAF needs to be integrated into the Strengthening Hospital Responses to Family Violence (SHRFV) programs which already being implemented in hospitals throughout Victoria. This would have three main benefits. First, it would ensure a systemic and structured approach to implementing the SRAF. It would also ensure consistency and improve the quality of the service responses for women and children that arise from the risk assessment process. Last, it would provide an opportunity to increase the capacity and level of skill among medical and allied health professionals.

### **Recommendation**

- That the Victorian government to design a strategy, in consultation and in conjunction with the current SHRFV program, to implement the SRAF, providing a clear indication of the roles, responsibility, and ongoing professional developments of relevant workers in hospitals
- That the Victorian Government continue the funding for the SHRFV programs across Victoria.

## **What is still required in the family violence reforms**

### **The inconsistencies of training provided to practitioners**

AASW members welcomed the introduction of the MARAM training. Many members have undertaken the training and some have conducted the training. This means that AASW members are well placed to provide input on how well the training is being implemented. The first conclusion to arise from consultation across AASW membership was that there was inconsistency in its quality: indicating that there needs to be tighter quality control processes.

Despite the formation of regional integrative committees to co-ordinate and monitor the training, there is no consistency with respect to the family violence expertise of those employed to deliver the training, or on the information provided within the training. AASW members report that their experience of this training and their learnings from it depended on the level of expertise of the trainers, which varied markedly across the state. Despite evaluations being conducted at completion of the training sessions, there has been no follow up from Family Safety Victoria regarding the feedback in these evaluations.

The MARAM Framework is intended to provide a model which represents best practice and requires all elements of the service system to work together in the long-term. Unfortunately, the training provision has so far been disjointed, and hurried which has created a pressured, time limited environment for the training where information was not provided sequentially and the learning process was hindered.

These quality control issues with the training need to be addressed for the MARAM training to be effective. Many social workers who have direct experience in both family violence and training,

could be called on to deliver the training to ensure consistency in the delivery of content and quality of the learning experience.

### **Recommendation**

- That the Victorian government address the quality control issues with the MARAM training.
- That the Victorian government recruit suitably qualified practitioners to deliver this training and remunerate them accordingly.

### **A lack of intersectional understanding of family violence within the system**

With the roll-out of the Orange Door and the MARAM framework, there is increasing need for workers to be knowledgeable in a diversity of practice frameworks and utilise their knowledge appropriately when working with a service user experiencing multiple, compounding dimensions of oppression. The current collaborative practice framework embedded in the MARAM framework highlights the importance of intersectionality. AASW members suggest that the training on the recognition and working with service user's experience of intersectionality is currently inadequate. For the entire MARAM syllabus, only 1-day face-to-face training is allocated to the framework. Members are worried that this is not sufficient to work with victim-survivors from diverse backgrounds, including knowledge of decolonising practices.

In addition, AASW members are also concerned of the lack of consistency in the implementation of the collaborative practice framework. They suggest that there is currently no mandate for organisations to materialise the framework into their policies. This keeps service delivery staff in silo of service provision and has the outcome of alienating clients.

### **Recommendation**

- The Victorian government to develop an implementation plan of the Collaborative practice framework in consultation with family violence services in Victoria.
- That the MARAM syllabus be reviewed regarding the content for working with intersecting experiences of marginalisation and content regarding decolonising practices.

### **Comment on the Family Safety Victoria's recommendation regarding the integration of male behavioural change services in the Orange Door**

According to the evaluation of the Orange Door in 2018, FSV has suggested integrating male behavioural change services into the Orange Door.<sup>5</sup> The AASW's [submission to the Australian Human Rights Commission Roundtable on Children affected by Family and Domestic Violence](#) highlights that often behavioural change programs across Australia have been loosely developed, loosely regulated and loosely evaluated. The AASW continues to be concerned about the

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<sup>5</sup> <https://www.vic.gov.au/family-safety-victoria-response-2018-evaluation-orange-door>

implementation of these programs, with members concerns also highlighting staffing and practice standards in many existing menas behaviour change programs.

### **Recommendation**

- The Victorian government explores the best practice approaches to men behavioural change programs before its full integration to the Orange Door.

## **The impact of COVID-19**

The COVID-19 pandemic has illuminated the prevalence, severity and urgency of family violence in Australia. Social workers know that rates of family violence increase at times of distress, and COVID-19 has exacerbated the risk of violence against women, particularly from intimate partners. As family members spend more time with each other indoors, and deal with the stress of financial insecurity, job loss, increased alcohol and drug consumption, and reduced contact with friends or family outside the household, the risk of violence is increased.

The Victorian government has put in place extra funding to support family and domestic violence services to increase their capacities and the quantity of crisis accomodations via a 40.2 million emergency funding package.<sup>6</sup> This funding is welcomed by the AASW. However, our members have expressed their concerns on the accessibility of services.

AASW members report that COVID-19 has made it easier for perpetrators to continue coercive controlling behaviours and made it more difficult for women to seek help, with reports of perpetrators using COVID-19 as a further way to control their spouse and children; by spreading misinformation about the virus, and by restricting access to formal and informal supports.

COVID-19 has also made it more difficult for victims/survivors to reach out for assistance. Research has shown that, in the early days of the states and territories locking down, there was a 75% increase in online searches for family violence assistance and support.<sup>7</sup> But at the same time, services reported a 30 per cent decrease in the number of calls for help. Workers interpreted this drop in requests as a sign that women who are self-isolating with their abusers no longer have the safety to ask for help.

AASW members have told us women have been reluctant to access telehealth or online counselling, fearing their abuser will overhear or gain access to their computer or phone. Others have reported concerns raised by women wanting to leave an abusive relationship who doubted whether they will be believed by police for having a valid reason to be out of their home, and feared that the police will report this back to their partner. These concerns are heightened across communities with increased vulnerabilities, such as those with disabilities, older women, and those

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<sup>6</sup> Victorian Premier Officer, 'A safe place to escape family violence during coronavirus', retrieved at 20<sup>th</sup> July, <<https://www.premier.vic.gov.au/a-safe-place-to-escape-family-violence-during-coronavirus/>>

<sup>7</sup> <https://7news.com.au/lifestyle/health-wellbeing/coronavirus-lockdown-results-in-75-per-cent-increase-in-domestic-violence-google-searches-c-901273>

who speak a language other than English. Our members suggest that investing in outreach programs might be able to address the barrier to access family violence services in a timely manner.

AASW members have suggested that community education is needed for groups who experience higher barriers to accessing family violence services, such as teaching women to use technology, and making resources available in languages other than English, particularly for emerging communities and those new to Australia.

In the past month, family violence related hospital visits, increases in calls to emergency departments and increases in victims needing surgery for family violence related injuries have spiked across the country. Hospital emergency departments have also reported an increase in the severity of injuries of women who are admitted into hospital due to family violence. This increase has been also seen in calls to women's legal services, calls to police, calls to men's help lines, family law court cases and frontline family violence services. Despite the news reporting of women who have been murdered in family violence incidents, there is still no official government death count for family violence deaths across the country as is the case for deaths related to road accidents or COVID-19.

Our members have indicated they expect help-seeking to increase as restrictions ease and Australians are allowed to leave their homes, however they know that this will also be a very dangerous time for women and children who leave an abusive relationship. The pandemic has also shown that more emergency, and long-term and affordable housing is required for women and their children leaving an abusive relationship. There also needs to be more funding to support women and children to stabilise their lives, including brokerage for furniture and household goods, school supplies, and finally, funding for counselling and mental health support.

### **Recommendation**

- That the Victorian government invest in outreach programs that collaborate with different sectors to provide services for victim-survivors.
- That the Victorian government develop resources in a range of community languages to address the barriers for accessing family violence services
- That the Victorian government continue to invest in more crisis accommodation for victim-survivors, and in further supports for women and children affected by family violence

### **Conclusion**

We welcome the opportunity to discuss any of the points raised in this submission further with the Monitor.



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