



**CASA Forum**  
Victorian Centres Against Sexual Assault

# Victorian Family Violence Reform Implementation Monitor

Submission  
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## ABOUT CASA FORUM VICTORIA INCORPORATED<sup>1</sup>

**CASA Forum Victoria Incorporated** (CASA Forum) was established in 1992 as the peak body for fifteen Centres Against Sexual Assault (CASAs) in Victoria, including the Victorian after-hours Sexual Assault Crisis Line (SACL). It continues to operate as the peak body for CASAs and SACL but has since expanded its membership to include all other funded Sexual Assault Service Sector (SASS) and Sexually Abusive Behaviour Treatment Services (SABTS) program providers in Victoria.

Member services are funded by the Victorian Government to provide a range of sexual assault counselling, crisis, and support services to victims/survivors of sexual assault, and their family members. SABTS providers work with children and young people who present with sexually harmful behaviours.

CASAs work with all victims of sexual assault and sexual violence, including women, children, young people, men and people who identify as gender diverse. Many of our service users are women who have experienced sexual assault in an intimate partner relationship or were sexually abused as children; have experienced date rape; or sexual assault by a stranger or recent acquaintance; or sexual assault within an institutional setting.

Children and young people make up a large proportion of clients of member services. They have most often been sexually abused by a family member or someone they know and trust.

Children and young people who receive services from the SABTS programs are frequently identified as having abused siblings or related family members. Up to 94% of clients receiving SABTS have also been found to be victims of family violence.

While the number of male victims accessing our services has increased, many are men seeking support to deal with the impact of historical childhood sexual assault perpetrated by male family members, by friends, or within institutional settings or same sex assaults. Increasingly, all our member services are receiving referrals and requests for support from people in same sex relationships and gender diverse people.

SASS and SABTS providers have a deep understanding of and level of experience in working with victim/survivors of sexual assault and family violence, and their families; and work collaboratively with professional colleagues including Victoria Police, DHHS Child Protection Services, the Victorian Institute of Forensic Medicine, the Victorian Forensic Paediatric Medical Service, family violence specialist and community support agencies.

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<sup>1</sup> *CASA Forum opened to new members in February 2020. The expanded peak body now includes both SASS and SABTS providers and is in the process of transitioning to a new name, **Sexual Assault Services Victoria**. We will advise the Reform Monitor when that process is complete.*

## Submission re key recommendations as they relate to CASA Forum

REC #	THEME	COMMENTS
<b>Risk assessment &amp; management</b>		
3	Family Violence Risk Assessment and Risk Management Framework: sustained workforce development and training strategy including standards and whole-of-workforce training for priority sectors.	<p>The FSV MARAMIS Sector Capacity Building approach has been a welcome initiative for our sector. As a peak body, we have received sector grants to employ MARAMIS Capacity Building Project Workers, and these have enabled us to offer support and training to assist member services to understand their obligations as Tier 1 organisations to align sector practice with MARAM.</p> <p>As Tier 1 organisations, our services are designated Risk Assessment Entities and Information Sharing Entities.</p>
6	Info sharing – guidelines, standards, workforce development	<p>In order to align with MARAMIS, both the Sexual Assault Services Sector (SASS) and the Sexually Abusive Treatment Services (SABTS) sector are required to undergo significant practice changes, currently without any additional agency staffing or resources. Funding needs to be provided to enable our sectors to meet our statutory obligations.</p> <p>Services are increasingly required to ‘hold’ complex cases where risk is high, without any funded case management capacity. There is no flexibility in our funding model – ie services do not receive funding for a case management function.</p> <p>Services have also expressed concerns about the volume of materials/ resources generated by FSV in the roll out of MARAM and Information Sharing reforms. This has resulted in overload for time poor organisations trying to align their practice with these critical reforms.</p> <p><b>See Appendix 1</b> – case study for an example of how this is impacting sexual assault services and clients.</p>

**Children and young people’s experience of family violence**

23	<p>Funding therapeutic interventions and counselling for children and young people who are victims of family violence.</p>	<p>Few of our member services received funding under the Family Violence Therapeutic Counselling Program.</p> <p>While sexual assault services are doing FV risk assessment using MARAM, several have reported finding it difficult to make successful referrals for clients into the funded FV therapeutic services.</p> <p>Questions also remain about the underpinning frameworks that inform the work of the generalist services and sectors that received funding to deliver these programs.</p> <p>Specialist sexual assault services have a deep understanding of trauma, and use a trauma informed framework to underpin their work. It is critical that all funded Family Violence Therapeutic Counselling Programs are informed by this framework.</p>
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**Family violence and the child protection system**

26	<p>The Department of Health and Human Services develop and strengthen practice guidelines and if necessary propose legislative amendments to require Child Protection—in cases where family violence is indicated in reports to Child Protection and is investigated but the statutory threshold for protective intervention is not met - to:</p> <ul style="list-style-type: none"> <li>• [ensure the preparation of a comprehensive and robust safety plan];</li> <li>• [make formal referrals for families to relevant services];</li> <li>• [make formal referrals for children and young people to specialist services].</li> </ul>	<p>SASS and SABTS services still routinely need to escalate cases to Senior Child Protection practitioners to ensure children are able to access the support and protection they need from the state.</p> <p>It is still difficult for children and young people to be heard and have a voice around their own experience of family violence and sexual assault.</p> <p>Our sector would maintain that there is still very limited understanding of the impact of trauma, and of trauma informed practice in Victoria’s Child Protection system.</p> <p><b>See comments below</b> in relation to <b>Rec’s 29, 33 and 34.</b></p>
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29	DHHS require child protection practitioners to participate in training and PD about FV family violence, including impacts of childhood and adult sexual assault, and the department's practice guidelines dealing with family violence.	<p>Member services report that the increase in Child Protection file requests and/ or court attendance by SASS workers indicates there is a lack of understanding of sexual assault and of sexual assault counselling. If member services have reason to believe a child is at risk, they notify Child Protection immediately. Outside of child safety concerns, clients need to feel their counselling is confidential.</p> <p>Services report that expectations from DHHS about what CASAs can provide to families (for example, expecting parenting assessments), is often incorrect.</p> <p>CASA staff participation in such training is patchy and ad hoc. We believe that it is vital that SASS and SABTS sectors are involved in training to Child Protection workers.</p>
Family violence & sexual assault		
31	Ensure funding of sexual assault and FV services to facilitate their collaboration, through shared casework models, secondary consultation, participation in Support & Safety Hubs, information sharing, and joint education and training.	<p>CASA Forum and DV Vic are currently involved in a joint FSV funded <b>Rec 31 Project</b> to map current collaborative work between specialist family violence services, and sexual assault services.</p> <p>The Rec 31 project is still underway, and is due to report in September 2020. One of the deliverables will be a description of the continuum of responses across family violence and sexual assault sectors, and the commonalities and differences of those responses.</p>
32	Victorian Government review family violence and sexual assault services to determine whether and, if so, how family violence and sexual assault responses should be unified.	<p>Both sectors are keen to improve collaboration and decrease siloing in how victim survivors experience services across the continuum.</p> <p>Highlighting the nature of specialist sexual assault services and systems will be critical as this work evolves. The sexual assault services sector was moved into FSV (from DHHS) as recently as July 2018. This meant that in the FV reform space, sexual assault was treated as an 'add-on' to family violence. There has been a consequential delay in centering sexual assault as a key policy issue, requiring distinct and dedicated planning and consideration.</p> <p>Without pre-empting the findings or recommendations of the Rec 31 project, we are concerned that as Rec 31 and 32 are acquitted, sexual assault response and prevention continues to be recognised as a distinct area of</p>

		<p>specialisation, aligned with and complementary to, but separate from family violence specialisation.</p> <p>FSV has recently acknowledged the need for a dedicated statewide sexual assault strategy for Victoria. This should assist in increasing awareness of and support for the work of our sector, but this will require careful monitoring so that it is not swamped by other policy agendas of government.</p>
33	Expansion of SABTS for all age groups up to and including 17-year-olds and resource enhanced delivery of the programs across Victoria	<p>The sexual assault services sector continues to deliver SABTS programs to children and young people up to the age of 18.</p> <p>Demand for service across the age range continues to exceed targets and funding provided. If we are unable to provide a service to these children and young people at such a critical time, we are failing to intervene and stop further abuse happening in families and residential settings.</p> <p>Government must provide adequate resources to address these shortfalls and avert this risk.</p>
34	Extension of Therapeutic Treatment Order regime to young people aged 15 to 17 years, so that the Children's Court of Victoria can order attendance at appropriate programs	<p>There is a lack of understanding about the Therapeutic Treatment Order model in the Courts, in Child Protection, amongst legal practitioners, and by police.</p> <p>As a result, we are seeing young people being placed on short term Diversion Orders by the Children's Court, and children are being charged and unable to access specialist therapeutic services.</p> <p>Therapeutic Treatment Orders provide for a comprehensive dedicated service plan to address sexually harmful behaviours in the context of the child or young person's experience of trauma and family violence.</p> <p>We recommend that justice services be alerted to and receive training about Therapeutic Treatment Orders, the benefits of those orders, and about statewide Sexually Harmful Behaviour Treatment Services, as outlined in the Children, Youth and Families Act (2005).</p>

Pathways to services		
37	Introduce Support and Safety Hubs in each of the state's 17 Department of Health and Human Services regions	<p>The joint CASA Forum / DV Vic Rec 31 Project (to explore collaboration between the family violence and sexual assault sectors) excluded Support and Safety Hubs/ Orange Doors from the project scope, at FSVs direction.</p> <p>Sexual Assault Services were minimally consulted during the development of the Hubs/ Orange Door model, and the peak body continues to be excluded from these critical policy discussions at a statewide level.</p>
38	<p>The Victorian Government, in establishing the Support and Safety Hubs, provide additional funding [within three years] to allow for:</p> <p>[co-design of the hubs with local providers]; ...</p> <p>[establishment of integrated intake teams with expertise in family violence, family and children's services, and perpetrator assessment];..</p> <p>[capacity to activate an after-hours face-to-face crisis response where required];...</p>	<p>Seven of our member services (Centres Against Sexual Assault) currently operate within Multi-Disciplinary Centres (MDCs), and as such are co-located with Victoria Police Sexual Offences and Child Abuse Investigation Teams (SOCATs), and Child Protection.</p> <p>MDCs offer a distinct and separate multidisciplinary model to the Orange Doors; and statewide policy development and governance of MDCs has until recently involved a partnership between CASAs, Police and Child Protection.</p> <p>With the development of the Orange Doors, policy tensions have become apparent between these two distinct models, with efforts to resolve these tensions shifted offline by government and statutory agencies – namely FSV, VicPol and Child Protection.</p> <p>This has meant that CASAs / SASS have been excluded from critical discussions about the future shape of the service system and policy decisions taken further away from service users and their advocates.</p> <p>Several CASAs also operate their regions specialist family violence service (ie, they are merged sexual assault / family violence services). Many questions remain about the relationship and interface between ODs and MDCs, and these policy conversations are similarly being conducted without adequate SASS involvement.</p> <p>Possible policy directions and changes as a result have been filtering through to our services and raising alarm about significant risks and challenges these changes may bring, with no avenue to contribute to these deliberations.</p> <p>The lack of collaboration in the policy development space is causing stress in a time that is already stressful.</p>

		We would urge the FVRIM to recommend that policy and planning in this space is opened up to become more collaborative, participatory and transparent.
<b>Adolescents who use family violence</b>		
128	The Victorian Government trial and evaluate a model of linking Youth Justice Group Conferencing with an Adolescent FV Program to provide individual and family therapeutic intervention for young people using violence in the home and who are at risk of entering the youth justice system [within two years].	<p>In the development of this model, consideration needs to be given to current programs that provide services to young people who use violence in the home, including the SABTS programs.</p> <p>The peak body for the SABTS programs, CEASE have not been consulted to date.</p> <p>The sexual assault sector peak body has not been identified as prospective interviewees for this project.</p>
<b>Aboriginal and Torres Strait Islander peoples</b>		
146	Give priority to providing adequate funding to Aboriginal community-controlled organisations for... culturally appropriate family violence services for Aboriginal women and children	<p>We understand the imperative to develop culturally appropriate sexual assault service responses for Aboriginal and Torres Strait Islander peoples, and are keen to work with and support FSV and relevant ACCOs as they develop the model for an Aboriginal sexual assault service in Victoria.</p> <p>We also understand the importance of the development of responses that are locally and regionally appropriate.</p>
<b>Lesbian, gay, bisexual, transgender and intersex communities</b>		
167	Require all funded FV services to achieve Rainbow Tick accreditation - by means of a staged approach, using workforce training and LGBTI equity auditing followed by full accreditation.	<p>With sexual assault services coming late to FSV, there has been a delay in funding and support for SASS and SABTS sectors to achieve Rainbow Tick accreditation. Only those SASS services that receive FV funding were eligible for grants to support that work.</p> <p>A small number of CASAs are currently undertaking the pre-accreditation training with FSV funding.</p> <p>In early 2020, FSV put out to tender the 'LGBTIQ Family Violence Capacity Building Initiative', a project to build LGBTIQ+ capacity across FV, sexual assault, men's behavior change services, and ODs.</p>

		<p>We believe that this work needs to be led by relevant peak bodies, and so CASA Forum has partnered with Switchboard, DV Vic and NTV in a joint tender for this initiative.</p> <p>We are advised by FSV that decisions about this tender have been delayed due to COVID-19.</p>
<b>Women in prison</b>		
184	<p>Corrections Victoria ensure that therapeutic interventions such as individual counselling and group-based programs such as Out of the Dark are available for all women in prison who have experienced family violence</p>	<p>Our services have expressed concern in relation to the future of specialist sexual assault counselling and therapeutic group work currently provided to women in prisons by WestCASA at the Dame Phyllis Frost Centre, and CASACV at Tarrengower prison; as well as trauma informed training for Corrections Officers.</p> <p>Funding has not been guaranteed past end September 2020 by DJCS for our services at either women's prison.</p> <p>Given the high rate of complex trauma background of women related to experiences of FV and SA by these women, individual and group programs such as those delivered by CASAs are critical interventions for recovery and prevention of re-victimisation for this client group.</p>
<b>Women working in the sex industry</b>		
186	<p>Victoria Police amend the Victoria Police Code of Practice for the Investigation of Family Violence to describe the difficulties women in the sex industry face in reporting family violence to police and how to take those difficulties into account when investigating family violence perpetrated against these victims [within 12 months].</p>	<p>While the Victoria Police Code of Practice for the Investigation of Family Violence has been amended to include a practice note in relation to responding to the needs of women working in the sex industry, there is not a corresponding reference or practice guide in the 2016 Victoria Police Code of Practice for the Investigation of Sexual Crime.</p> <p>This needs to be addressed to ensure alignment of Police practice across both FV and sexual assault.</p>

<b>Prevention</b>		
189	Mandate the introduction of respectful relationships education into every government school in Victoria from prep to year 12.	<p>The state government needs to significantly invest in EFT to undertake this work if respectful relationships education (RRE) curriculum is to be incorporated in meaningful ways. The emphasis of these programs is on family violence, and in some regions sexual assault has not been included in the program at all.</p> <p>There are reportedly very limited numbers of part-time Department of Education and Training staff for each region delivering RRE, and the involvement of CASAs is currently ad hoc and inconsistent.</p> <p>Where CASA staff have contributed to the training, interest and feedback by participants has been overwhelmingly positive. Sexual assault must be included in RRE, and sexual assault services funded to support these programs.</p> <p>In one region, two CASAs provided training to the RRE community of practice. CASA staff found that participants demonstrated a lack of understanding of sexual assault, and lacked knowledge of how to deal with disclosures. CASA expertise is critical in this space, and needs to be funded to contribute to this work.</p>
<b>Data, research and evaluation</b>		
204	The Victorian Government work with the recommended Family Violence Agency and the Crime Statistics Agency to improve statewide family violence data collection and research.	<p>SASS and SABTS use the IRIS data collection system. As a data base IRIS is unable to collect key info; and doesn't speak to other data systems.</p> <p>It is not fit for purpose as an accurate source of research data, nor as a practical tool for managing everyday work with clients. Services report that it is limited, and we are consistently informed by government that it cannot be adapted to become fit for purpose.</p> <p>We need accurate statewide data collection, that reflects numbers and trends to help improve service responses. Data collection systems must be able to be linked to family violence data systems, and to the Crime Statistics Agency.</p> <p>Our services also need a system that has capacity to attach files and images to case notes – allowing them to move to a paperless system with standard assessment, therapeutic and evaluation documents attached to client's digital files.</p>

<b>Industry planning</b>		
207	The Victorian Government develop or commission the development of a 10-year industry plan for family violence prevention and response.	<p>Again, there is a disconnect between policy and planning, and the way implementation of a number of key RCFV recommendations have unfolded.</p> <p>CASA Forum was not included in foundational work to develop the Industry Plan, nor consulted in the plan. We have not been involved in any of the workforce planning discussions, meetings, advisory groups, Industry Taskforce or sub-groups.</p> <p>Nevertheless, SASS and SABTS workers have been urged to fill out workforce census / surveys related to industry planning, that failed to address any sexual assault workforce issues.</p> <p>This process speaks again to the problem of the sexual assault field not being treated as a core service in the family violence planning and reform agenda. Given approximately 70% of our clients experience sexual assault and FV this needs to be remedied.</p>
<b>Investment</b>		
219	The Victorian Government commission or itself perform rigorous and consistent measurement of the cost of family violence to government, the community and individuals -including data on costs incurred by generalist services—on activities relating to family violence prevention and response and include that information in their annual reports.	<p>Sexual assault needs to be seen as a core part of the FV service system, and included in measurements re costs to government, the community and individuals.</p> <p>This can only happen when data systems are upgraded to capture accurate service provision, staffing costs and impact on service users of living with the trauma of sexual assault. This will need to reflect the mental health and other health and housing costs of those affected by sexual assault.</p> <p>As the costs to the community of sexual assault become clear, government must increase investment in this critical service sector.</p>

## APPENDIX 1

### IMPACT OF FV REFORMS ON CORE THERAPEUTIC WORK OF CASAS

#### Case Study:

A CALD woman with children contacted a CASA and referred herself for counselling  
*'..so that she could be a good wife and learn to cope with husband's sexual demands'.*

There was a history of ongoing sexual assault in the context of this relationship.

- The couple are currently separated with an Intervention Order (IO) in place. The husband is regularly breaching this order and attending the house.
- Child Protection are involved and have notified Police that IO is being breached
- In Touch were involved until recently but have now closed the case
- The Orange Door (OD) were previously involved in a short-term case management role

All contact with the client was mediated via an interpreter.

The Counsellor/Advocate (C/A) completed a MARAM Brief Risk Assessment and identified current FV risk. In addition to breaching the IO, the client believed her husband was tapping her phone.

- The C/A contacted OD and was contacted by an OD case worker to initiate a referral. The client was unsure what she wanted for herself.
- The In Touch case worker did not return calls.
- The C/A sought information from Child Protection, who provided information.
- Client was informed by the visiting Child Protection worker she'd need to call OD herself; and encouraged to report breaches of IO to police, which she did.
- A formal referral along with paperwork for Brief Risk Assessment made to OD with recommendation that client be referred for Family Violence Counselling instead of Sexual Assault counselling.
- An L 17 was generated, and OD was to work with client around safety planning.

CASA service hours for this client totalled approx. 7 hours stretching over several weeks. **This work was all focussed on FV risk assessment and management – not CASA core role of sexual assault counselling.**

#### Key issues:

The additional FV related work (risk assessments, Information sharing, coordinating safety plans) constituted an increase in 'holding work' associated with the fact that the new system has an additional service component - the Orange Doors - which are still developing their processes. Previously referrals to specialist FV services would have been more streamlined. CASAs are seeing an increase in referrals involving current FV issues.

There is also increasing complexity of these referrals with dual issues (FV, SA) which require considerable supervision for Counsellor/Advocates, and consultation with specialist family violence services. The majority of CASA services currently receive no FV funding in recognition of their enhanced FV responsibilities as Tier 1 organisations and despite now being required to undertake significant FV related work.