

24 July 2020

Megan Wendt

Office of the Family Violence Reform Implementation Monitor

Dear Ms Wendt

RE: Monitoring the Family Violence Reforms: Submission from The Sexual Assault & Family Violence Centre (July 2020)

The Sexual Assault & Family Violence (SAFV) Centre welcomes the opportunity to share our feedback on the reforms to the family violence service system and contribute to the Family Violence Reform Implementation Monitor's fourth and final report to Parliament. We congratulate the Victorian Government's commitment to implement the 227 recommendations from the Royal Commission into Family Violence.

Operating across the Barwon, Wimmera and West Melbourne areas of Victoria, The SAFV Centre offers a full suite of services for women, children and young people impacted by family violence and all people impacted by sexual assault. Our services include:

- 24-hour crisis responses for victims of recent sexual assault and family violence, including advocacy and access to medical care and justice services.
- Intensive case management and court support for women and children who have or are experiencing family violence.
- Therapeutic counselling for women, children and young people who have experienced family violence; and adults, children and young people who have experienced sexual assault (including support for non-offending family members and friends).
- Therapeutic group programs that aim to address the impact of trauma upon women, children and young people.
- Access to high security crisis and transitional accommodation for women and their children assessed as being at high risk of further harm.
- Early intervention services for children and young people under the age of 18 years who have engaged in problematic or abusive sexualised behaviours, and young people engaging in family violence behaviours.

Our organisation also delivers professional training and community awareness activities and we participate in a range of primary prevention activities to promote gender equality and negate violence supportive attitudes and cultures.

Our services are informed by feminist philosophy and we provide empowering, respectful and inclusive services. Our organisation's practice approach is shaped by contemporary research and evidence that highlights what is most effective when working with people who have been impacted by the trauma of sexual assault and family violence.

Our services exist within the broader context of the Barwon Multi-Disciplinary Centre (MDC), a highly successful co-location model between our organisation, Victoria Police's Sexual Offences and Child Abuse Investigation Team (SOCIT) and the Family Violence Investigation Unit (FVIU) and staff from the Department of Health and Human Services (DHHS) Child Protection Sexually Abusive Intervention Team (SAIT). In this specialised model, partner organisations work together to support adult and child victims from first disclosure of sexual assault or family violence to investigation and criminal prosecution. As a key partner, our organisation provides a highly specialised response for people impacted by the trauma of sexual assault and family violence within an integrated and seamless environment.

We are also a proud partner of The Orange Door in Barwon. The Orange Door includes a mix of staff employed by Family Safety Victoria (FSV) and practitioners from Community Service Organisations in the Barwon area, including The SAFV Centre, Bethany Community Support, Wathaurong Aboriginal Cooperative and Colac Area Health. By bringing together different workforces and practices, The Orange Door provides an integrated team and consolidated access point for:

- Women, children, young people and families experiencing family violence;
- Perpetrators of family violence; and
- Families in need of support with the care, development and well-being of children.

Our submission to the Family Violence Reform Implementation Monitor is informed by the experiences of our clients, our specialist sexual assault and family violence practitioners and quantitative and qualitative organisational data.

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

The following major changes in the family violence service system have occurred since the Royal Commission into Family Violence.

The Orange Door

The SAFV Centre is a partner in The Orange Door in Barwon, with Family Safety Victoria, Bethany Community Support, Wathaurong Aboriginal Cooperative and Colac Area Health.

The implementation of The Orange Door has enabled organisations to work together to provide an integrated and consistent response. This response has increased the visibility of perpetrators of family violence and has enabled greater exploration of the systemic responses that keep perpetrators' actions and choices in view. Children and young people are now more visible and their individual experiences, views and needs are considered when determining risk and safety.

The SAFV Centre has provided an essential link between the Orange Door and the Barwon Multi-Disciplinary Centre (MDC). The SAFV Centre's partnerships and co-location within the Orange Door and the Barwon MDC has created a unique opportunity in Barwon to further enhance family violence and sexual assault responses for women and children. Relationships with family violence and sexual assault police, co-located in the Barwon MDC, have strengthened which has subsequently increased the assessment of risk and safety of women and children and kept the perpetrator in view.

The introduction of the Family Violence Information Sharing Scheme and the Multi Agency Risk Assessment and Management (MARAM) Framework have provided increased opportunities for collaboration and access to smoother processes and procedures, which has enhanced the response and support for individuals and families seeking support for family violence. The Child information Sharing Scheme has increased collaboration with Child and Family services which has supported a whole of family centred approach.

With the increase of collaboration and information sharing across the broader service sector, police, legal services, mental health, drug and alcohol services there has been a notable increase in understanding the different forms of family violence and how violence exists in 'family like' relationships. This has resulted in a notable change in the language in these broader services around the purpose and intent of working to improve safety.

The establishment of Support and Safety Hubs has seen an increase in the number of people accessing support services since the Royal Commission into Family Violence. This has resulted in an increased demand for specialist family violence support services, including case management support, therapeutic support, 24-hour crisis support, and affiliated services including drug and alcohol, mental health and housing support. These support services, which are essential for the ongoing recovery, are having to manage the increase in demand with existing resources. This leads to greater wait times for support services post crisis which has a detrimental impact on the ongoing recovery for individuals and families. This wait time can also increase risk as women and children may be unsupported and having to manage the impact of violence alone. There remains an absence of uplift funding which is essential to ensure that there is a continuum of support services provided to women and children which will support their ongoing recovery.

Access to trauma informed therapeutic group programs.

Since the Royal Commission into Family Violence, there has been investment into the delivery of group programs that directly respond to the effects of family violence on women and children. The inclusion of group programs has had a considerable positive outcome for women and children to access support to recovery from the impacts of family violence. In the words of one participant that attended our group program:

“Government funding of frontline services like the SAFV centre and funding programs like the TACT group, can lessen the effects of Domestic Abuse in our community. In giving the strength and power back to women to rebuild their lives and the lives of their children we are skilling women with the knowledge and resource to change how communities view domestic abuse again women”.

As a result of this increased investment, The Sexual Assault and Family Violence, delivers a range of group programs that support the recovery from the impacts of trauma, including;

Body and Mind Program: offers seven self-care sessions for adult clients who have experienced family violence and sexual assault. The program assists clients with developing self-awareness, understanding of their trauma and techniques to calm the body and mind. Clients participating in the program have reported a sense of acceptance, belonging and empowerment and have found the information and development of practical skills through the program has been beneficial for their recovery from trauma.

Trauma-informed Yoga program: targeting women and young people (over the age of 12 years) who have experienced family violence and sexual assault, the program assists clients to develop calming and centering techniques in a safe, predictable and non-judgmental space. Clients participating in the program have reported an increased level of calmness and relaxation, and a reduction in trauma symptoms.

Children and Mothers in Mind (CMiM) program: a 22-week program for women or carers and their children (aged 0-4 years) who have experienced family violence, abuse and trauma. The program includes separate groups for women and children and joint mother/carer-children sessions designed to repair the impact of the violence and build healthy relationships. Mothers participating in the CMiM program have reported an increased understanding of the impact of violence on children and their brain functioning, and a better understanding of their child’s emotions along with strategies to manage them.

Connect program: an 18-week program for women or carers and their children (aged 5-12 years) who have experienced family violence. Mothers/carers participating in the program have reported increased knowledge and understanding of their child’s behaviour as a result of the family violence experience, and both mothers/carers and children have reported increased confidence and self-worth.

TACT program: a 10-week program for adult women (18 years and over) who have experienced family violence. The program is designed to increase understanding of trauma, build emotional awareness and use of practical tools to manage the challenges of emotional regulation in day-to-day living. Clients participating in the program have reported significant therapeutic outcomes, including decreases in the severity of post-traumatic stress symptoms.

TACT Y program: a new 8-week program for young people (aged 13-17 years) who have been impacted by family violence. This provide will provide psycho-education, discussion and interactive activities to address the dynamics and effects of family violence, provide creative strategies for managing the effects of trauma, and create opportunities to identify personal strengths and resources and support young people to connect with peers and maintain sustainable positive change.

Primary Prevention

There has been an increased interest and commitment to preventing violence, with the development of state and national strategic reform and frameworks with a prevention lens.

Our organisation is deeply committed to the prevention of family violence and all forms of violence against women and their children. We endorse a public health approach of working across the population at the community, organisational, systemic, institutional and societal levels to challenge the gendered norms, practices and structures that drive and support this violence. Our practices are informed by gender equality, are evidence-based and align with government frameworks and reform.

This work includes a focus on educational institutions and workplaces as key settings of change as they have significant reach and influence within our communities. We have partnered with several Geelong secondary schools in their capacity as educational institutions to deliver the Sexual Assault Prevention Programs for Secondary Schools (SAPPSS). This involves working with staff and students to take a “whole school approach” to reduce the incidence of sexual assault among young people and support schools to respond to sexual violence and disclosures. We have undertaken the Breaking the Binary Code project, in partnership with BAT Force, the City of Greater Geelong and Creative Geelong Inc. The project sought to support healthy, safe and respectful relationships free from violence and targeted people who identify as LGBTIQ+, whilst engaging broadly with families and young people who do not identify as LGBTIQ+.

Further focus on primary prevention across the family violence service sector will actively challenge the existing narrative of blame for women and children that continues to exist in the sector and across our community.

Refuge Redevelopment

The SAFV Centre is involved in the delivery of the refuge redevelopment project that moves away from the communal refuge model, rather a core and cluster model. This is a significant and positive change in the family violence service system. Communal refuge is often not an option for women and children due to the nature of communal living, high security needs, women of CALD backgrounds and age limits imposed on male children.

Brokerage funding for women in refuge without Australian residency and funding for children in refuge have been beneficial additions to the refuge system

The increased focus on children and young people's safety has been an essential component to the reforms. Children and young people's needs are vital to the ongoing recovery for the whole family. Trauma informed case management and therapeutic intervention have increased focus on ensuring children and young people's voices are heard and considered when considering safety and ongoing recovery.

Flexible Support Package

Flexible support packages have been a major change and have been an invaluable contribution for the ongoing recovery of women and children. The flexible support packages have enabled flexibility and targeted support based on individual and family needs. The flexibility of the funding has enabled women and children to receive financial support for items and activities that they previously would not have accessed. This funding model recognises that recovery is a unique experience for women and children and their individual needs require specific consideration and support in flexible ways.

Women who have received funding have reported increased outcomes in their wellbeing due to the reduction of financial burden. Additionally, women have also noted access to resources such as education, short course, self-care activities have immeasurably benefited their recovery.

Specialist Family violence practitioner and Child Protection partnership

The co-location in DHHS offices of a SAFV Centre practitioner within the Barwon and Footscray Child Protection team has enhanced relationships between The SAFV Centre and Child Protection. The presence of a specialist family violence practitioner within the Child Protection system has increased awareness of family violence risk and safety which has produced greater outcomes for women and children. There has been mutual benefit in creating a deeper understanding of ways of working to ensure that child wellbeing and safety can be considered through a trauma informed family violence lens. The benefits of this partnership have been profound for families impacted by family violence.

Rural services

We have seen an increase in our demand for our family violence therapeutic services in Wimmera since the Royal Commission. The SAFV Centre provided therapeutic counselling services to 663 adults, children and young people in 2019-20. While one-third of our clients accessed counselling for family violence, more than half of clients seeking sexual assault counselling, had also been impacted by family violence. The demand for our family violence service has continued to grow, in 2017-18 we supported 114 clients which has increased to 241 in the 2019-20 financial year.

Our work in the Wimmera district demonstrates the broader issues that exist for rural communities and services that are under resourced resulting in unmet demand for support.

In 2019-20 financial year we were able to secure additional funding to deliver two therapeutic groups in the Wimmera district, body and mind program and trauma informed yoga however due to funding constraints we are unable to offer our full suite of therapeutic group programs in the Wimmera district. This highlights that the availability of a diverse range of support services in rural and remote areas decrease the opportunity for individuals and families to access appropriate support in rural and remote areas.

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

The SAFV Centre provides sexual assault and family violence response for adults, young people and children who have experienced sexual assault and for women and children who have experienced family violence and young people who have exhibited sexually harmful behaviours.

Since the Royal Commission we have changed the way women and children can access our services to ensure a more seamless journey into our organisation and ability to access the range of our services. Our intake service is an integrated response to sexual assault and family violence and provides a professional and welcoming response to the diverse, complex and individual needs of those contacting our organisation. The first response to someone accessing a service is vital as it supports the identification of needs including risk assessment, safety planning, mental health assessment, financial support, case management, counselling, early intervention, therapeutic programs information, MDC services and referral options.

The breadth of service support our organisation offers enables in depth consideration of the unique supports needs for referrals received into our service. The alignment of our sexual assault and family violence services which is reflected in the MDC model, with the introduction of the family violence police, recognises the high co-occurrence of sexual assault and family violence.

We adopt a systemic approach, acknowledging clients' relationships, the importance of addressing relational trauma and working collaboratively with other services to provide more informed and coordinated responses to family violence and sexual assault. Our organisation's practice approach is shaped by contemporary research and evidence that highlights what is most effective when working with people who have been impacted by the trauma of sexual assault and family violence.

The SAFV Centre is working towards establishing a trauma centre which will present an increase opportunity for women, children and community members to benefit from our specialist knowledge. Our organisation supports collaboration and recognises the importance of providing women and children with a range of support options. Working collaboratively with other service providers supports women and children to their journey of independence and physical and emotional safety.

Our support services can be highlighted with the following case examples:

Case study: Holistic services: integrating case management and therapeutic services

After years of experiencing family violence before arriving in Australia and again in a new relationship formed in Victoria, 'Alsa' (not her real name) was referred to our service by local hospital staff. Supported by a family violence case manager, Alsa began to address some of her immediate practical needs such as moving into safe housing and attending a local English class. Working with her case manager she advocated for her daughter to join her in Australia.

Once feeling more settled, Alsa began to deal with the impact and trauma of family violence. Her case manager linked her with a counsellor advocate and commenced regular counselling to start understand her experiences of family violence more deeply. Alsa started to recognise the many ways that she had tried to resist the domination and abuse of her ex-partner and to understand the impact of the violence on her daughter.

The counsellor advocate supported Alsa's application for an Australian Visa, on the grounds of family violence. Soon after the success of the application, Alsa was reunited with her daughter in Australia. With further advocacy by the counsellor, the Department of Home Affairs granted Alsa's mother's move to Australia on a temporary visa.

Alsa started attending the Trauma-focused Acceptance and Commitment Therapy (TACT) group program, and she gained more awareness of the impact of the trauma she had experienced. She also began to learn strategies for managing the effects of the trauma in her day-to-day living.

As Alsa grew in confidence she expressed a desire to return to her love of painting. She purchased art materials through the financial support of a Flexible Support Package which encouraged her to develop her skills as an artist and support her recovery from her extensive history of violence.

On receiving the welcome news that a public housing property that could accommodate Alsa, her daughter and mother was available, furniture was also purchased through the Flexible Support Package.

Alsa is making a new start in life; with supportive family close by, strategies for managing her trauma symptoms, and a new found confidence and feelings of self worth.

Case study: Mother and Child therapeutic group work and enhanced safety

Jennifer (not her real name) and her 9 year old son Alex have been part of the Connect Program. During the pre-group interview process it became apparent that Alex experienced a high level of anxiety and worry about access with his father who has been physically and emotionally abusive to Jennifer. During access visits Alex would feel pressure from his dad to disclose where the family lived, even though there was an IVO in place. He was also constantly questioned by his dad about his mum, and exposed to his dad being verbally abusive about his mother. As part of the family's involvement with Connect we were able to complete a Comprehensive MARAM assessment including the child risk assessment and safety planning. This has allowed us to work with the family to have a conversation about safety, and establish a plan for Alex including a consultation with child protection. Though Alex continues to be exposed to the harmful effects of his dad's behaviours, having a space where he could talk about his worries and concerns and a plan to follow if ever required, has reduced Alex's anxiety

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

Funding for specialist support services

The Orange Door has increased demand for specialist family violence services. The SAFV Centre provides response across the continuum of recovery services and has continued to deliver quality, trauma informed services within existing resources. Increased funding for group programs has enabled the SAFV Centre to deliver quality trauma informed group programs which has increased our flexibility and responsiveness to women and children.

Our family violence case management program requires further development and resources as demand often exceeds our capacity. There also needs to be changes to the support provided to women impacted by sexual assault and opportunities to access case management support. Greater recognition of the

need for women to have a number of support options to recovery from the significant impacts of violence is required to ensure diversity of support provided.

Increased investment to increase awareness of, and responsiveness to, diverse and marginalised communities: rural and remote, LGBTIQ+, CALD - refugee and migrant; Indigenous, elderly; people with disability; homeless children and young people.

Adolescent Family Violence

As identified by the Royal Commission into Family Violence, access to support services that work with adolescents using family violence is limited. The SAFV Centre delivers an Adolescent Family Violence program in partnership with Barwon Child Youth and Families based in Geelong. Referrals to this program are high. The model is primarily a case management approach to supporting young people. Working with adolescents who are using family violence is a critical early intervention support that should be prioritised as programs that work therapeutically with the whole family are essential for successful early intervention. The number of L17 referrals for adolescents related to their use of family violence is increasing each year. The SAFV Centre sees the value in aligning a therapeutic approach to working with adolescents and their families by recognising the trauma often associated with this cohort. We have also noted a correlation and similarities to the young people accessing our Sexually Abusive Behaviours Treatment Program and have aligned our teams to further enhance the approach.

Consistent report and data management

Reporting systems remain fragmented across the service system, the introduction of the CRM within the Orange Door does not interact with any existing system that are used by CSOs. The SAFV Centre works across two client databases. The lack of consistent reporting and ability to work with one system prohibits organisations to holistically understand the unique needs of all clients.

The lack of consistent system management also increases the risk relating to information sharing across organisations. Tools and forms that are not embedded into client systems reduce the ability for organisations to report on information about clients which hinders service planning.

Training

There is a growing need for all family violence training to be underpinned by gendered and trauma lenses, to ensure that there is an increased understanding of the gendered nature of violence and a greater awareness of how trauma impacts those experiencing family violence.

Training around how to include children's voices when conducting risk assessment and developing safety planning in a meaningful way is also required.

Children and young people

The SAFV Centre offers two group programs that are focused on enhancing connection and recovery for mothers/carers and their children. A further group program is focused on supporting young people to manage trauma symptoms experienced due to their exposure to violence.

The SAFV Centre also provides therapeutic counselling for children and young people, individual and in the context of their family. Greater resources and research need to be developed to ensure that the way in which children's voices are heard are trauma informed and align with best practice.

The SAFV Centre has focused resources to ensure that the way in which we work with children and young people ensures that they are supported as an individual and in the context of their family. The SAFV Centre focuses on the unique nature of working with children and young people and recognises the needs to incorporate children and young people's voices in the recovery process and also in the context of evaluation.

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

The following parts of the family violence reforms require further attention.

Recommendation 23: Funding therapeutic interventions and counselling for children and young people who are victims of family violence

The SAFV Centre provides therapeutic counselling and group programs to women, children and young people who have experienced family violence. Due to the successful funding for our group programs and the outcomes we are seeing for women and children's recovery we experience a high demand for the groups.

Our waiting time for accessing these services varies across individual and group services and programs. Further funding for therapeutic interventions is required to support the long term recovery for families impacted by family violence.

Recommendation 26: DHHS develop and strengthen practice guidelines and if necessary propose legislative amendments to require Child Protection (where family violence indicated but the statutory threshold for protective intervention is not met—to comprehensive and robust safety plan, (by Child Protection or Specialist Family Violence Services); make formal referrals for families to relevant services; make formal referrals for children and young people to specialist services—including counselling services—if children or young people are affected by family violence or use violence

Despite positive outcomes of the Family Violence and Child Protection partnership, further work is required to strengthen the Child Protection response where family violence is indicated but does not meet the statutory threshold for protective intervention to enable a therapeutic trauma informed response for children and young people.

Recommendation 31 & 32: Ensure funding of sexual assault and family violence services to ensure their collaboration/integration. 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

Whilst the Victorian Government has made attempts to progress these recommendations, recommendations 31 and 32 remain outstanding and require further consideration,

It is The SAFV Centre's experience that there is a high co-occurrence of sexual assault and family violence. This co-occurrence was one of the key factors behind our organisation's formation in 2018, following the merger between The Barwon Centre Against Sexual Assault (Barwon CASA) and Minerva Community Services. Becoming a standalone specialist sexual assault and family violence service has allowed us to provide an integrated service response to those impacted by sexual assault and family violence.

The alignment of these two services is crucial to ensure the ongoing recovery for those that have been impacted by sexual assault and/or family violence. It is important to recognise that each response is specialised however given the rate of co-occurrence of sexual assault and family violence, there are a range of benefits of having increase collaboration across these services.

Our intake service is an integrated response to sexual assault and family violence and provides a response that recognises the diverse, complex and individual needs of those contacting our organisation. The first response to someone accessing a service is vital as it supports the identification of needs including risk assessment, safety planning, mental health assessment, financial support, case management, counselling, early intervention, therapeutic programs information, MDC services and referral options. The availability of a range of family violence and sexual assault services enables women and children to access different services at different points in their recovery under the one roof. It allows for collaboration between specialist practitioners to ensure the goals of the clients are supported and enhanced. Clients are able to seamlessly engage with a range of services and report positive outcomes as they have not been required to navigate these support services alone.

The SAFV Centre is a member of the advisory group that will continue to inform these reforms, it is an important area of our work given the nature of our service and the journey our organisation has undertaken to provide sexual assault and family violence services from the one location.

Recommendation 167: Require all funded family violence services to achieve Rainbow Tick accreditation - by means of a staged approach, using workforce training and LGBTI equity auditing followed by full accreditation.

The SAFV Centre is committed to providing accessible services across our community and is interested in achieving the Rainbow Tick accreditation. However, within our current resourcing, it is difficult to undertake this process. Organisations need additional resources to achieve this accreditation as it is an important aspect of working with marginalised and vulnerable community members.

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

The following improvements could be made to the implementation approach of the family violence reforms.

Evaluation

Develop and implement regular external evaluations that result in publicly available reports on qualitative and quantitative outcomes from the reforms, while ensuring evaluation frameworks are reflected at regional level.

There needs to be further development of an Outcomes Framework that provides more specific measures of the reforms that have been rolled out to provide information at shorter intervals to determine degrees of success. It is important that the Outcomes Framework incorporates qualitative feedback from people affected by family violence and practitioners delivering the services. The 2017 Family Violence Outcomes Framework does not provide specific measures that demonstrate whether the implementation of reforms have achieved success.

A key consideration in the development of an outcomes framework is how the voices and experiences of children and young people can be incorporated. In order to understand effective ways that children and young people can be supported, it is essential that they are incorporated in evaluation of the reforms.

Support and Safety Hubs

Governance

The current Governance arrangements of The Support and Support and Safety Hubs require further review to ensure that there are clear arrangements that support effective governance of Hub services and to ensure correct delegation of authority in order to manage risks, operations and to ensure continual improvement.

There are a number of State wide and local governance groups that The SAFV Centre has representatives on however there is limited guidance provided by Family Safety Victoria as to how these governance groups intersect.

The current Governance arrangements rely on individual stakeholder organisations to manage various issues relevant to the delivery of Hub services, for example, performance management. In order for sufficient performance and risk management of the Hubs service there needs to be greater clarity from FSV as to who has the collective authority to manage these holistically to ensure ongoing efficient and effective delivery of hub services.

Service Integration

There remains limited guidance from FSV as to the definition of what service integration looks like in practice. This omission in guidance fails to address a key element in the Royal Commission into Family Violence which is to ensure that community service organisations are able to provide an integrated service response to people accessing services.

Without clear guidance the burden is placed on individual stakeholder organisations within the Hubs to consider, which leads to inconsistent service response across the sector. It is important that priority consideration is given to address this issue as it greatly impacts service delivery and can adversely service response.

Consultation and testing

There is consultation process around the development of new tools, however greater testing of new resources prior to them being embedded into practice needs to occur. For example, consultation occurred with the development of the MARAM, however greater testing by practitioners prior to it being embedded into practice as practitioners would have identified a number of issues with the usability and content of the MARAM which impacts their provision of support.

Survivor Stories

Ensuring that clients impacted by family violence have an opportunity to share their stories and that those stories can be used to support a greater understanding of family violence amongst the community, which can positively influence community attitudes and responses to women and children experiencing family violence.

It is essential that survivor's stories and victim/survivor advisory groups remain a key component to the strategic development of family violence policies.

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

The biggest impact of COVID-19 pandemic on The SAFV Centre has been the change in service delivery method. Due to social distancing requirements, our organisation has been working remotely since March 2020 and our face-to-face appointments with clients have moved to either video call or telephone appointments. Whilst some clients have expressed their preference to communicate in this way, many have also reported they are unable to engage in private phone calls due to children and young people and/or the perpetrator being present at home.

The nature of the support has also changed since COVID-19, in that the focus of our practitioners' work during the high of the pandemic had shifted to supporting clients with managing the stress and increase in trauma symptoms caused by COVID-19, rather than the clients' sexual assault and family violence experience. In a recent survey to our practitioners about COVID-19, one staff member commented "my work has pivoted to respond to this – many clients' trauma symptoms from sexual assault and family violence has been both triggered and exacerbated by COVID-19. Whilst some clients are not in a position to focus on sexual assault or family violence specifically, they are able to recognise that this trauma is exacerbating their ongoing trauma symptoms."

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

In April 2020, The Sexual Assault & Family Violence Centre collected responses from our specialist practitioners in the Barwon and Wimmera regions about the impact of COVID-19 on sexual assault and family violence clients. The information collected in this survey reinforces the key issues that have emerged as a result of COVID-19, and indicates clear patterns in the way the pandemic is impacting people who have experienced sexual assault and family violence. A summary of the report can be viewed on our website here:

<https://www.safvcentre.org.au/practitioners-report-on-client-experiences-during-covid-19/>

The COVID-19 pandemic has highlighted the following areas for development in the family violence service system:

Refuge and crisis accommodation

Clients reported to our practitioners that COVID-19 has made access to housing even more challenging than before the pandemic, and that the stress associated with this has caused significant anxiety.

In terms of refuge accommodation, the impact for women seeking refuge accommodation has been significant. Communal refuges can now only house one family which has led to a decrease in availability for women seeking refuge. More women are having to access crisis accommodation which is often limited. Brokerage funding is increasingly being spent on crisis accommodation for women which has led to a significant change in the way money is spent. We are also seeing more women being 'actively homeless' as prior to the COVID-19 pandemic, women were accessing options such as "couch surfing" however due to the restrictions these options are no longer available.

Justice System

The COVID-19 pandemic has highlighted that court delays and adjournments for family violence related matters cause significant issues for women and children. In a recent survey to our practitioners, one staff member commented that 'perpetrators are using this time to their advantage and victims are feeling very vulnerable as a result, and unheard. Victims think their lawyers are shut and therefore not seeking information readily.'

Child Protection

The COVID-19 pandemic has also highlighted the challenges associated with DHHS Child Protection practices and protection for women and children. Due to COVID-19 restrictions, women and children are more reluctant to seek Family Violence Intervention Orders and Child Protection support, and putting pressure on family members to perform the role of Child Protection (such as supervising access visits.)

Additionally, the COVID-19 pandemic has highlighted the following strengths of the family violence service system:

Housing

Despite the above challenges, there have been some positive examples that highlighted the strengths of the service system during COVID-19. In a recent survey to our practitioners, one staff member provided the following case study of how housing during COVID-19 has benefited their client. "I have had a client who has been able to enter into a short-term rental agreement with the caravan park she was seeking crisis accommodation in. After being placed at the caravan park and being considered very high risk, the client has found a sense of safety in the park (as visitors are not allowed) and due to caravan parks being in need of clients, has been able to rent a cabin for a 12 week period. This has meant the client is now a medium risk and Child Protection have closed."

Are there any changes resulting from the COVID-10 pandemic that you think should be continued?

The main change that should be continued as a result of COVID-19 pandemic is that in addition to face to face appointments, clients be given the option engage with services remotely, using methods such as telephone and video-conferencing. There is an opportunity for the family violence sector to explore working with people remotely into the future as it provides more options for people living in rural and remote areas, young people, people with disabilities and people who cannot travel for face to face appointments. In a recent survey to our practitioners about COVID-19, one staff member commented that clients are reporting having less appointments to attend has been a positive outcome of COVID-19. Another staff member commented that “despite whatever we do we offer a service and it does not matter what that service looks like or how we deliver the service we are here, we are not going away and we will be here to pick up the pieces after the pandemic.” We therefore support the continuation of offering clients a range of options in how they engage with family violence and other service sector organisations.

In conclusion, The Sexual Assault & Family Violence congratulates the Victorian Government’s commitment to implement the 227 recommendations from the Royal Commission into Family Violence and welcome the opportunity to provide our clients, specialist practitioners and senior managements’ experiences of sexual assault and family violence.

If you have any questions, please do not hesitate to contact me.

Kind regards



Helen Bolton
Chief Executive Officer
The Sexual Assault & Family Violence Centre.