



# AustralAsian Centre

FOR HUMAN RIGHTS & HEALTH

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What are the major changes you have seen in the family violence service system since the Royal Commission into Family Violence made its final report and recommendations in 2016? Please share specific examples from your own sector or organisation. We welcome comment on changes to both your sector or your organisation's service delivery, as well as any broader system issues.

We have witnessed three major changes in the family violence service system since 2016. Broadly speaking, the way in which family violence is understood and dealt with has changed. Research in the area has expanded significantly in the four years since the Commission made its recommendations. There is evidence of an improved knowledge base in terms of what we know and what we still need to know in regards to family violence response and family violence prevention. This has had a positive effect on how all aspects of the system operate and how ground fieldwork is carried out by various stakeholders. It has helped create a culture of evaluative thinking that is required to build effective evidence based policies with long term benefits. Continued development of and investment in high quality research is essential as it informs all work done in the system and contributes to victim-survivor based advocacy and sound policy outcomes in all levels of government. Such investment is going to be the key in substantially reforming Victoria's family violence service system.

Additionally, progress made in expanding family violence research and practice has led to the shaping of a new family violence policy environment that is even more prevention focused. In terms of service delivery, ACHRH has seen increased funding for, wider participation in and greater community engagement with prevention projects across the sector. There is undoubtedly less dilemma around the question of 'intervention vs. prevention' and a sharper focus on moulding 'whole of community approaches' to prevention work. This type of systemic commitment to prevention framing did not exist in the same shape and form prior to the release of the Commission's final report. Building prevention-based research and data collection are becoming an increasingly important part of all strategies for reducing family violence and its impacts. The creation of 'Respect Victoria', a first of its kind dedicated Prevention Agency as part of Victoria's Primary Prevention Strategy has certainly been a most welcome addition in the sector since it provides for the first time an institutionalised, research centric framework for planning, implementing and monitoring primary prevention.

A key breakthrough of the Commission was its specific highlighting of CALD communities and their unique needs in relation to family violence. As the Organisation that led the public campaign against dowry abuse, the Commission's recommendation that dowry abuse be recognised in Victoria's Family Violence Protection Act was well appreciated and welcomed. It has led to a major change in the way dowry abuse is perceived, recognised and responded to by the family violence service system in Victoria. There is an improved awareness about dowry abuse. Most family violence service providers have now compiled fact sheets about it. Even the State Government's 'Better Health Channel' features information about this form of family violence.

How has the experience of accessing services and support changed since the Royal Commission for victim survivors, including children, and perpetrators of family violence? Please share specific examples or case studies where possible. NB: Please ensure when you are providing case examples that individuals are not identified.

Determining what constitutes 'an ideal service system experience' remains a work in progress. There have however been numerous signs of changes and greater inclusiveness in how victim survivors, children and perpetrators of family violence access services and support. Anecdotes of the experiences of women and workers who have interacted with them suggest a lot more options are available and are more visible. Stakeholder engagement with victims has increased and victim led processes encouraged under the Government's 'Engagement and Partnership Approach' which incorporated direct input from the Family Violence Steering Committee and the Victim Survivor's Advisory Council. Extensive online surveys suggest an increase in victim survivors' awareness of options due to streamlining of pathways to help. At times the number of choices in seeking help and support appear to be overwhelming; it needs to be remembered though that victim survivors often have to use many different parts of the system. Family Safety Victoria's creation of re-developed Support and Safety Hubs with changes suggested by the State Auditor's new Report is likely to reduce some points of confusion encountered by victim survivors and perpetrators as they navigate the system. Victims also report they do not want to repeat their story to multiple service providers.

A centralised profile for each system user will hopefully reduce trauma caused by repeatedly narrating personal accounts to different providers.

Mainstream and universal services including different businesses are more involved than ever in working with the system to providing support/services for victim survivors. Gippsland Water has led the way in Victoria with respect to providing an effective template for action in this space.

Introduction of the Workplace Equality and Respect Program has helped to further inspire platforms for industry driven change in attitudes and have led to the creation of support networks for victims. Cultural change is, of course, critical in successfully implementing major reforms. Workplaces have been shown to be significant cultural change carriers in Australia.

Interestingly, an increasing number of victim survivors who have sought post crisis support are now interacting with the system in a different way by participating in prevention based activities. The rise in direct victim-survivor engagement in tertiary prevention activities has been empowering for many and beneficial for their mental well being.

The most noticeable transformation has occurred in regards to how children are acknowledged and supported by the system. The Royal Commission into Family Violence concluded that the rights, interests and welfare of children and young people “should be a primary focus – not a secondary consideration for action after the needs of the parents have been accommodated. In view of their unique experiences and vulnerabilities, young people also need to be recognised by the family violence system as a specific cohort, independent of adults and children.” (Royal Commission into Family Violence (2016), Report and Recommendations, Vol 2, p. 143.

The new Multi-Agency Risk Assessment and Management Framework, known as MARAM, addresses this by putting children and young people at the centre of risk assessment efforts. This helps wider efforts to shift them towards re-categorisation as primary victims of family violence. In 2016, the Victorian Government introduced a 5 year partnership between child protection and family violence services to work for children affected by Family Violence. There appears to be limited information available however on how the partnership including the Child Information Sharing Scheme (CISS) has tracked so far. It is also not entirely clear how the ‘Safer and Stronger Communities’ pilot will incorporate childrens’ complex needs in its future modelling. Even so, it is apparent programs across the sector are restructuring and merging in a way that put childrens’ needs at the heart of most reform strategies.

## **Looking forward – what is still required in the family violence reforms**

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

Forty-one recommendations of the RC’s Report specifically relate to diverse victims of family violence.

The RC report states that “people from CALD backgrounds without permanent residency can feel they are unable to leave an abusive relationship because doing so will have consequences for their visa status – for example, possible deportation to their country of origin and loss of their children. Uncertain visa status can be used by abusive partners or other family members to threaten and control women: a considerable power differential arises when a woman’s partner has permanent residency and she does not. A CALD victim can also be threatened by potential withdrawal of sponsorship of their permanent residency application, having their visa cancelled or having other family members deported. Additionally, they can face harm or ostracism from their family and community if they leave their relationship and return to their country of origin. (VRFC 2016, vol.4, pp. 109-10).

Review of the Family Violence Risk Assessment and Risk Management Framework (CRAF): Final Report recommended a redeveloped CRAF (now known as MARAM) “include visa status as a specific factor”. Unfortunately, visa restrictions and conditions mean people on temporary visas cannot receive the help they need as they have limited access to governmental support systems. The Victorian Government has so far provided 12 months funding to support women on temporary visas in women’s refuges. Continuous feedback from the sector indicates women on temporary visas require urgent and continued access to housing options, counselling, Centrelink, and special item numbers for family violence under Medicare. Legal aid is also much needed as many women report the legal system is far too complex, expensive and time consuming for them to access. Support for temporary visa holders requires a state to state effort. Victoria is the only state to have had an inquiry that has looked into these matters and is therefore in a better position to lead the way nationally in addressing how best to support vulnerable people on temporary visas. ACHRH and its partner organisations in the National Advocacy Group on Women on Temporary Visas Experiencing Violence hope the Victorian Government and relevant non-government organisations can move towards establishing a co-design project to develop reforms that support women on temporary visas who are very vulnerable to experiencing serious family violence.

There is need for a separate Action Plan and a need to reclassify or re-categorise CALD communities into different sub-groups. Currently CALD communities are classified as a whole cohort in most targeted consultation activities with assumptions made about their homogeneous characteristics. There are multiple historical and contextual factors that must be considered when approaching each cultural community. Different cultural groups often have very different needs and such classification does not always take into account how experiences of the system vary greatly from one cultural group to another. Indeed it has to be noted there is great variance between people who are from the same culture. Additionally, migratory experiences vary between those who are newly arrived migrants, those who are well settled, those on skilled migration visas and those who are from refugee backgrounds. They cannot be compared in similar terms as they so often are.

The Victorian Royal Commission into Family Violence recommended the Federal Government broaden the definition of family violence under Migration Regulations 1994, and ensure those who experience family violence are protected through the family violence provisions under Migration Regulations 1994. It remains to be seen how dowry abuse will ultimately fit within the broad framework of Criminal Law, Family Law and Migration Law at a Federal level. In the meantime, victims of dowry abuse at a state level need access to appropriate services that can recognise and respond to dowry abuse and its implications. Creating a new category of dowry abuse in all family

violence assessments and creating a specialised referral tool for it would greatly help in identifying and addressing their complex needs.

Coercive control is a key feature of dowry abuse. In 2008, the Family Violence Protection Act in Victoria was broadened to include greater recognition of emotional and psychological abuse. However, the legal framework was not extended to the same extent to be able to recognise coercion in the same way some other countries have. Coercion and control involves a very different, less obvious type of family violence and spans a certain type of uniquely controlling behaviour. Coercive control perpetrators act differently compared to other abusers. Given the Commission and other expert opinions have recommended against the introduction of a specific coercive family/domestic violence offence, it is even more necessary to factor in and document the psychological impact of coercive behaviour when assessing dowry abuse cases in particular.

Lack of available data on CALD communities remains a significant hindrance in shaping effective policy responses at a time when operational and strategic decision making is increasingly influenced by and grounded in data and evidence. Certain gaps in research exist; particularly so in relation to profiling of and engagement with men and older people of CALD backgrounds. Data collection of victim survivors and perpetrators needs to be improved. As it stands, the Victorian Family Violence Data Collection Framework contains no pathway or plan for the creation of a dedicated central CALD database. Its CALD data has been limited and uneven with a baseline focus mainly on 'country of birth' and 'language spoken' data items. Modelling for the Family Violence Index for Victoria has not addressed gaps that still exist in the Government's current data capture strategy. The Crime Statistics Agency has only periodically released figures relating to CALD communities. It has no provision to work on sharing and obtaining data with other states or on a national level. The Data Press Project reiterates the need to always gather data that will "improve understanding of service user characteristics e.g. LGBTIQ+, cultural background, mental health". The pilot study is however only slated to examine areas in regional Victoria and does not include metropolitan Melbourne. In 2019, the Federal Inquiry into the practice of dowry and the incidence of dowry abuse in Australia's Final Report recommended states work together to build a qualitative evidence base on dowry abuse as a form of economic abuse. Analysis of such collected data would be of great use especially as ACHRH and Harmony Alliance commence work on constructing a National Dowry Abuse Prevention Framework in Australia over the next two years.

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

The Royal Commission's report references the inability of the current system to respond effectively to breaches of intervention orders. A range of strategies designed to improve the serving, monitoring and overseeing of orders were proposed to ensure increased supervision and stronger accountability for perpetrators. The creation of specialised Family Violence Courts is a welcome step towards providing early interventions in managing the risks of abuse. What remains unexplored is how a Public Family Violence Offender Registry could possibly tie into or help achieve increased monitoring of perpetrators. Creating a National Online Portal containing risk indicators and a risk management plan for each individual may also be helpful in better coordinating efforts between

agencies. The NSW Government undertook a trial register recently. No scalable trial has taken place in Victoria despite it being flagged as a possibility several times. Funding and resource implications are unknown as no formal studies have been conducted around such proposed initiatives as yet.

An under-addressed area of concern involves the advent of new technologies and their use in perpetrating violence. Several private security companies have expressed concern about cyber stalking of family violence victims. Experts have stated female migrants of Indian and South Asian backgrounds are particularly vulnerable to this form of abuse. Family violence strategies will need to be more inclusive of steps to address technology facilitated controlling behaviours as a separate risk factor for women of South Asian backgrounds. This is a pressing need given the eSafety Commissioner's program 'eSafetywomen' does not at this time have any support program designed for victims of CALD backgrounds.

The Victorian Government has invested in more training for family violence practitioners. Current research indicates progress in family violence prevention will depend on how the overall training of practitioners can be improved over time. ACHRH projects address this need with 'train the trainer' workshop models. These low cost models are designed for use by both professionals and by community volunteers. ACHRH has actively encouraged volunteer training. Increased funding is needed to make such workshop models accessible to more people. Funding and resourcing of volunteer based training has unfortunately not kept pace with increased investment in prevention programs. Development of the Government's Victorian Volunteer Strategy in 2021 promises to bring much needed change and recognition of the important work volunteers can contribute. It would be pertinent to include consideration of volunteer training in the family violence sector as part of the consultation process for this new Strategy.

ACHRH was funded under the 'Capacity Building and Participation Grants' program and by the Victorian Multicultural Commission to conduct three participatory action research projects with community volunteers: Natak Vihar, United We Stand and Project Hope. The projects collected valuable qualitative data and quantitative data. Moreover they helped explore barriers that exist in seeking help and changing behaviour. Each project encouraged participants to think about how to prevent family violence with consideration of situations both from the perspective of victim survivors and from the perspective of family violence perpetrators. Proven and promising techniques need to be regularly re-assessed in the context of primary prevention. Important work in this area can only be continued with long term and secure funding of such small scale, community projects that encourage community volunteer input in family violence prevention work.

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

The Royal Commission recognised "The causes of fv are complex and include gender inequality and community attitudes towards women. Contributing factors may include financial pressures, alcohol and drug abuse, mental illness and social and economic exclusion" – Source: Royal Commission into FV Report 2016 (rcfv.com.au).

The “Family Violence Behaviour Change Campaign” initiated in 2016 and the ‘Free from Violence’ Strategy formulated in response to Recommendation 187 employ linear approaches that focus predominantly on gender. The gendered framing of the family violence response system has at times meant interrelated structural and societal factors have not always been incorporated fully in policy making decisions. Whilst gendered patterns of violence exist and there are underlying influences of gender inequality in relationships, there are as recognised by the Commission, a whole range of social issues that intersect with gender as causal factors associated with family violence perpetration. Addressing all of them with equal weight is necessary since as stated by the Rolling Action Plan 2017-20, work is required to identify more “specific measures to track progress against indicators” that were laid out by the Family Violence Outcomes Framework. This entails not just being specifically oriented around gender analysis but focusing on broader indicators which are encapsulated in various social issues. Studied in its entirety, it can be strongly argued the Royal Commission’s Final Report demonstrates the need to differentiate between what are drivers of family violence and what are reinforcing factors for family violence in order to reach a nuanced assessment. Development of intervention models in pilot communities should be reflective of all aspects.

The Royal Commission’s findings pointed to a fragmented family violence service system with wide delineations between the judiciary, health systems, Government and non-government entities. The following was said in the “Building from Strength: Victorian Government 2017” document; “The Vision for the new system is that those subjected to or perpetrating family violence can expect to receive an effective and integrated response from a broad range of workforces spanning specialist family violence agencies, community, health and education services, police and the justice system”. The Royal Commission presented an opportunity for organisations and Government to redefine their roles in responding to family violence as part of a more integrative service system. Research strongly demonstrates the importance of collaboration between key government human service areas. Indeed “throughout the literature, interagency collaboration is regarded as the requirement of good practice”. (Cussen & Lyneham, 2012:13). The “Responding to Family Violence Capability Framework 2017” categorised various stakeholders. It however did not go further in outlining/specifying how exactly cross sector and cross government information sharing and collaboration can be facilitated. Creating a series of short- term action plans instead of current three year plans or ten year plans may have been more conducive to measuring and evaluating sustainable success in service integration.

## **Impact of the COVID-19 pandemic**

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*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?*

ACHRH’s face-to-face group workshops and meetings have shifted to Zoom. This transition to complete virtual interaction has proved to be remarkably convenient.

There have been increased demands on the sector especially on frontline services during this uncertain period where the environment is changing from day to day. It is much harder for services to access people and vice versa when a lockdown is on. Dealing with ongoing ambiguity is challenging both for ACHRH and for the sector more widely.

An increase in requests for support from migrants and international students has occurred with a surge in calls being reported across all help lines.

Research has established there is always a spike in family violence after natural disasters and following conflict and warfare. A similar trend is emerging in this pandemic. A survey by the Australian Institute of Criminology has found one in 10 Australian women have experienced family violence during the ongoing coronavirus crisis with Covid19 being used as a psychological weapon in some cases. Data from the Monash Alfred Psychiatry Research Centre is also showing women are suffering greater levels of mental illness in this period with an increase in hospital room visits reported. The number of couples seeking separation advice has soared. Stress caused by the pandemic such as financial hardship, women taking on a greater unpaid work burden and social isolation is exacerbating the risk of family violence. Anecdotal reports also indicate a rise in elder abuse with some people even being found handcuffed to their beds by their children.

Unfortunately the pandemic has also seen 30 % of men's behaviour change programs close down due to social distancing restrictions.

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

The COVID-19 pandemic has ushered in a global disruption that has never been witnessed before. Countries around the world have clearly been unprepared to deal with the pandemic and with the problems it has caused on so many levels. Referred to as "The Great Pause," this period has forced organizations to fundamentally shift how they operate. Most individuals and organisations are being faced with operational challenges. It is perhaps too early to determine the exact ways in which the family violence service system has been impacted.

A key strength in the service system has been that many stakeholders have immediately started to compile research, data and social studies about the health and wellbeing impacts of Covid19 with a significant focus on family violence. Some of the work being done around Victoria in this emerging area of research has already been cited in international social study journals and papers.

Another strength has been an increase in work to develop innovations in digital mental health. In the past few months there has been an expansion in mental health surveys, tips, and counselling services being offered via social media and apps. More regular trials of digital solutions for mental health care and family violence therapy are necessary.

This Covid crisis has highlighted the need to develop a public health plan that outlines best response models to deal with family violence in the event of a pandemic or another public health emergency. The Victorian Government's 'Family Violence Primary Prevention Strategy' does not reference at all

how responses to family violence can be built into wider health / Government system responses to pandemics or natural disasters.

It is also important to highlight how this 'shadow pandemic' is taking a toll on the mental health of practitioners. This crisis has exposed weaknesses in how practitioners are looked after by the system. Many are forced to work in a stretched capacity from home. They often have to do tasks outside of work hours and on an unpaid basis. Practitioners in the sector were already facing decision fatigue and overworked schedules prior to the pandemic. The absence of pandemic leave entitlements and the lack of specialised mental health support is concerning.

Another weakness has been communication gaps with people who do not speak English as their first language. The system needs access to more professional and skilled female interpreters with specialised training. A partnership with the Translating and Interpreting Service (TIS National) may be possible in order to create dedicated family violence interpreter services. The Commission had itself recommended making family violence training compulsory in interpreter courses and in accreditation requirements.

*Are there any changes resulting from the COVID-19 pandemic that you think should be continued?*

It is not yet possible to envisage what a post-COVID world will look like as we have not experienced anything like this before and are travelling through uncharted territory. Nor do we know what a new normal will entail for the family violence sector post-covid. It is clear though that there will be a need to work together in new ways with new tools and new resources that are less dependent on physical infrastructure, on physical spaces and on face to face interaction.

Having a technology enabled court system has helped reduce waiting times. Continuing with that and continuing with an expanded Telehealth capacity would be beneficial. The Commission's report referred to a study where it was found up to 80 % of women prefer to disclose and discuss family violence with a GP instead of engaging with the family violence service system. Telehealth can facilitate easier and quicker access to health professionals and counsellors via phones, the Internet and social media.

Police in some states have increased home checks for repeat offenders during this Covid period. Keeping up with this increased rate of welfare checks would be of great help going forward. It would also make sense to carve out a family violence support role for entities such as Neighbourhood Watch and Neighbourhood Houses. Unlike public facilities such as libraries, community centres and other recreational venues, they have continued to operate albeit at a reduced capacity. Both have provided strong volunteer support in their local areas during this Covid crisis. Some have served as wonderful safe houses for women and children in need.

This crisis has seen increased education for victims and sector workers regarding de-escalation strategies at home. Continuing with this work is important. This should include creating a safety plan or escape plan in the event of any emergency or a public health crisis like a pandemic or a natural disaster.