



South East Community Links

July 2020

SUBMISSION TO THE FAMILY VIOLENCE REFORM IMPLEMENTATION MONITOR

INTRODUCTION

1. South East Community Links (SECL) is a place-based community organisation supporting communities in the outer South East of Melbourne. Our principal place is the City of Greater Dandenong the most culturally diverse LGA in Australia with more than 70% of residents being from culturally diverse backgrounds.
2. South East Community Links is categorised as outside the specialist family violence service system.
3. South East Community Links (SECL) thanks the Family Violence Reform Implementation Monitor for the opportunity to present our submission on the progress of the Family Violence Reforms in Victoria.

KEY ISSUES

4. Family violence reformers belong on the right side of history.
5. The main aim of this submission is to achieve change for Australian women from migrant and refugee backgrounds who continue to be denied access to the specialist family violence service system. We are in an era where cultural privilege and access and equity are at the forefront of public debate. There is a growing desire among culturally privileged groups to drive change for culturally excluded people. We believe exceptional change can happen in an exceptional time.
6. SECL has responded to the call for submissions in good faith. We welcome the Victorian Government's commitment to the elimination of family violence. We acknowledge the work that has been undertaken by government, organizations and individuals to improve the family violence service system.
7. Victorian family violence reform is extensively based on the specialist family violence service system. Specialisation was intended to provide expertise, to advocate for the gendered analysis of family violence, to hold perpetrators accountable, and to believe victims not blame them. We support these principles of the family violence specialist system. In our experience too often the service system fails to reflect these core values. Please see our case studies.
8. Specialisation is a problem when it privileges some groups over others, when it fails to look outside its walls, and when groups of women are locked out rather than supported to be safe. Large numbers of migrant and refugee women and the organisations that support them are forced to work around the

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specialist system, forced to create an alternative path to safety. A two-tiered system is the worst outcome of an expensive and elaborate policy reform process. It will be hard to reverse this trend in future.

9. The MARAM presents several problems. These can be generally described in two ways. There are problems with the drafting of the guidelines. And, the MARAM does not fit well with a demand driven, clogged family violence service system.
10. Policy makers and policy implementers are bound by an unwritten contract to ensure that strategic plans and operational practice work together to achieve united outcomes. This is not happening in Victoria. What has become more powerful, more common and more directive than the MARAM is local eligibility and priority guidelines, designed to manage demand. In many cases the local rules bear no relationship to the MARAM intent.
11. The MARAM assesses women with children as a parent first. This dominates the assessment process. As CALD women often can't leave, they are more likely to be referred to child protection. Inexplicably, this is a consequence of reporting a crime perpetrated against them.
12. If the most certain outcome of reporting family violence for women with children is a referral to child protection, this goes well beyond the objective of putting children first. This systematizes 'women blaming'.
13. We can decouple violence against women responses from child protection. The past four years demonstrates the blaming of women is impeding family violence integrity and reform.
14. The family violence service system remains demand driven and difficult to access. In many cases, the risk assessment bears no relationship to the service response that follows, other than for women with children, where a referral to child protection is almost certain.
15. It is difficult to expect workers to put everything into assessment when the next step, risk management, stalls almost immediately.
16. The period immediately after leaving permanently or temporarily is one of the hardest for women to survive. It is common to place women during this period in motels.
17. Motels are an extension of the perpetrators control, not so much as we would like to think, places to keep women safe. He still holds the key. She will be haunted by a feeling of what have I done. The children will be urging her to go home. She has just taken the biggest step to change her life and she has to wait, usually alone.
18. From here, unless she is lucky, she is bounced around the system, placed on long wait lists for housing, incurs lifelong financial losses, finds legal support hard to access, and police action against perpetrators is inconsistent.
19. The family violence specialist service system, DHHS and the MARAM must do more as a system to demonstrate an understanding of international child custody arrangements. In many countries around

the world religious and political authority only allows men to have custody of children. In Australia, our systems must do more to eradicate all intended and unintended drivers that do the same.

20. As our case studies demonstrate, the MARAM is regarded in many communities as a referral to child protection. CALD women face prohibitive barriers post the assessment period. The MARAM cannot accommodate women who stay.
21. Placing women in motel waiting rooms dilutes the effectiveness of MARAM. Good practice should not require women to disclose extensive details about their lives if the family violence service system cannot effectively respond to these disclosures.

RECOMENDATIONS

22. Family violence reform and monitoring in future should equally report on outcomes, inputs, outputs and government and non-government activity. We want to know what difference we are making for women in key areas; gender equality, believing women, access and equity, reduced deaths, financial independence.
23. Cultural privileging must never be accepted in family violence services. Funding in future should be directed to advocacy services. The specialist system on its own cannot deliver equitable family violence reform in Victoria. After four years and millions of new dollars invested, the cultural privileging trends are inescapable. The most effective way to provide a universal system will be to fund services outside the specialist service system from here on in.
24. We call for a review of the allocation of nearly \$21 million to Therapeutic Interventions, a review assessed on grounds of diversity and multicultural access.
25. An index should be developed counting the number of Australian women from migrant and refugee backgrounds with children who are reported to child protection when they report family violence. We should do everything we can to reduce this coupling. For example, perpetrator assessment should reduce the blaming of women, indirectly and directly. It should reduce the number of women in motels on the occasions when women leave. Authorised advocacy services could appeal the local decisions and priorities of the specialist system. More controls could be introduced to ensure financial resources stay in women's control. Advocate with the commonwealth for tighter controls and checks on income payments remaining in the control of women.
26. More information about the system should be published in a transparent form, especially family violence funding since 2016.
27. The MARAM should be reset on the strengths of the perpetrator practice guide.

OUR EXPERIENCE FROM OUTSIDE THE SPECIALIST FAMILY VIOLENCE SERVICE SYSTEM

17. Our submission addresses the three areas suggested in the call for submissions.
 - What has changed?
 - What more can be done?
 - What is the impact of COVID?

What has changed

18. We begin by recording our support for the Victoria Royal Commission and the principles articulated in the Victorian response.

Family violence is a gendered crime, it is never acceptable, victims must be believed, and perpetrators must be held accountable.

The specialist service system has provided a vehicle for upholding the reform agenda and for significantly progressing awareness and improved responses in many cases for women escaping family violence.

We can see from the Monitor's report the unprecedented investment in family violence reform.

What has not changed

19. A Response to Family Violence in CALD Communities

Working from a place-based understanding in a community where the majority cohort are people from culturally diverse backgrounds, access and equity issues across the universal/rights-based service system remains our biggest challenge. There is a pervasive perception in universal services that cultural diversity is of itself a determinant of need and that this need exceeds the capacity of universal services to address.

This perspective impedes the necessity to rectify the design flaws in our service system and perpetuates access and equity barriers to rights based universal services. Universal services are funded and mandated to achieve a level of inclusion that cannot be achieved while this perspective of people from culturally diverse backgrounds is condoned.

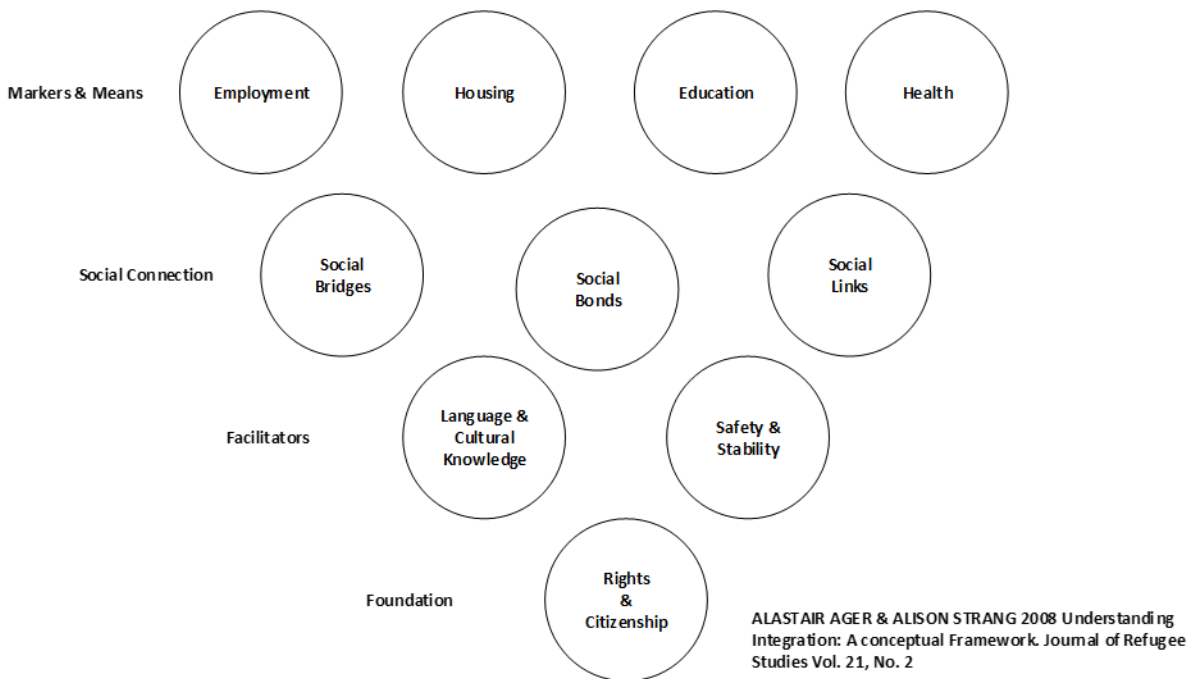
From this place-based perspective and our service user data, SECL identifies Australian women from refugee and migrant **backgrounds** as being largely excluded from universal/mainstream family violence support services. The exclusion of Australian women from refugee and migrant **backgrounds** from this service system occurs as a result of conceptual and structural issues within the universal/mainstream family violence support sector.

Conceptual Issues:

- The migration and refugee experience and the elements that make up a positive/normative settlement/integration process for women from migrant and refugee **backgrounds** need to be the core determinants in the design and delivery of inclusive family violence support services.
20. In the context of intersectionality and the impacts of family violence, it is the relationship between a migration/refugee experience, the elements and domains of positive integration/settlement and the implications of gender-based violence for women from migrant and refugee **backgrounds** in this context, that need to form core determinants in how inclusive and equitable services are designed and delivered.
21. A focus on nouns as identifiers (refugee, migrant CALD) in determining both an identity for victim\survivors and a service response, reinforces the capacity of service systems to displace a fundamental need to situate their services to meet the entitlement of Australian women who have had a refugee or migration experience and a current lived experience of resettlement/integration onto in this instance, victim/survivors of gender based violence from migrant and refugee **backgrounds**.

Structural Issues:

- Predicating service engagement and support on the “preparedness” of a victim/survivor to “leave” is inconsistent with the migration/refugee experience and contrary to the established understanding of normative settlement/integration processes.
22. The internationally recognised integration framework (below) provides an understanding of the critical domains and the inter-relationships between these domains that support people to achieve a sense of belonging and inclusion (integration/settlement) within the wider social context. It recognises that strong bonding and bridging capital complimented by established links to services and the wider community are imperatives and support access to the markers and means supporting the longer-term settlement process.



23. Consequentially, a position that requires a woman from a migrant or refugee **background** to leave as a condition of receiving support to address and escape violence, demands that she loses all access to whatever social capital/support that she has available to her and “accept” the subsequent loss of access to and participation in the markers and means that support her and her aspirations for life in Australia.
24. In effect, the current service model situates the victim/survivor with a paradigm of “impossible choices” where she must “choose” between absolute social destitution and unsustainable loss or remain within a violent relationship. In most cases, it is only the threat of the additional loss of her children that forces compliance with this “condition of support” present within the universal/mainstream family violence support sector.

SECL's Position:

25. SECL acknowledges that there is a role for ethno specific and community services in providing support, however; this does not displace the necessity and responsibility for structural reform in the family violence sector to take place in establishing service support that is consistent with the social reality and lived experience of Australian women from migrant and refugee **backgrounds**.
26. From our perspective, SECL sees limited capacity to address the issues of exclusion apparent in the current universal/mainstream family violence support sector in the absence of a significant shift away from a one size fits all service model towards a greater emphasis on place-based service delivery. It is the knowledge of community in a place and the acknowledgement of the diversity of these places that will ultimately resolve the persistent and endemic access and equity issues apparent in the delivery of rights based universal services.

THERAPEUTIC INTERVENTION

27. In the Monitor's report we note the section on Therapeutic Interventions. We use this as an example to demonstrate the cultural privileging of family violence funding. We seek the Monitor's help in asking questions about the \$20.9 million funding. The evaluation of the demonstration projects was in our experience vague and lacking details. It was difficult to assess from the evaluation what DHHS was looking for in the subsequent decisions by the department to allocate funding.
28. An independent look at the allocation of nearly \$21 million dollars across Victoria, shows from what we can discover, investment of most funds in Anglo founded services. We acknowledge the exception, investment in Indigenous founded services. We support this exception.
29. Can we see the data to demonstrate a statewide platform has been developed, especially to support therapeutic programs for women and children who remain in the family home.

FIGURE 6B: GOOD PRACTICE EXAMPLE: EVALUATION OF THE THERAPEUTIC INTERVENTION TRIALS

In January 2019 an evaluation was completed of the 26 Family Violence Therapeutic Interventions Demonstration Projects, which had been funded in 2017 to trial new ways to provide intensive support to people and communities experiencing or recovering from family violence.

The evaluation was especially significant because it included interviews with 107 clients, including children and young people, which represents a substantial commitment from both the clients themselves and the evaluators and government agencies to invest the necessary resources to ensure that the voices of victim survivors are heard in service review and development.

The evaluation was also significant because it was used to directly inform the approach to a substantial new investment, \$20.9 million over four years committed in the 2019-20 State Budget to establish the statewide platform for therapeutic interventions. Together these undertakings represent a strong example of including the voices of victim survivors, including children and young people, into service and policy reform.

Source: FVRIM, based on information from FSV.

CASE STUDIES DEMONSTRATING FAMILY VIOLENCE SUPPORT OUTSIDE THE SPECIALIST SYSTEM

30. The following case studies demonstrate the extensive services provided to women outside the specialist family violence service system. The case studies demonstrate service delays, complications, and unreliability. Without advocacy services like SECL, Victorian women would receive no support at all because of their cultural background.

31. SECL places on record our role in responding to family violence. While these cases occurred during COVID, COVID has not created the access and equity barriers to the specialist family violence service system.

Supporting CALD women experiencing Family Violence

CASE STUDY ONE - NB

Introduction

The mother child relationship is described in the MARAM as a common way of perpetrators practicing family violence. Ironically, the family violence service system that operates on child first principles, has overlooked the children in this case. It would not be possible to complete a MARAM assessment of the youngest daughter, as a client in her own right, and not conclude that the safety of that child depends in part on a loving and certain relationship with her mother. Every day the child is unable to be with her mother on a predictable basis is a present family violence harm that impacts the mother and child relationship. This harm originates in the violence, power and control of the father.

The guidelines are detailed in the MARAM but NB's relationship with her child for some reason has not been assessed using the MARAM as required under Family Safety Victoria's own policy.

A risk assessment of NB's daughter via the MARAM was asked for as we write this submission. We have described this case study in detail to demonstrate the level of advocacy required by some Victorian women to access or even appeal the decisions of the specialist family violence service system.

32. **NB**, now 39, was married in Pakistan. It was an arranged marriage, and it was her husband's second marriage.

NB's husband was physically, verbally and psychologically abusive during their entire marriage and he used coercive control daily. The worst incidence of family violence happened after the family moved to Dubai for work. In Dubai, **NB's** husband burned her so badly she ended up at Zuleika Hospital for a month.

The family moved to Australia with their two daughters in 2007 and a few years later had one more daughter.

NB endured family violence perpetrated by her husband who continued being controlling. He routinely pulled NB's hair, hit her, scratched her and berated her, often in front of the children. He left bruises on her. He also used coercive control with the children and hit their daughters with a coat hanger.

NB's husband controlled the conversations they had with people outside the home, and within the home. He controlled who visited the home. **NB's** daughters were severely impacted by this violence, not only by being witness to it and being on the receiving end of it.

The violence impaired **NB's** ability to be the best parent possible for the children. She spent so much time and energy addressing and appeasing her husband, that this interfered with her ability to provide the best care to her children.

NB, even in the face of such adversity, provided stability and as much nurturing as possible to her daughters. She did all the housework, shopping and cooking. In addition, she got her bus driver license and started a job as a bus driver with a local Transit company from 2016 - 2017.

By 2017, her husband's violence escalated again. He would at times punish her by not letting her into the house and forcing her to sleep in her car after her shift. Due to the ongoing family violence taking its toll, **NB** had had a series of small accidents on the job and in October 2017 she realised she needed to resign from such a responsible position. When she returned home from a 15-hour shift and announced she had resigned, her husband hit her, berated her and locked her and the children out. She begged him not to do this, saying that their daughters will suffer, in particular their education. **NB** and her daughters spent 24 hours in the car wondering what to do. Eventually they went back home, and **NB** begged her husband to let them stay.

NB apologised and asked for shelter for the children.

A few days after **NB** quit her job, her oldest daughter, manipulated by her father, turned on **NB**. Her husband influenced their daughters' thinking and told them he will show **NB** who's boss. He had often driven a wedge between the children and **NB**.

During her marriage, **NB** didn't want to burden her friends. She was alone with her problems.

She did not she seek any help from any organisation about the crimes committed against her.

Three years ago, **NB** sought advice from several places including some Women's Services (she can't recall the names of the organisations) but she said she "didn't get good results".

These services advised **NB** to stay at a friend's or relative's place with the children but that was not an option available to her. She was told that the only accommodation options available would be in rooming houses but was warned that these places are full of "druggies"; something she didn't want to expose her children to.

She was not told or aware of Women's Shelters. She felt she couldn't escape the violence with the children as she wouldn't have anywhere to take them. She left on her own and applied for an Intervention Order. First, she went to the police station to do this, but they didn't understand her. Then she went to the court and told them she was not safe. An IVO was put in place on 19/12/2017 with an expiry date of 19/12/2019.

As soon as the IVO was in place, **NB** went to see a lawyer to work out custody arrangements for her children. Her sole focus was to get the children back. She was advised that without being able to offer the children a home, the courts could not put the children in her full custody.

NB's Family Court order of 15/07/2018 states that her youngest daughter, now 10, is to be in **NB's** care 50% of the time during holidays and every second weekend during school terms, from 3 pm Fridays till 9 am Mondays. The court order mentions that her older two daughters, aged 13 and 15 can choose to spend as little or as much time with **NB** as they want and that the father must facilitate this.

NB's youngest daughter visits her regularly. She tells **NB** that her father treats her differently from her sisters. He doesn't provide for her things like pants, school bag, and school lunch orders. **NB** does her best to provide these out of her Newstart allowance. Her husband has obstructed her

daughter from visiting her mother on mothers' day. She is not allowed to call her back after **NB** leaves messages wishing her happy celebrations on key dates.

As the Court order did not mandate that **NB's** older two daughters see their mother, due to their father's control, the older two daughters have not visited **NB** for the past two years and they have not been in contact with her at all. Her youngest daughter has explained to her mother that their father will not allow them to visit because **NB** doesn't have her own home and he will not allow them to see her whilst she is couch surfing or living out of her car.

Since November 2017 **NB** has been seeing a psychologist regularly but her mental health has not improved because the source of her pain has not been resolved; she has lost her daughters.

NB wants her younger daughter to be able to visit and develop a basis to start to reconnect with her two older daughters. Her daughter could then visit her without having to share common areas with others. She hopes that once she does have her own home, she could invite her older two daughters to visit and slowly rebuild the relationship that their father has disallowed over the past two years. Their father would no longer be able to stop them visiting her on the grounds that she lives at a stranger's house. Long term, **NB** is hopeful that her older two daughters would leave their father and move in with her, given that they are not bound by a court order to stay living with him.

NB has been denied access to the specialist family violence service system because she has been assessed as safe from her partner.

CASE STUDY 2 - ZB

33. **ZB** presented to SECL after experiencing family violence. She is a single mother, of (3) primary school aged children and pregnant. **ZB** has resided in Australia for several years, arriving on a spousal visa sponsored by her husband and has since lived on a bridging visa.

ZB had an intervention order issued against her husband and against her adult-son. Emotional abuse in the form of degrading and demeaning comments, and exposure to physically violent behaviour characterised the nature of the violence she and her children endured. Family violence specialist services and the police had intervened previously, however **ZB** was reluctant to file a new report. Following the recent incident however, **ZB** described feeling exhausted from the ongoing violence in her home. With the support of the police **ZB** filed a police report and initiated the IVO process for her and her children's wellbeing.

ZB raised significant concerns surrounding finances. She was unable to secure an income. She's the sole primary caregiver for her children, supporting them in their online learning environment, she has a lower level of English language literacy, she has several health needs and is ineligible for Centrelink.

SECL conducted risk assessment and safety plan with **ZB** in the initial assessment. She would not discuss the history or detailed nature of family violence. **ZB** stressed that her priority was to ensure she could meet her children's needs and refrain from being evicted from their rental. In response, SECL's immediate actions included recommendations to SECL's Community Wellbeing Team and a referral to In Touch.

ZB re-applied for the SRSS payment. Following this, **ZB** became more inclined to visit her GP to focus on her own wellbeing, such as her pregnancy. Additionally, **ZB** demonstrated other mental

and physical challenges, as she described experiencing dizziness, tiredness, a loss of appetite and being unable to leave bed.

She attributed much of this to her pregnancy but had also simply presented as overwhelmed and exhausted in appointments. Unfortunately, after re-engaging with her local GP, **ZB** expressed that she felt discriminated against and not listened to. This significantly impacted her confidence in voicing health concerns and comfort with the practitioner. Given this, SECL referred her to the Monash Health Refugee Clinic.

SECL liaised with **ZB's** utility providers, advocating to her property manager, referred her to Red Cross and WAYSS Housing.

SECL's advocacy on behalf of ZB resulted in:

- A rent reduction agreed to with Consumer Affairs,
- Utility companies waiving overdue fees and the process of a Utility Relief Grant
- Negotiation with her children's schools to have their school fees reduced by 50%
- A case manager allocated from In Touch for migration agent support, legal support and access to flexible support packages
- ER funding from Red Cross and SECL.
- The MHRC referral was also accepted and **ZB** has expressed feeling happier with the support she receives.

The SRSS application process was lengthy. Despite being recommended to access mental health support as practitioners referred to her as being 'anxious and stressed', **ZB** was advised that the evidence for the SRSS application was insufficient. This was disappointing and frustrating for **ZB** as she experiences significant barriers to employment.

At the court hearing, the IVO against **ZB's** husband was altered to allow him to reside in the family home.

However, this outcome has posed concerns as **ZB** was in a particularly vulnerable position at the time of the hearing. Legal guidance and support were not offered prior to or on the day of hearing, and **ZB's** is still in financial hardship with an accumulating debt due to ongoing delays with the involved services/agencies offering or assuring support. The outcome has also been a matter for concern as **ZB** has not been able to confirm her husband's engagement in necessary support services such as Men's Behaviour Change programs. SECL holds grave concerns for **ZB's** sexual and reproductive health rights. As a result, SECL will continue working with **ZB** to advocate on her behalf, assist with applications and increase her opportunities to connect with the wider community.

(Please see SECL's Power and Control guide below to demonstrate why power and control should be a more developed feature of the post COVID family violence response).

CASE STUDY 3 – MC

34. **MC** is living with her partner in his parents' home. She experienced family violence by her husband. She was hit and pushed against the wall on the night after a heated argument. English is not her first language. She has a young baby.

- **MC** called her friend to ask for help on the night of the incident. The friend called the police who issued a partial IVO to the husband.
- **MC** left and went to her friend's place along with her young baby and stayed with her friend for two nights.
- **MC** was told the police would call her to discuss suitable support. The police did not contact the client as she was told they would on the second night after the incident occurred.
- **MC** and friend called the police and they referred **MC** to Safe Steps. **MC** called Safe Steps with the help of her friend. Safe Steps organised a 3-night stay at a hotel for client and baby. **MC** reported that when she reached the hotel, she was given 4 Coles food vouchers to purchase food from the nearby Coles.
- **MC** had not used vouchers before and did not have any idea how to use them. She did not have a pram to take her baby out to purchase food. **MC** was hungry and breast-feeding.
- The SECL worker kept in touch with **MC**. SECL developed an immediate response over the weekend. SECL delivered culturally appropriate food to the client. SECL was able to report that her baby appeared to be well, making eye contact and interacting with her. The food delivered was enough to last the client several meals to sustain her energy throughout the night and coming day.
- The SECL worker spoke with hotel reception staff (as they were aware that client was a Safe Steps client) and explained that SECL was there to deliver some food as **MC** hadn't eaten since yesterday lunchtime. Hotel staff said that **MC** had Coles vouchers to spend on food and she just needed to order food online and they could deliver it to her. SECL asked was this explained to **MC**. It was not.
- **MC** informed SECL that she had a bank account in her own name but was not receiving any of her child's Centrelink payments. Payments were paid to the father. She had no access to money of her own.
- SECL Worker continued to check in with **MC** and Safe Steps during this time.
- **MC** and baby were moved to another supported accommodation later that day.
- During that time, **MC** was contacted by her husband and urged to come back home. **MC** explained to the SECL worker that she wanted to return home.
- **MC** was placed in supported accommodation. She was provided clothing and essential items that she could use for herself, kitchen items for her to cook her own meals etc.
- **MC** informed the family violence workers that she had been told if she went home her baby would be taken away. This was a miscommunication that was later clarified by Safe Steps.
- **MC** felt overwhelmed, exhausted and anxious about the whole situation.

- SECL worker contacted Safe Steps. SECL was informed that **MC** will be referred to a local FV specialist service and Child protection. Safe Steps would conduct a safety plan with the client if she left her partner or opted to returned home.
- **MC** attended court and returned home with her husband after the court hearing. Safe Steps organised for a taxi for her to reach the Dandenong Magistrate court on the same day.
- SECL worker was informed by Safe Steps that a referral to WAYSS Family Violence service will be made and that the Child Protection will contact the client.
- Child Protection contacted SECL worker and asked about the client's situation before the call to client was made. SECL worker informed about SECL's role and involvement so far with the client.
- **MC** is back home with her husband and the baby. Child Protection will be visiting client and husband in days ahead.

COVID and FAMILY VIOLENCE

35. The COVID-19 virus has renewed a focus on women who are isolated and at risk of family violence. Family violence reform since 2016 has revolved around women who report and leave. We have equated leaving with women at risk. While leaving is a high-risk factor for women, this is not the same as assuming women who are at risk, leave.
36. Women commonly report the presenting issue of financial hardship to non-specialist family violence services. This is an accepted preliminary support service intervention. Often, the perpetrator of family violence will permit seeking financial support as it is expected to benefit the person in control. Seeking support for other forms of family violence are regarded as a threat to the perpetrator's control and not permitted.
37. The sexual and reproductive rights of women require an urgent and unassailable focus in all future COVID family violence and sexual assault support responses.
38. COVID has driven home the problem of dominant, mono cultural assumptions in Victoria's human service system. We have a predominantly national and statewide service system (Anglo). We also need place based, local and trusted responses. COVID has reinforced the effectiveness of ground up service systems, street by street, door to door, neighbor to neighbor. It has reminded us of the importance of engagement, belonging and a belief in society. Importantly, COVID has reinforced the centrality of diversity in Victorian communities.

COVID Impact on Family Violence

39. We have a widely held belief in Victoria that the women supported in the specialist system are the most unsafe women. This may be true, but the evidence has not been presented to date to allow us to question this assumption. It is not SECL's experience.
40. COVID has turned our thinking to women in isolation and the question of safety. SECL supports a focus on these areas. The specialist system has quickly pivoted in some cases to reach out to women in lock

down who cannot report or leave violence. We welcome this new focus. In our experience, COVID has not introduced the isolation impacting on CALD women. CALD women are isolated and unsafe and will continue to need a service response capable of addressing women’s safety in conditions of severe isolation.

- 41. We hope a focus on safety made more obvious by COVID will become central to the family violence service system in future. If we make decisions about the most unsafe women and not if they leave or otherwise, we can reset the family violence response back to where it must be centered, a focus on gender inequality and women’s safety.

Lessons learned from COVID about assessing women in extreme isolation

- 42. SECL has developed the following tools to assist with responding to family violence when women are isolated and cannot leave the family home. The focus is on control, making decisions, social connections and use of time to indicate if our participants are in coercive and controlled relationships. Four areas of control are identified as indicators of the level of independence of life in the home.
- 43. The importance of sexual and reproductive health and rights cannot be overstated. We hope to see a renewed focus on these rights and criminal offences.

Control over money	Control over time	Control over self-development	Control over sexual and reproductive rights
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Daily rights and responsibilities	How control works	Examples	What self-control looks like	What stops you from...	Measure her agency/her control
Control over money	An effective and prevalent way to control another person is to control their money	No bank account No knowledge of savings, debts No understanding of money system Family benefits not in the control of women	Own bank account Knowledge of income and expenses Knowledge of system like rates, rents, insurances, taxes, social security A family finance decision maker	What stops you from knowing about money? How much is your rent? How much income does your family receive? Do you owe any money? What are your main expenses? What is your plan to increase your income?	Does she use words like I, we, or he, my husband. Record the amounts that she knows. Does she or her family have a plan to increase income? Y/N
Control over time	Time to oneself, some time each day not focused on family or children	Sole child carer, No activities like walking, going to library, community groups Children miss a lot of school or not engaged in structured programs outside the home.	Own time to choose activities, interests, aims, travel, trips,	Who helps you care for the children? Do you have a myki card, drivers license? Do your children miss much school? Why might they not go to school, or childcare?	Time without children and frequency. Amount of time children miss school and why? Number of interests or leisure activities (community based, free of charge)

				What stops you from having time to yourself? What stops your kids from going to school?	
Control over skills, information support	Can personally develop, set goals, learn and participate in society	No formal training, no employment, no mobile phone, computers English language.	Can learn English Can enroll in courses Can use library facilities Has own mobile phone	Tell me about your views on learning English. What stops you or supports you to learn English? What are your skill development goals? What stops you from developing your skills?	A self-development plan English level
Control over sexual and reproductive health	Knowledge of rights and health status Has privacy Can seek social and medical support, Identifies sexual and reproductive rights as a set of her entitlements Can call for emergency help, ambulance, hospital	Health visits focus on children, inadequate sleep, own chronic illnesses not managed No privacy No wellbeing regarding Menstruation, urinary infections, breast screen, No understanding of consent and the right to say no to sexual intercourse	Can access sexual and reproductive service support Can make own appointments If high needs children and high family needs the work is shared Reason for lack of control is not gender alone.	Who is your GP? Can you call your GP at any time? If you are sick who helps look after you/the children? Can you go to bed when you are tired? Can you sleep when you want to? What stops you from improving your wellbeing?	Number of health service contacts. Number of wellbeing activities.

POST COVID FAMILY VIOLENCE SUPPORT SYSTEM

The following outlines what a post COVID family violence service system should look like.

44. A system that operates universally on the understanding that gender inequality is the primary cause of family violence and that all women are therefore treated equally by the specialist system. We will start to see different service models that normalize support to Australian women from CALD backgrounds in the specialist service system. We will see an end to the specialist service system referring CALD women to agencies like SECL operating in areas where large numbers of the population speak English as a second language.
45. For this to be achieved the system will reset and work on the central principle of safety. It will not require women to leave in order to be supported. It will revise the MARAM and risk assessment, to support responses to women staying in the family home. It will develop a diverse set of interventions to support Australian women from migrant and refugee backgrounds who do not have the option of leaving.
46. A task force will be established to unbolt reporting family violence with being reported to child protection. The goal will be to measure a positive outcome of reporting family violence that is as common as a police report or report to child protection. The outcome might be women saying they felt they were believed, women's safety increased, women feeling better off.

47. The male perpetrator MARAM will reduce the number of women being reported to child protection.
48. The MARAM assessment of perpetrators will not be tagged onto the MARAM as it exists. Because the perpetrator MARAM should have been developed first, we cannot let this opportunity for genuine reform to be missed. The perpetrator risk assessment must be allowed to drive reform on a new level and not be constrained by the investment to date in risk assessment that still requires women to take charge of her own safety.
49. A funding review will be conducted to ensure DHHS future resources are allocated to reflect Victoria's multicultural community not a mono cultural and mono religious society.
50. Place based services will be integrated into a new approach developed by the specialist family violence service system. Isolation and family violence will be a reset area of expertise and place-based knowledge will be a recognized skill set of the emerging family violence work force.