

Loddon Gender Equality and Violence Prevention Consortium

Family Violence Reform Implementation Monitor submission



YOU ARE NOT ALONE

'Let people be a part of your journey and help.'

- SURVIVOR

'You radiate a different kind of energy that wasn't there before when you have been through something. People feel as though they can be a good and helpful part of the journey. Let people be a part of your journey and help. That cloak of invisibility is gone, and it can make you feel back in the world.'



**'Hearing others'
stories means
I am not alone.'**

- SURVIVOR

'Hearing other women's stories has lifted my sense of isolation. I couldn't talk to people because I was ashamed and embarrassed. The few times I did reach out I felt scrutinised and judged. I have shared my pain and my triumph. To step into the light and realise others have gone through things too - I think, if others keep doing it, I can do it too. I see strengths I didn't know I had.'

**'On your own you
can get knocked
down, but together
you can't. I feel
safer next to you.'**

A message of hope from a survivor who felt safer with us by her side.



Thank you for the opportunity to provide feedback to the Family Violence Reform Implementation Monitor fourth and final report. This submission has been prepared by the Loddon Gender Equality and Violence Prevention Consortium.

The Loddon Gender Equality and Violence Prevention Consortium

The Loddon Gender Equality and Violence Prevention Consortium (“the consortium”) was established in 2005.

The consortium consists of: Centre for Non-Violence (lead agency), Cobaw Community Health, Annie North Women’s Refuge and Domestic Violence Service, Women’s Health Loddon Mallee and Centre Against Sexual Assault Central Victoria.

Each agency has a history and expertise in working in family violence/sexual violence/women’s and community health services throughout regional and rural Victoria, spanning on average 30 years.

The consortium has significant experience in working together to deliver innovative and integrated responses to women and children experiencing violence, and programs for men who use violence towards family members.

The consortium acknowledges that violence against women and children is deeply rooted in power imbalances that are reinforced by gender norms and stereotypes.

We understand that system responses must listen to the voices and experience of victim survivors and hold perpetrators to account to provide quality outcomes.

The following provides a summary of each member organisation:



a. **Centre for Non-Violence (lead agency)**

The Centre for Non-Violence (CNV), established in 1990, has a long history of delivering quality and highly regarded specialist family violence and homelessness programs in the Loddon Area for women, children and men. CNV was the first service in Australia to fully integrate women's, children's and men's services, and is now only one of two fully integrated models in Australia, and the only fully integrated service in Victoria.

CNV has extensive experience in family violence risk assessment and management and has delivered *Identifying and Responding to Family Violence* training to key stakeholders and community agencies for more than 10 years. All client services staff complete risk assessment and management training as a core training. CNV chairs and coordinates the RAMP and provides the full suite of funded services for perpetrators of family violence in the Loddon area.

CNV has developed an innovative family violence service program that integrates programs for women and children victim survivors with programs for men who use family violence, enabling information sharing and case coordination to maximise safety and minimise risk.



Annie North Inc.

b. **Annie North Women's Refuge and Domestic Violence Service**

Annie North provides 24-hour crisis refuge response as part of the state-wide refuge system response to women and children experiencing family violence. Annie North also operates the Loddon family violence after-hours crisis response. Annie North has a state-wide catchment and is located within the Loddon area in Bendigo.

Annie North services are accessible to women with or without children and the service accepts accompanying children of all sexual orientation and/or gender identity up to the age of 18.

Annie North can offer immediate safety and shelter (crisis high-security refuge response, medium-security refuge response, or safe housing) to women and children escaping domestic or family violence. Annie North provides risk assessment and risk management, case management support and therapeutic programs such as counselling and art therapy.



c. Cobaw Community Health

Cobaw Community Health Services Ltd (Cobaw) provides a diverse range of health, wellbeing and community services across the Macedon Ranges Shire. The Central Victorian Volunteer Service and School Focussed Youth Service also operate in Mt Alexander, Central Goldfields and Greater Bendigo municipalities. Cobaw's vision of health and wellbeing for all provides the foundation for the many services on offer, including a long-held partnership with the CNV as a member of this consortium.

To achieve their vision of a healthy resilient community, Cobaw is actively committed to the principles of collaborative partnerships, health promotion, community engagement, social justice, equity and advocacy. These activities form a part of their commitment to ensure they provide options for people in their local area close to where they live, work and play. Cobaw provides DHHS funded Integrated Family Services and Housing Support that are two important local co-related services supporting women and children impacted by family violence.

In seeking opportunities to contribute to the lives of people in our community, Cobaw focuses on achieving sustainability and expansion of place-based services. The incidence of family violence attributed to Macedon Ranges is identified in the work staff engage in across all areas of operations. The co-location of a CNV worker at Cobaw has made a significant difference in the collaborative way staff engage with clients experiencing family violence throughout the entire service system.



d. Centre Against Sexual Assault Central Victoria

CASACV is located in Bendigo but provides outreach services across the region, in Kyabram, Kyneton, Maryborough, Echuca and Tarrengower Prison. CASACV services include free and confidential, specialist counselling to adults, young people and children who have experienced sexual assault and/or family violence either recently or in the past and to their non-offending parents, partners, family and friends. CASACV also offers a 24-hour crisis care response to victims of recent sexual assault, including crisis counselling, support and advocacy, medical care and justice services.

CASACV provides a family focused, prevention and early intervention therapeutic service to children and young people under the age of 15 who have engaged in problematic or abusive sexualised behaviours (SABTS). CASACV also provides specialised advocacy, secondary consultation, community education and professional training across the sector and within the community.

CASACV is also a partner in the Bendigo Multi-Disciplinary Centre (MDC), where it is co-located with Victoria Police Sexual Offences and Child Abuse Investigation Team (SOCIT), staff from Department of Health and Human Services, Child Protection, Victims Assistance Program and Bendigo Community Health.



e. **Women's Health Loddon Mallee**

Women's Health Loddon Mallee (WHLM) was established in 1978 as a regional health service in the rural Loddon Mallee Region. WHLM is a not for profit charity run for women, by women. The WHLM Vision is to achieve gender equality in the Loddon Mallee Region.

WHLM's mission is to challenge the values, assumptions and beliefs about women to enhance individual and societal factors that build health.

WHLM works in partnership with the consortium and other partnerships to build capacity in the workforce to prevent violence against women through gender equality. WHLM leads the regional action plan for the prevention of violence against women. WHLM supports women to make choices that will maintain or improve their social, emotional and physical health and strive to achieve gender equity for women in our region. The organisation offers a range of resources, programs, workshops and training as well as advocacy and research across our three priority areas of Sexual & Reproductive Health, Gender Equity and Prevention of Violence Against Women.

How has the family violence service system changed since the Royal Commission?

MARAM and the Information Sharing Scheme

The Family Violence Information Sharing Scheme has ensured providers can freely share information about the safety and risk of victim survivors. This is a welcome improvement which has already seen the system mobilise to hold perpetrators to account.

Services are working collaboratively to apply a lens that focuses on the perpetrator, rather than placing the burden on the victim survivor to keep her and her children safe.

There have already been many examples of services working together to keep the perpetrator in view and accountable, for the safety of women and children. In particular, the work of the Risk Assessment and Management Panel has been strengthened through MARAM and the Information Sharing Scheme.

It is critical we continue to empower victim survivors and demonstrate that their safety and well-being is at the centre of our work. We know one of the many and complex reasons why women remain in

relationships with perpetrators is because they can monitor his movements, moods and behaviours - and therefore assess their own risk. Women are more fearful when they don't know where the perpetrator is, or whether he is waiting for/watching her at any given time.

Sharing information with the victim survivor's safety at the centre, tells the woman her safety is most important and the system is working to protect her.

Example A:

Woman and children are fearful of former partner/father and unsure of his whereabouts. The perpetrator's IVO conditions state he must reside with his parents in a regional city. The case manager contacts Victoria Police, and police then visit the perpetrator's address and engage in a conversation with him. Police advise the woman's case manager the man is where he is court ordered to be, and they are comfortable he will remain there. Woman and children feel safe to have a day out in another regional city, knowing the perpetrator is not watching or following them.

Example B:

Victoria Police Operation Ribbon. A proactive approach by Victoria Police during COVID-19 lockdown saw perpetrators put on notice they were being monitored. This was a significant, proactive tactic at a time when family violence services knew women and children were at greater risk because they were further isolated at home with their abuser.

It was encouraging to see Victoria Police recognise the risk for women had changed, and what COVID-19 meant for victim survivors in relation to barriers to accessing support.

Police conducted many visits to known perpetrators across our region, which saw a number of men charged with breaching intervention orders or other offences. Police members were proactive in engaging with our services and communicating risk.

This was a positive example of how Victoria Police is viewing their role in not only responding to family violence, but being proactive in becoming a check in point for women and families in a system that is working to keep them safe.

The line of sight to the perpetrator has been positive, and we believe this approach should be maintained into the future.

We have also seen an increased willingness by Victoria Police and the justice system to communicate when men on remand are being released - which provides us advance notification to ensure we can manage risk to the victim survivor.

We are encouraged by the current working relationships with Victoria Police and the investment in permanent Family Violence policing units, however we note responses to women and children and relationships with the family violence sector vary depending on the leadership in the area of police command.

The MARAM framework provides the foundation for cultural and practice change across the service sector, but there is much work to do to ensure this is embedded in systems and organisations. There is a need for clear guidelines and processes to be developed to determine whether organisations have embedded MARAM and done what is necessary to build their capacity.

However, there are more sectors now designated Tier 1 organisations, Risk Assessment Entities, Information Sharing Entities, including the Sexual Assault Support Services and Sexually Abusive Behaviour Treatment Service sectors which are required to undergo significant practice changes, currently without additional agency staffing resources. Funding needs to be provided to enable our sectors to meet our statutory obligations.

Investment:

We have seen benefits of an injection of funds into the sector. In some cases, this has resulted in the strengthening of regional service delivery – for example, Centre for Non-Violence has been able to place an extra specialist family violence worker in Kyneton to work alongside our Consortium partner, Cobaw.

The Consortium has also secured ongoing funding for the *Safe, Thriving and Connected* therapeutic program.

Safe, Thriving & Connected is a specialised family violence therapeutic intervention model offering a range of evidence based and trauma informed modalities that can be tailored to meet the individual's needs. It is informed by the analysis that family violence is both a personal and social problem. It recognises the importance of responding to the individual victim survivor's pain and trauma while recognising the role of the perpetrator and the insidious ways in which self-esteem and personal agency can be undermined by the perpetrator's controlling and coercive tactics. For children and young people, this includes recognising the ways in which tactics of abuse directly and indirectly undermine the relationship between the child and mother and damage family relationships.

CASACV has ongoing funding to work with adolescents using harmful sexual behaviours, but the model is expensive to operate and demand means the organisation is already at double the targets. Increased and ongoing investment is needed to meet current and projected demand.

Core and cluster refuge model

We welcome the decision to adopt the core and cluster refuge model across Victoria.

The model is designed to create safe and accessible places of healing for women and children and will see significant benefits for victim survivors, however the roll-out of the model has been done with haste and without sufficient consultation with the family violence sector, particularly about the building designs.

Specialist family violence courts

The Commission's recommendation to establish more specialist family violence courts to deal with criminal, civil and family law matters at the same time has seen the design of new court buildings we believe respect the experience of victim survivors of family and domestic violence.

The designs acknowledge the need for improved safety (physical and emotional) for victim survivors and all court and family violence services staff.

Men's behaviour change

With increased funding, we have been able to work with more men, and provide a range of tailored responses to them. We have had the opportunity to work with men in different settings outside of the Men's Behaviour Change program, including perpetrator case management, the BDAC (Bendigo District Aboriginal Cooperative) Healthy Spirits program, and Making aMENds – which works with fathers who have used violence with family members.

However, there is a need for increased funding to ensure we have the resources to address growing waiting lists (particularly as a result of COVID-19) and to ensure we can provide more accessible programs where they are needed. We particularly require services to be available in regional areas to meet the additional demand where traditionally there have been few MBC programs.

Awareness

Through greater community awareness and targeted advertising, women and children have been able to articulate what they are experiencing and feeling – and are therefore in a better position to make decisions about how and when to reach out for support.

Service systems can exist, but can only be beneficial when victim survivors can recognise that what they are experiencing is a breach of their human rights.

Family Safety Victoria

Family Safety Victoria was established to help coordinate the responses to the Royal Commission recommendations. Whilst a coordinating body was necessary, the activities of FSV were often not aligned to the regional/area priorities and relationships developed by DHHS and specialist family violence and sexual assault services. This has often created confusion and reduced the role of DHHS in our area offices to “messengers”. It is sometimes unclear who we need to consult and discuss operational matters with.

FSV has also not engaged in a meaningful way with the specialist sector – with information delivery seemingly confused with genuine consultation and co-design principles. Our sector peaks have also not been adequately consulted and engaged over key reforms although this has improved in recent times.

Looking forward – what is still required in the family violence system?

Funding

Long term funding security and adequate funding are fundamental in ensuring women and children can be better supported and men can be provided with access to programs they need. It is our view the majority of problems that exist in our sector are because of insufficient resourcing and capacity.

- Sustained and adequate funding is required to enable our services to plan service delivery. We need to move away from short-term funding arrangements and replace that with recurrent, ongoing funding. Short-term funding results in ad-hoc responses and programs, often requiring us to divert funds away from some programs because of demand.
- Proper indexation and analysis of what it costs to deliver high quality, evidence-based services.
- A rural or regional loading/funding that supports the skills, qualifications and true costs of delivering services outside of one central geographical base. For example, the region our after hours service covers is significantly larger than the area covered by metropolitan after hours services. In addition, CNV is needing to meet expenses associated with delivering services from four primary service sites as well as additional outreach services in other areas (Mt Alexander and Loddon Shires).
- Funding for staffing infrastructure is insufficient – for example, the salaries of Executive Managers and team leaders and quality coordinators.
- Funding that recognises complexity of work, in a workforce made up predominately of women.
- Boost what exists. Provide therapeutic program funds to the sector, to allow it to develop/progress innovative programs and services that have been put on hold because of insufficient funding. The majority of women and children need the therapeutic support we deliver, but there is not enough capacity to meet need.
- Increased capacity and resourcing for specialist services, because response needs to be strengthened at the same time as prevention work occurs.
- Increased support for teams such as allied health, where they can build capacity through having integrated and additional supports for complex clients.

Prevention

We support the Royal Commission's finding that it is vital we move beyond crisis response, and fund prevention. We need to build momentum and capability to understand the drivers of violence. This is inter-generational work, that requires sustained investment.

- There needs to be acknowledgement of and sufficient funding for the prevention work done by the family and domestic violence sector. We play a significant role in primary prevention, having educated our communities for decades about the causes and consequences of violence – and what needs to happen to make change. We should not be overlooked for prevention funding and resources. We are constantly working in our local communities educating, dispelling myths, challenging victim blaming and challenging the excusing of perpetrators.

- There is a disproportionate budget response to prevention and the links between prevention and response.
- Primary prevention of violence and gender equity needs investment that allows for building of capacity at strategic level.
- There is a need for funding that supports community education and social change awareness.
- There is a need to talk about sexual assault in the context of gendered violence.

Regional lens

The Royal Commission found that *people in rural, regional and remote parts of the state must be able to have easy access to the services they need. This calls for flexibility and adaptability in the way services are delivered. To have an effective system, all components need to be appropriately funded. Increasing funding on its own, though, without attention to operational changes and broader system design, will not sufficiently improve the situation.*

- While we are seeing resources come together through the Orange Door, there is a scarcity of service provision across the Loddon catchment. There is demand for further co-location of services in rural and regional areas, and additional resources.
- There are parts of our region where we are under-resourced and there is still very little service access and inroads. For example, in the Loddon Shire which does not have a strong geographic base, what is needed to support service delivery is a disproportionate investment to the need that is invested through data analysis such as numbers of police family violence attendance/callouts. For example, whilst the Loddon Shire shows low numbers of L17's in comparison to other towns in our region, the reality is that we need to support people experiencing violence across a large geographic base. There is no geographic centre in Loddon Shire and to reach the numbers of women and children experiencing violence in that shire, we need capacity to service Boort, Bridgewater, Serpentine, Pyramid Hill, Tarnagulla, Mitiamo, Inglewood, Dingee, Kingower, Korong Vale and Wedderburn. To increase access for women and children, there would be significant government investment to help the sector reach some of those communities. Some of the most high-risk cases we see are women in remote or rural locations, who cannot access 24-hour police station and are hours away from critical supports. In areas like the Macedon Ranges, which are halfway between Melbourne and Bendigo (that are at least an hour away), this results in a reduced access. To compound matters, there is no 24-hour police station that services the Loddon Shire – response after hours is provided by Maryborough, Echuca and Bendigo.
- We need significant investment in other services women and children in rural and remote areas rely on – for example, community health services and hospitals. As community health by their design, provide an integrated service model, they are well placed to support the specialist services. Clients come with often a single issue and due to the holistic service community health provides an individualised support system that is led by the client.
- The risk for victim survivors in rural and remote areas is further compounded by a lack of technology and connectivity for both internet and mobile phones.

The Orange Door

The Royal Commission found that *closer relationships must be built between all the services that support victims of family violence. Agencies need to be active in co-locating and joining together with other agencies to provide services, and government should support them in doing so.*

The Loddon region recognised the need for this, in 2005 – when our five key agencies united to form our Consortium. We identified the need for information sharing and collaborative practice, that would help to keep women and children safe and ensure the perpetrator was in sight and accountable.

As a Consortium, we have a cohesive model of service delivery from crisis and case management through to therapeutic responses, family work, sexual assault specialisation, narrative and group work, cognitive education, prevention and other services.

The Royal Commission expressed a view that the family violence service system was not broken, but elements needed to improve.

While we are yet to see The Orange Door operational in the Loddon region, we are concerned that it has been developed in the context that a system does not already exist, and does not factor in the issues, complexities and relationships unique to each region.

Given the current Consortium model in the Loddon region, we have some concerns The Orange Door does not recognise the current strengths unique to our region, and therefore may negatively impact on the experience for victim survivors. There is a real risk of doubling up and confusing the system for victim survivors and other stakeholders.

“The Orange Door is using a concept of universal and uniform central intake – it’s disruptive but not in a helpful way. It’s disrupting where we have already worked together.”

- Chief executive officer

There is need for:

- A commitment to genuine co-design of the Loddon Orange Door and service system, with the specialist family violence sector.
- Strategic engagement with the sector about the complexities of our region.
- Adequate resources for access points, including but not limited to infrastructure and vehicles.
- Infrastructure that is safe and accessible for staff and clients.
- Exploration of opportunities to co-locate with services in other parts of our region.
- Sexual assault disclosures and responses need to be further considered in The Orange Door implementation.

The objective of co-locating Family Safety Victoria and family services with the family violence sector was to strengthen the family service system response to family violence risk – but the implementation does not reflect this.

We are concerned that Family Safety Victoria has not drawn on the advice or input from the existing family violence sector.

Unrealistic timelines set by government to roll out the recommendations of the Royal Commission have also resulted in a failure to apply best practice.

Children

Addressing the impacts of family violence on children continues to be a priority.

- There is insufficient recognition and investment into the impact of family violence and trauma on children, and the need for long-term early specialist therapeutic and psychological services. As a demonstration of this need Cobaw has estimated that the Children's Services team could benefit from the employment of a child psychologist on a full-time basis but has no means to financially support the role within current funding.
- Child protection reforms are promising, but are not integrated into practice, culture, or frameworks. Cultural and practice change in child protection will make a significant difference to the system. Comprehensive work is still required in this space and the ChildFIRST function needs review to ensure that it remains operating in the best interests of children.
- There is little acknowledgement that the family violence sector focuses on both women and children.

Sexual assault response and prevention

Many parts of Family Safety Victoria still 'add-on' sexual assault to their policy documents and planning. It has taken 3-4 years for the Family Safety Victoria reform agenda to start to include sexual assault as critical work. It is vital that the sexual assault response and prevention is recognised as a distinct area of specialisation, aligned with but separate from family violence specialisation.

Whilst there is a large correlation between family violence and sexual assault, the funding for sexual assault services (whilst increased) has not provided for services to meet current waitlists and demands and provide the specialist services counselling required.

Research

Government needs to establish and sufficiently fund a research body that engages with and supports the sector to implement ideas. The research could consider the existing, well-developed tests and trials – and test new approaches, evaluations, apply best practice and evidence what works or doesn't work.

We have seen some trials during COVID-19, but there is no capacity to sustain creativity without ongoing funding and resourcing. The family violence sector should be resourced to participate in this, for example, be funded to undertake independent evaluations.

Impact of the COVID-19 pandemic:

The impacts of COVID-19 need to be analysed through an intersectional lens, with the pandemic negatively impacting on women and children through family and domestic violence, sexual violence, homelessness, the burden of domestic labour and care giving, casual employment, lower wages, less superannuation and higher unemployment rates.

We acknowledge those most affected are women and children, who will be adversely impacted by the impacts of COVID-19 for years to come.

Identified strengths:

- COVID-19 highlighted the importance of face-to-face work for clients who have been traumatised. Our impact was clear. Some clients who were experiencing trauma reported they would not engage with a worker remotely via video or telephone – with comments such as ‘I can’t talk to somebody I’ve never met or seen’.
- Creativity and commitment from our staff. In some cases, staff were finding ways to have brief but safe meetings with clients – for example, case managers in some areas were delivering activity packs to children, or care packs to adults, so they could ‘see’ them at the front door or gate, and assess their safety.
- Staff were trying to connect with children and families to support their mental health – in one case, a keyboard was delivered to a mother and child.
- An injection of brokerage funding at the beginning of COVID-19 was provided, which was helpful.
- DHHS provided unconditional extra funding to organisations to support women and children through COVID-19.

Identified weaknesses:

- No face-to-face contact with clients. It is difficult to assess and manage risk when you cannot see women and children - and our services are responsible for making those assessments. This weighs heavily on those working directly with victim survivors, and has been challenging and stressful for those staff. They have expressed concerns and frustration about whether what they are doing, is enough.

In the Royal Commission summary, it was noted that *unless agencies and services are able to respond to the needs of victims in a timely and appropriate way, they can do more harm than good. This can dissuade victims from seeking help, or expose them to further risk.*

“A woman in our region presented at her local police station, reporting dangerously high levels of coercive control. It was the first time she had sought help. The woman was placed in a hotel, but when she was told she could only receive phone support, she went home.”

- Case manager

- We are seeing a higher number of high-risk cases across the catchment.
- Women’s perception they are unable to leave their homes during lockdown, and a lack of strong messaging that they can do so to seek safety.
- COVID-19 being used as a new tactic for perpetrators to further isolate women and children.
- Women unable to have any time away from their perpetrator to phone or communicate for help, while in lockdown.
- Our ability to access usual support, particularly face-to-face support, for families has been limited. For example, Child Protection would not attend a face-to-face meeting with women in refuge to provide support for her and her child; local Indigenous services ceased face-to-face support for women in refuge resulting in women feeling culturally disconnected and unsupported.
- The pandemic has highlighted how unprepared government was to support the sector to consider how we could deliver services differently using technology. There has been little guidance around using technology.
- Family Violence and Sexual Assault services must be confirmed as essential services in government messaging to the community.
- We need ongoing research and development to enable us to test and try different approaches to how we deliver our services.
- We have made changes for the health and safety of our clients and staff, which means we are unable to deliver some services and programs.
- Group work cannot take place – which has resulted in growing waiting lists for Men’s Behaviour Change programs. Men are in a holding pattern, which puts women and children at risk. This will require a funding injection to ensure we can resource additional programs when we can return to group settings. There is a risk men will not re-engage – how do we keep those men engaged, and keep women safe?
- We are uncertain of the outcomes and government view of trials such as Making aMENDs- which CNV’s internal evaluation indicates was a success.
- Our workers are feeling the weight of bringing this work into their homes, managing risk via phone and working with cases with higher levels of complexity. We have been required to add additional mechanisms to support staff.
- AOD and mental health are significant factors during COVID-19.
- Some family violence services (such as refuges) are carrying the burden of responsibility for some women, because other services are not having face-to-face contact.

- Safe physical places need to be part of our system response, and examples of need are as follows:
 - a. A Loddon region case manager was supporting a woman who had left a violent relationship. The woman needed to be moved to somewhere safe with family, who could support her to access a termination.
 - b. We have never been confident of reaching all women and children who are impacted by violence, but we know that during lockdown and fear related to the pandemic, there is longer the opportunity for 'drop in traffic' at our services. Women can't use the excuse they're going to the bank, and drop in to see us, if they are in lockdown, or our doors are closed to keep our own staff safe. Friends, family and neighbours are also unable to walk in and ask for guidance on how to help someone experiencing abuse.
- Government needs to consider how essential family and domestic violence services can return to a new 'business as usual' in the COVID-19 environment, when physical distancing is likely to be required for some time. We don't have sites large enough to accommodate all of our staff with the required social distance, however welfare agencies and essential services need access to buildings to operate from. Government could fund the set up of additional space to bring workers back to face-to-face work.
- The burden of home schooling for those working from home in the family violence sector, was overwhelming. Schools should be instructed that family violence and sexual assault staff are essential workers and allow their children to attend school. Currently this is debated on a case by case basis with schools.
- There is inadequate access to affordable, accessible housing.

“COVID-19 has dramatically impacted our performance regarding after hours. On call workers have been unable to transport after hours regional response clients or enter their motel rooms. This has meant many clients have not been provided with emotional support. Many clients do not like talking over the phone to the afterhours worker, therefore their time spent informally chatting in the car whilst driving or in the motel about their experience is vital for processing the event which has just taken place.

COVID-19 has impacted on the ways children are supported. Informally playing in the playground, doing art or playing with toys with them in their unit provides an informal way of hearing more about their experiences and safety planning with them. Children will not tell you about their experiences in a formal way over the phone.

COVID-19 has affected women who are involved with Child Protection. Two clients asked for assistance from (our service) because CP was asking them to leave their perpetrators and reduce drug intake so that they could have access with their children. Due to COVID, child protection then halted all supervised access with their children for these particular clients for up to 12 weeks. The clients both chose to disengage with FV support, feeling like there was no motivation to continue with their support, as seeing their children was no longer an option. They both returned to perpetrator and began to use drugs again as they were extremely lonely and felt unsupported. One client was promised art therapy and group sessions etc. which were then suspended.”

- Case manager

General comments:

The Royal Commission noted *Victoria has been at the forefront of family violence policy development and reform in Australia for the past 15 years and has been influential in propelling reforms in other Australian and international jurisdictions. This work has been driven by and has built on decades of grassroots work and advocacy by the women's movement. Significant elements of the Victorian response to family violence remain sound.*

The sound foundations in Victoria's family violence system, and the numerous pockets of best practice in different settings around the state have evolved as a result of people working together in the face of significant demand. Their efforts, and the efforts of others in the community who are ready to play a greater role in addressing family violence, must be harnessed and supported.

We recognise the Victorian Government's leadership and commitment to addressing gender inequality – which is both a cause and consequence of family violence.

Since the Royal Commission into Family Violence, we have seen increased community awareness of gender-based violence and domestic abuse - and how it changes the life stories of so many women and children.

There is increased understanding of trauma and a strengthening of our state's trauma-informed service system, with a focus on women's experiences.

There is a shared commitment to keep perpetrators of violence in sight, and accountable.

However, we are concerned that despite the Royal Commission identifying the strengths of the existing service systems, and acknowledging they were built during decades of grassroots work and advocacy by the women's movement, our sector is not being respected or drawn on for our expertise.

This has been demonstrated through a lack of consultation on the new core and cluster refuge models, particularly the building designs and facilities, and the design of The Orange Door safety and support hubs.

“It is gendered and sexist and shows a lack of respect about our own professionalism and our own knowledge and wisdom around what women and children need. We are a poorly regarded women's sector with low status and there is a complete lack of understanding of what we actually do. There is an embedded view that we're dumb or feminists or both, and that they need to consult experts who aren't us – and that we have an agenda which focuses on women and neglect kids, even though the DV sector was the first sector to highlight the impact on children and employ a children's worker.”

- Chief executive officer

We are hopeful there will be genuine engagement by government and Family Safety Victoria to develop a system based on strengths, to build capacity where capacity is needed and to listen to the experts. Engaging with the sector saves time and money, and ensures strengths are built on and weaknesses are addressed.

There has been a disproportionate amount of investment and focus on The Orange Door safety and support hubs being the answer to our system response, rather than a flexible model that was designed with the existing local service system.

The potential for meaningful and lasting change as a result of the Royal Commission could be lost, because of a commitment to unrealistic timelines that do not allow for best practice, sector-informed systems and processes to be developed.

This is complex work that takes time across multiple sectors of community services.

We need to look at family violence responses, and prevention – but neither at the expense of the other.

We express concerns this will be the final independent monitor report, but thank you for the opportunity to provide feedback.

If you would like to discuss the contents of this submission, contact:

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