



Reforming the Family Violence System in Victoria

Report of the
Statewide Steering Committee
to Reduce Family Violence
2005



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UNITED NATIONS CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN

Australia is signatory to the United Nations Convention on the Elimination of all forms of discrimination against women (CEDAW). The Declaration of the Elimination of violence against women (DEVAW) passed by the General Assembly of the United Nations in December 1993, recognises that the effective implementation of CEDAW would contribute to the elimination of violence against women.

FOREWORD

When the Victorian Government established in 2002 the Statewide Steering Committee to Reduce Family Violence, a community and government partnership, it set it a specific task to provide advice on the development of a multi-agency and integrated response to family violence. Similar models, operating in the UK, Canada, the US and in the ACT, had proven effective in addressing family violence.

This model has been developed in the context of the Victorian Government Women's Safety Strategy, a five year whole of Government strategy bringing 11 Ministers and their respective Departments together to work within a single policy framework to reduce both the level and fear of violence against women. This strategy has provided a sound foundation for an integrated approach, with some of its features already in operation in Victoria.

Drawing on the accumulated knowledge and practice experience of its members (see Appendix Three), the Committee has developed the integrated model to meet specific conditions and historical developments in Victoria. As documented in this paper, this model provides a vision to guide the realignment of existing resources and to inform future development.

Family violence is a problem that cannot be addressed by one sector or service alone or when services work in a fragmented and inconsistent way. The model proposed in this paper will bring together government and non-government agencies, including the police, justice system, housing and community services to work together to provide an effective and consistent response to family violence.

Since services to families affected by violence are delivered locally, so too must efforts to achieve integration and reform. Accordingly, it is proposed that local and regional Committees, comprising key service providers and stakeholders, play a significant role in implementation. This will ensure that the new system is flexible to local conditions and circumstances, a particularly important consideration for Victorian regional and rural

communities. These local and regional initiatives would be developed within a coherent state-wide policy and program context, in which it is proposed relevant government departments and state-wide non-government agencies would play a key leadership and coordinating role.

Mechanisms are proposed to ensure that violence is identified at an early stage and that effective intervention and support are offered. This will help to reduce the risk of violence escalating and prevent the development of physical and mental health problems commonly associated with women and children's long term exposure to violence. In particular, intensive support would be offered to those women and children trapped in a vicious cycle of fleeing and returning to violence.

It is proposed that the role of the police and court systems be strengthened, recognising that arrest and prosecution are powerful agents for changing violent behaviour. At the same time the Committee proposes that men's behaviour change programs would have an important role and be more clearly integrated with the justice system.

These reforms would be complemented by enhancements to social services to ensure that women are supported in the stressful process of participating in legal proceedings and that appropriate support is available regardless of which service women approach for assistance or how they choose to deal with violence.

An important feature of the proposed system is the emphasis given to the needs, rights and safety of children, ensuring that they are protected from both the long and short-term health and behavioural consequences of family violence.

Importantly, the proposed system incorporates measures to ensure its responsiveness to the needs of all Victorian families, including those from culturally and linguistically diverse backgrounds, Indigenous communities and those affected by disability, offending histories, alcohol and drug use and mental health problems.

The reforms proposed in this paper provide real potential to stem the escalating incidence of family violence and its social and economic consequences.

We look forward to working with our colleagues in government and the non-government sector to implement a model proven effective in taking the violence out and putting the safety back into the lives of the many Victorian families affected by family violence.



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February 2005*

TERMINOLOGY

Whilst it is acknowledged that both women and men can be perpetrators and/or victims of family violence, statistics and research overwhelmingly indicate that the majority of incidents are perpetrated by men against women and children.

In recognition of this, the Framework has adopted the terminology;

- 'men who use violence' to represent the majority of perpetrators; and
- 'women and children who experience violence' to represent the majority of victims.

There is also acknowledgment that reference to the needs of children also includes those of young people.

INTRODUCTION

Family violence has become a major issue of concern for many communities and governments around the world and is increasingly recognised as constituting a violation of human rights. This particular form of violence is insidious and is most often perpetrated by men against women and children.

The World Health Organisation (WHO 2002), in its landmark World Report on Violence and Health, identifies family violence as a significant social, economic and health problem requiring immediate and urgent attention by a number of bodies at the international, national and local levels.

It is widely acknowledged that service systems can no longer contain the escalating incidence and impact of family violence and violence against women and that collaborative effort across countries, governments and organisations is required to develop strategies to prevent it from occurring in the first instance. Examples of this are large social marketing campaigns, such as those recently mounted by the WHO, Amnesty International and the Australian Government, seeking to reduce violence through changing community attitudes.

The Statewide Steering Committee to Reduce Family Violence (herein the Committee) strongly supports these efforts, commonly referred to as primary prevention, as a critical component of a family violence prevention strategy. This is particularly the case given the serious consequences of violence and the strong body of evidence indicating that many of its causes lie in social and economic factors which can be modified through social policy interventions as well as through the actions of businesses, services and local communities.

At the same time it is also recognised by the international community that action is required to improve the response of the service system to the women and children who experience violence and men who use violence. Such action is necessary to ensure that violence is identified at an early stage and that steps are taken to

prevent repeated and escalating victimisation and to minimise the impact of violence on individuals, families and communities. This activity, commonly referred to as secondary prevention, is the focus of this paper.

Prior to its emergence as an issue of public policy concern in the 1970s and 1980s, family violence was viewed largely as an interpersonal or marital problem to be dealt with in the confines of the home or by social service agencies. In the last three decades, largely in response to the work of women's groups, services and academics, there has been increasing recognition that such an approach, in doing little to deter violence, renders women and children vulnerable to ongoing harm in the context of a violent relationship or to the poverty and insecurity often associated with fleeing violence.

This approach also hinders primary prevention efforts by trivialising violence and working against broader community understanding that family violence is both unacceptable and a serious social problem.

Accordingly, there has been an increasing emphasis internationally on strengthening a justice response to family violence, mainly via pro-arrest and pro-prosecution policies for men who use violence. It is the justice system which provides an opportunity to hold individuals accountable for their violence. In addition to its punitive effect, the criminal justice system has a preventative effect by acting as a potential deterrent to men who use violence. However, in the application of this approach it has become increasingly apparent that an effective family violence system will not be achieved through a justice response alone. There are a number of reasons for this:

- Less than 20 per cent of affected women report violence to the police with disinclination to report being due variously to fear of retribution, shame, reluctance to leave their homes and communities, fear and lack of knowledge of the justice system; fear of child

protection services; or reluctance to potentially expose the person who uses violence to jail;

- Women who fear reporting violence are unlikely to enter a system where mandatory justice responses are the only option. In fact, in many cases, a third party, rather than the victim, call police to these situations. A survey of literature undertaken on mandatory arrest policies demonstrates that in some jurisdictions where these policies were implemented, more women died as a result of family violence because they did not report the violence;²
- Violence has complex emotional consequences and these can affect a woman's capacity to participate in legal processes. This is particularly the case for those who are profoundly disempowered by their victimisation; and
- When women are well supported and have the assistance of support services who can advocate on their behalf, they are much more likely to seek or accept a justice solution and there is likely to be a greater degree of victim satisfaction with the process.³

A number of jurisdictions around the world have responded to these challenges by implementing an integrated model of response. First developed in Duluth in Minnesota USA, this model has subsequently been applied elsewhere in the US and in various localities in the UK, Canada, and New Zealand. It also formed the basis of the ACT Family Violence project in Australia.

A strengthened justice response is a major component of the reformed family violence system. However this is applied in the context of an integrated multi-agency response involving services providing victim support, counselling, housing and legal advice. It is also applied in the context of responses that do not rely solely on the criminal justice system. An integrated multi-agency response also involves voluntary responses to men who use violence, such as

men's behaviour change programs that are able to support women and children's rights to safety and challenge men to end their use of violence without police or judicial involvement. This is especially significant when considering that most acts of family violence are not by nature illegal and that not all women will want to report their experiences of violence to the relevant authorities. It is designed to ensure that women receive an appropriate response, regardless of the pathway through which they choose to receive assistance.

This model, which has been refined on the basis of over two decades of research and practice experience, demonstrates that when community services and justice agencies work together in a consistent and complementary way, significant positive outcomes can be achieved including:

- Increases in arrest and prosecution rates;
- Reductions in repeat offences;
- High levels of victim satisfaction regarding services and assistance; and, in some areas; and
- Reductions in family violence related homicides.

The Victorian Government has a commitment to address the incidence and impact of family violence and has progressively introduced some of the aspects of an integrated model. The reforms proposed in this paper build on this work and are intended to complement, guide and reform existing services and activities, while also achieving an integrated response to family violence throughout Victoria.

An integrated approach has been applied elsewhere at a local level where the operation of such initiatives is relatively easy to influence, monitor and evaluate. However, this will be the first time it has ever been implemented right across a state jurisdiction. Adapting the model for this purpose has involved some additional, original design work, particularly to take account of the size and diversity of Victoria's population

¹Victorian Law Reform Commission, *Review of Family Violence Laws: Consultation Paper*, Victorian Law Reform Commission (2004) xxviii

²Ibid

³Ibid

and the needs of both metropolitan and rural and regional communities.

By implementing the reforms proposed in this paper, the government of Victoria has an opportunity to make a real difference to the lives of many Victorian families affected by violence and to make a significant contribution to the national and global effort to refine policies and practices in the secondary prevention of family violence.

“Yes, that's what I do - I lie awake at night. I still do make myself be awake so that I can jump up when it's happening and get between them. I make myself be awake. Every night I do that. Usually it helps because I get between them and cry and try and stop them and my dad does, because he wouldn't want to hurt me and he gets embarrassed that I am seeing it and that I am awake, so I can stop them that way. So it's important that I don't go to sleep for my mum's sake. If I didn't get between them, I don't know what might happen. So I have to help my mum. So I jump up as soon as it sounds like its getting bad. I just stay quiet and listen because they'd be upset if they thought I could hear” (15 year old girl).

PRINCIPLES GUIDING SYSTEMS REFORM

In drafting *Reforming the Family Violence System in Victoria*, the Committee was guided by the following principles:

- Family violence is a fundamental violation of human rights and unacceptable in any form.
- Physical or sexual violence within the family is a crime which warrants a strong and effective justice response.
- Responses to family violence must recognise and address the power imbalance and gender inequality between those using violence (predominantly men) and those experiencing violence (predominantly women and children).
- The safety of women and children who have experienced, or are experiencing family violence, is of paramount consideration in any response.
- The voices of women and children who have experienced violence must be heard and represented at all levels of decision making to help assist in reform.
- Men who use violence should be held accountable and challenged to take responsibility for their actions.
- Family violence affects the entire community and occurs in all areas of society, regardless of location, socio-economic and health status, age, culture, gender, sexual identity, ability, ethnicity, or religion. Response to family violence must take into account the needs and experiences of people from these diverse backgrounds and communities. Family violence is not acceptable in any community or culture.
- Responses to family violence can be improved through the development of a multi-faceted approach in which responses are integrated and specifically designed to enhance the safety of women and children.
- Preventing family violence is the responsibility of the whole community and requires a shared understanding that family violence is unacceptable.
- The prevention of family violence requires changing community attitudes and behaviour; responding to people at risk at the earliest possible stage and improving responses to women and children who experience violence and to the men who perpetrate it.
- Responses to family violence can be improved through increased recognition and greater coordination of services in responding to the independent rights and needs of the child.

FAMILY VIOLENCE AND ITS IMPACT

What is Family Violence?

Family violence includes violent, threatening, patterned and repeated use of coercive or controlling behaviour that occurs in current or past family, domestic or intimate relationships. This can include not only physical assaults but an array of power and control tactics used along a continuum in concert with one another;⁴ direct or indirect threats, sexual assault, emotional and psychological torment, economic control, property damage, social isolation and behaviour which causes a person to live in fear.

While only certain behaviours and actions defined as family violence are criminal offences, the approach outlined in this document is guided by the tenet that any form of family violence is unacceptable.

Family violence can occur in any culture or relationship, including same sex, transgender, the elderly and people with disabilities. While it can be perpetrated by any member of a family against another;⁵ it is more likely to be perpetrated by men (predominately by a women's current or ex-partner) against women and children.

It is important that the definition of family violence recognises and reflects the perspectives and realities of all communities within Victoria, including Indigenous communities. The Victorian Indigenous Family Violence Task Force has defined family violence as:

An issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Indigenous community workers, as well as self-harm, injury and suicide.⁶

Distinction between family breakdown and family violence

The distinction between family breakdown and family violence is necessary in a service plan to stop family violence. Not all family breakdown is violent and not all families who separate need outside support. While all family violence is intolerable, different levels of family violence require different responses. Whilst this reform proposal is primarily concerned with crisis responses to family violence, early intervention opportunities cannot be missed at any stage of the process. Family breakdown often causes pain and hurt to family members but these responses may not be due to family violence and referrals can be made to generalist counselling and relationship services.

Extent of the problem in Victoria

While the actual incidence of family violence is notoriously difficult to establish, the most recent, reliable population based survey,⁷ indicates that one in five women experience violence in an intimate relationship at some time in their adult lives.

The extent of this problem is also indicated in other research and data collection:

- In 2003-04 the Victorian Police recorded 28,000 Family Violence Incident Reports;
- On average, demand for a police response to family violence has increased by 7 per cent each year over the last 10 years. In the three years between 1999/00 and 2002/03, there was an increase of 45 per cent;
- The Women's Domestic Violence Crisis Service answered approximately 25,000 calls in 2003-04. A further 30,000 calls were not answered;

⁴ R Almeida & T Durkin, 'The Cultural Context Model: Therapy for Couples with Domestic Violence' (1999) 25 (3) *Journal of Marital and Family Therapy* 313.

⁵ The definition of who is a 'family member' for the purposes of civil intervention is based on the Crimes (Family Violence) Act 1987. The

Victorian Law Reform Commission is currently reviewing the definition of family member in the context of family violence.

⁶ *The Indigenous Family Violence Task Force Final Report*, Department of Victorian Communities 2003

⁷ ABS, Women's Safety Survey 1996

- It is common for violence to occur repeatedly and escalate;
- 34 per cent of family violence attendances by police were repeat attendances, at the same household, with the majority involving two to three attendances; and
- The Australian Institute of Criminology has found that two in five homicides occur between family members. Around 60 per cent of these occur between intimate partners, three-quarters of which involved men killing women.⁸
- Children were present at 48 per cent of police attendances for family violence incidents in 2002-03;
- Studies demonstrate that witnessing or experiencing family violence has harmful effects on children and young people's physical, cognitive, emotional, behavioural and social development.¹¹ It has been found to be associated with a host of negative outcomes including depression, withdrawal, low self-esteem, poor performance at school, truancy, aggression, tantrums and anxiety;

The Serious Consequences of Family Violence

A large body of evidence indicates that family violence has serious consequences for individuals, families, communities and the economy:

- Family violence is associated with wide ranging and persistent effects on women's physical and mental health, being the leading contributor to preventable death, disability and illness in Victorian women aged 15 to 45 years. For women in this age group, family violence is responsible for more of the disease burden than many well-known risk factors such as high blood pressure, smoking and obesity;⁹ and
- Family violence costs the Australian economy \$8.1 billion dollars per year, with around \$2 billion of this being lost to the economy in Victoria.¹⁰
- Data indicates that child abuse and family violence co-exist in between 30 to 60 per cent¹² of cases. Children exposed to both family violence and child abuse are at increased risk of developing health and behavioural problems and these are likely to be more severe than for those exposed to one or the other form of abuse;
- A study of 5000 12-20 year old Australians from all States and Territories in 1998/99 found that "witnessing parental family violence has emerged as the strongest predictor of perpetration of violence in young people's own intimate relationships",¹³ a pattern commonly referred to as the intergenerational transmission of violence; and
- Research on fatal assault to children from the NSW Child Death Review report 1999-2002 suggests that children under

Investment in system reform, which contributes to preventing family violence and its impacts, will result in cost savings and better health outcomes for the Victorian community.

Of particular concern is the impact of violence on children:

⁸ Jenny Mouzos, *Femicide: The killing of women in Australia 1989-1998*, Research and Public Policy Series No. 18,

<http://www.aic.gov.au/publications/rpp/18/>

⁹ *The Health Costs of Violence*, VicHealth, 2004. The Council of Europe has also drawn attention to the health impacts of violence, see, Amnesty International, *Its in our hands: Stop Violence Against Women*, Amnesty International Publications 2004.

¹⁰ Access Economics, *The Cost of Domestic Violence to the Australian Economy*, Commonwealth of Australia, 2004

¹¹ Laing, L. (2000) *Progress, trends and challenges in Australian responses to domestic violence*, Issues Paper 1, Australian Domestic and Family Violence Clearinghouse

¹² Laing, L. (2000) *Children, young people and domestic violence*, Issues Paper 2, Australian Domestic & Family Violence Clearinghouse

¹³ Indermaur, D. (2001) "Young Australians and Domestic Violence", *Trends and Issues in Crime and Criminal Justice No. 195*, Australian Institute of Criminology, Canberra

four years, living in families where there is domestic violence and criminal behaviour by their parents or carers, are particularly vulnerable and at a higher risk of dying.¹⁴

The challenge in developing a new response to family violence will be to ensure that it not only reduces violent behaviour for the health and wellbeing of children in the short term but also intervenes to minimise the harmful effects on their long term health and to reduce the risk of violence for future generations.

Violence and Diversity

Some groups of women are especially vulnerable to the effects of violence or may face particular barriers to securing protection and support.

Culturally and Linguistically Diverse (CALD) communities

Women from culturally and linguistically diverse backgrounds are particularly vulnerable to the effects of violence as they may:

- Lack extended family and community support, a particular concern for women from small and emerging communities;
- Encounter difficulties in accessing legal and support services owing to language and cultural differences;
- Be unaware of laws prohibiting family violence in Australia;
- Lack knowledge of alternative housing, income and support services required to leave a violent relationship;
- Fear that reporting violence will compromise their future residency in Australia or their entitlement to programs and services, a particular concern for women on temporary and spouse visas;
- Have limited access to resources such

as employment skills, education, income and assets required to exercise choice when subject to violence, a particular concern for the recently arrived;

- Fear that their confidentiality will be breached by service providers; and
- Originate from societies in which there are strong cultural prohibitions against separation and divorce.¹⁵

In addition, men from culturally and linguistically diverse backgrounds are hindered from attending men's behaviour change programs due to their lack of English language skills and the absence of programs in other languages, thereby reducing their capacity to engage in programs which address their violent behaviour.

Some women or their partners may have had pre-arrival experiences of trauma, torture and human rights abuses. This may contribute to a lack of trust in authorities, in particular the police. The mental health consequences of past trauma can compromise women's capacity to take action on violence. Owing to concerns about victimisation and dislocation experienced by their partners and families prior to arrival, these women may have a higher tolerance of violence and feel a particular pressure to maintain family unity.

"I did all I could to keep the house clean, cook for him and keep the children quiet but it was never, ever good enough. He would spit out the food I cooked and call me a useless, fat whore in our language, which hurt so much. My oldest boy started to do the same thing. My husband doesn't want to let me go and learn English so I felt really trapped."

Indigenous communities

While statistics on the extent and nature of family violence in Indigenous communities are limited, National research indicates that it is disproportionately high with Indigenous women in some areas of Australia being 45 times more likely to experience violence and 10 times more

¹⁴ <http://www.kids.nsw.gov.au/publications/cdrt2003.html>

¹⁵ Adapted from Victorian Foundation for Survivors of Torture (2001) *Promoting Refugee Health: A Handbook for Doctors and Other Health Care Providers Caring for People from Refugee Backgrounds*, VFST, Melbourne.

likely to die as a result. The NSW Aboriginal Justice Advisory Council, in a discussion paper released in 2001, found that approximately 3,400 per 100,000 Indigenous men are alleged domestic violence assault offenders compared to 550 per 100,000 of the general population. This means that Indigenous men are 6.2 times more likely than non-Indigenous men to be offenders of family violence.¹⁶ Victoria Police data is slightly lower but confirms the alarming trend. In addition, data provided by Victoria Police to the Victorian Indigenous Family Violence Taskforce indicates that Indigenous people (primarily women) are eight times more likely to be victims of family violence.¹⁷ Also, members of Indigenous communities may have a strong distrust of the legal system stemming from its role in the removal of Aboriginal children and the dispossession of traditional lands. This can be compounded by more recent poor experiences with police or the courts.

"I don't have an intervention order because I have to move around to stay away from him. He keeps finding me through the Koori family network. I am worried about my mum because he threatens to kill her if I don't go back".

Women with disabilities

Women with disabilities are among the most vulnerable in our society, facing the compounding impacts of both their gender and their disability. Women with disabilities include those with psychiatric, intellectual, physical and sensory disabilities, acquired brain injury and neurological impairments.

Women with disabilities are among the most economically and socially disadvantaged with over 50 per cent living on less than \$200 per week. They are more likely than any other group, including men with disabilities to, amongst other things:

- Be institutionalised;
- Not own their own home;
- Not be employed; and
- Not have completed basic schooling.¹⁸

This dual marginalisation exposes women with

disabilities to grave risks of emotional, physical and sexual abuse. When such abuse occurs, they are likely to face barriers to seeking assistance through both disability and violence related support systems.¹⁹ Services are frequently non-existent, inaccessible or inadequate to meet their needs.²⁰ In addition, women with disabilities are often not believed when they report sexual assault or family violence or their cases are not taken seriously by the criminal justice system or service providers.²¹

Other Vulnerable Groups

Homeless women

Homeless women often have difficulty accessing health, legal and community services and support because they are not readily contactable. The definition of 'domestic' or 'family' violence implies that the violence is happening in the home - yet a woman may be living on the streets, without shelter, but still be living in a violent 'domestic' relationship.

Gay, lesbian, bisexual, transgender and intersex people (GLBTI)

Although there is little data about the incidence of family violence within GLBTI communities, it is understood to be overwhelmingly similar in nature to that of violence in heterosexual relationships, including the types and patterns of abuse. However, many people experiencing violence in these communities may not identify these experiences as family violence, believing that this only occurs in heterosexual relationships.²²

The issues for people from GLBTI communities who experience violence include the many barriers which stop people from reporting violence and/or seeking protection.

These are:

- Fear of a homophobic response from police court staff or magistrates;
- Previous experiences of discrimination or homophobia;
- Obtaining an intervention order in an

¹⁶ L Thorpe et al, *From Shame to Pride: Access to Sexual Assault Services for Indigenous People*, Report to the Reichstein Foundation, 2004, p. 19.

¹⁷ Victorian Indigenous Family Violence Taskforce, *Final Report*, December 2003.

¹⁸ Ibid 12

¹⁹ C Jennings *Triple Disadvantage: Out of Sight Out of Mind* (Domestic

Violence and Incest Resource Centre 2003) 11

²⁰ Ibid 13

²¹ Ibid.

²² Brad Gray, AIDS Council of NSW, *There's no pride in domestic violence: Gay and Lesbian Awareness Campaign 2004*. Australian Institute of Family Studies Conference Melbourne February 2004.

- open court will involve revealing a person's identity and sexuality; and
- The lack of appropriate support and accommodation systems.²³

Sex workers

Sex workers are affected by the same issues that affect other women experiencing violence but they experience additional factors, particularly prejudicial attitudes by medical workers, police and other statutory bodies. For example, if a woman is a sex worker and she goes to police to report domestic violence, she is just as likely to be arrested on any number of other charges, including drug offences, shoplifting and soliciting, rather than receive the support and safety she is seeking.²⁴

"I had to talk to the magistrate by myself. I told him how Pete screams at me and about the messages on the answering machine saying he's going to 'get me'. I was so ashamed with all those people watching and then the magistrate didn't give me an intervention order - he said I had to bring 'proper evidence' next time. What does that mean? There won't be a next time - it's just like being abused all over again."

Women prisoners and offenders

Women prisoners and offenders generally present with a range of complex needs which are linked to their offending or re-offending.²⁵ Experiences of abuse, both in childhood and in adulthood, are extremely common amongst women prisoners and research indicates that these experiences contribute to women's criminality and shape their patterns of offending. Past victimisation has been identified as a critical treatment target in order to reduce women's re-offending.²⁶

²³ Victorian Law Reform Commission, *Review of Family Violence laws: Consultation Paper*, Victorian Law Reform Commission (2004) 126

²⁴ Olle, *Medical responses to adults who have experienced sexual assault: An interactive educational module for doctors* Royal Australian & New Zealand College of Obstetricians and Gynaecologists, 2004

²⁵ See for example: Social Exclusion Unit (UK) Report on Reducing

Re-offending by Ex-Prisoners available from website - <http://www.socialexclusionunit.gov.uk/publications/reports>

²⁶ Ward, L. (2003) *Effective Community Based Programs for Women Offenders: An Evidence Based Review*, report prepared for Corrections Victoria, unpublished.

POLICY AND PLANNING CONTEXT FOR INTEGRATION

Current Government Policy

Addressing family violence has been identified as a priority for the Victorian Government through a number of policy initiatives. Some of these include:

- *Growing Victoria Together*
- *The Women's Safety Strategy*
- *The Women's Health and Wellbeing Strategy*
- *Safer Streets and Homes, Victoria's Crime and Violence Prevention Strategy*
- *Victoria Police Violence Against Women Strategy, A Way Forward*
- *The Family Violence Crisis Protection Framework.*

One of the key issues identified in a number of these initiatives is the need for greater integration of the courts and the various Government Departments and non-government organisations that provide services both to men who use violence and to women and children who experience violence. The importance of systems integration is discussed in Chapter 6.

In May 2002 the Government launched the Indigenous Family Violence Task Force. The Task Force engaged Indigenous communities in extensive consultations about the development of community-led strategies to address the escalating level of family violence and to make recommendations in relation to culturally appropriate, integrated and holistic strategies for addressing the problem. The Task Force presented its final report to Government in December 2003. The Government's Response to the Indigenous Family Violence Task Force Report, the *Indigenous Family Violence Strategy*, was released in October 2004.

The Committee strongly supports the strategy and proposes that its implementation be coordinated with the implementation of the reforms outlined in this paper. Likewise, to ensure its relevance to culturally and linguistically diverse communities, it is anticipated that reform

of the family violence service system would be guided by the principles and strategies articulated in the Government's *Valuing Cultural Diversity Policy Statement*.²⁷

Other relevant policy and service developments which will intersect with the reformed Family Violence system include:

- Development of the Statewide Crisis Protection Framework
- Policy and Legislative Review of the Child and Family Service System.
- The Victorian Homelessness Strategy
- Taking Responsibility: A framework for developing best practice programs for men who use violence toward family members.
- Revision and redevelopment of '*Stopping Men's Violence In The Family: A Manual for Running Men's Groups*' - the *No To Violence* standards of practice for working with men who use violence.
- *Family Violence Prevention Pilot Projects* in Brimbank and Shepparton as part of Safer Streets and Homes Strategy.

Existing Initiatives for Integration

Victoria has already begun its course towards integrated system reform with a number of key initiatives. These are described below:

Implementation of the Police Code of Practice for Police Response and Investigation of Family Violence

Outlining a new approach to responding to family violence in Victoria, the Code is driven by the principle that every incident will receive a response within the powers available to the police according to individual circumstances. If an offence is committed, action must be taken. The Code provides more flexibility in the range of responses for police and increases the effectiveness of monitoring and accountability mechanisms.

²⁷ Victorian Office of Multicultural Affairs (2002) *Valuing Cultural Diversity* State of Victoria.

Creation of a Family Violence Division of the Magistrates' Court

In June 2005 the Family Violence Court Division of the Magistrates' Court was established under the Magistrates' Court (Family Violence) Act 2004 and pilots are operating in two locations, Heidelberg and Ballarat.²⁸ The three main purposes of the Act are to:

- 1 Simplify access to the justice system for individuals affected by family violence and increase or promote the safety of those individuals;
- 2 Increase the accountability of individuals who have used family violence and encourage them to change their behaviour; and
- 3 Increase the protection of children exposed to family violence.

The Family Violence Court Intervention Project

To be trialled at the Family Violence Division of the Magistrates' Court at Heidelberg and Ballarat in 2005, the aim of the project is to enhance the safety of women and children and increase the accountability of men who use violence. Under the project, the court may direct men who are subject to intervention orders to attend men's behaviour change counselling programs. Support services will also be provided to partners and children.

Magistrates' Court of Victoria Family Violence and Stalking Protocols

The Magistrates' Court appointed a Supervising Magistrate to oversee the Courts' jurisdiction in 2002 and have since developed and regularly reviewed the Courts' *Family Violence and Stalking Protocols*. This ensures that the Court develops consistent, efficient and transparent court processes and procedures in relation to complaints for an intervention order at all Victorian Magistrates' and Children's Court locations.

Victim Support

The Victims Support Agency has been established and reforms have been made to the provision of victims' services through the introduction of the Victims' Assistance and Counselling Programs. At present, approximately 30 per cent of women and children who experience violence who access these programs do so for family violence related offences.

Review of the Crimes (Family Violence) Act

The Victorian Law Reform Commission is further reviewing the Crimes (Family Violence) Act 1987. A discussion paper was released in November 2004 and final recommendations will be presented to Government in late 2005.

"I had to talk to the magistrate by myself. I told him how Pete screams at me and about the messages on the answering machine saying he's going to 'get me'. I was so ashamed with all those people watching and then the magistrate didn't give me an intervention order - he said I had to bring 'proper evidence' next time. What does that mean? There won't be a next time - it's just like being abused all over again."

²⁸ All applications for Intervention Orders are heard in the Magistrates Courts across Victoria.

FOUNDATIONS FOR AN INTEGRATED FAMILY VIOLENCE SERVICE SYSTEM

Quality Practice Approaches

Integrated responses to family violence are being used by many jurisdictions internationally, with the most often cited example being that of Duluth in Minnesota, USA. This model is based on eight key principles:

- 1 A coherent philosophical approach that centralises victim safety;
- 2 'Quality practice' policies and protocols for intervention agencies;
- 3 Reducing fragmentation in system response;
- 4 Building monitoring and tracking into the system;
- 5 Ensuring a supportive community infrastructure;
- 6 Intervening directly with abusers to deter violence;
- 7 Undoing the harm that violence to women does to children; and
- 8 Evaluating the system's response from the standpoint of the victim.²⁹

A strong and enforceable police and justice response, mainly via pro-arrest and pro-prosecution policies for men who use violence, implemented within the context of an integrated multi-agency response, has been found to be effective in achieving long term reductions in the incidence of family violence.³⁰

The Victorian model is also underpinned by a gendered analysis of family violence and by principles of equity and access for vulnerable groups.

The Importance of Systems Integration

This approach is critically dependent on agencies across the service system agreeing and articulating what an integrated system means and the components that are necessary to ensure that an integrated response by the justice system and victim support services can be achieved. Integration requires:

agencies to decide on and articulate common goals and agree on ways to pursue those goals. Integration of services is more than co-ordinated service delivery - it is a whole new service. Co-location of agencies, agreed protocols and codes of practice, joint service delivery, agencies reconstituting or realigning their core business to confront the challenges posed by a broadened conception of the problem: these are the key indicators of an integrated response.³¹

An example of integration is the establishment of family violence courts that house and integrate a range of support, advocacy and judicial functions.³²

By contrast, 'co-ordination', 'co-operation', 'collaboration', which are terms often used interchangeably with integration, can be seen as occurring on a continuum, where co-ordination is a question of degree-in the exchange of information, the timing and management of service delivery. Agencies which co-ordinate their service delivery might share information and dovetail their processes but they do so essentially in order to each pursue their own goals more efficiently.³³

There is broad agreement in the literature that 'quality practices' in integrated responses to family violence are reflective of both integration and coordination according to the descriptions outlined above. These include:

²⁹ "A Coordinated Community Response to Domestic Violence", Ellen Pence & Martha McMahon, Jan 1997

³⁰ T Farha, *Arrest and Prosecution Policies for Domestic Violence: Literature Review*, Victoria Police, August 2003

³¹ Domestic Violence and Incest Resource Centre, *Developing an*

Integrated Response to Family Violence in Victoria: Issues and Directions, January 2004, p 11

³² Ibid.

³³ Ibid

- Cross-agency collaboration that provides coordinated leadership across all services and resources and enables the sharing of resources and protocols, as well as cross-agency tracking and management of family violence incidents and those involved in them;
- System advocacy that enables ongoing system review and process improvements informed by identified needs and service gaps;
- Policies that promote action, removing the onus on family violence victims to pursue remedies, including formal police response models, pro or mandatory arrest and charging, and pro-prosecution policies;
- Recognition of the need to provide support to women and children who experience violence, through, for example, proactive, court-based services, legal advice, representation and advocacy and community awareness initiatives;
- Specific programs for men who use violence;
- Specialist family violence courts, lists and case management;
- Specialist skills for practitioners or services operating within broader agencies (e.g. family violence liaison officers in the police and courts) and practitioner education and training which reflects an understanding of diversity; and
- Consistent monitoring and evaluation across the system, including longitudinal data collection that identifies and includes data on indigenous, CALD and women with disabilities, the use of standardised definitions and indicators across agencies and family violence outcome reviews, especially where a death has occurred.³⁴

An integrated service system will increase options for families wanting early intervention. In combination with information and monitoring of outcomes, family members will have opportunities to change violent behaviours before the relationship deteriorates and the violence escalates.

A Gendered Analysis

The *Women's Safety Strategy* identifies a woman's gender as a risk factor for family violence. Violence mainly occurs when women are performing their diverse, essential and expected social and biological roles. Injuries to women's faces, breasts and abdomen are commonly inflicted during family violence, with women being particularly unsafe when they are pregnant or have young children.

Violence is often used as a means of asserting power over women in their relationships. Escalation of violence and abuse frequently occurs when a report is made by the woman to services or police in relation to her partner's violent behaviour. A woman's decision to exercise her free will to leave her violent partner is a common precursor to femicide.

There are many other factors that keep women in violent relationships including financial dependence and unequal access to resources, the most significant of these being income.

Violence is also a factor in compounding gender inequality. For example, in younger women, extensive emotional abuse is a greater risk factor for mental illness than any other single cause. A recent report by Access Economics indicates that exposure to family violence was a significant contributor to poverty among women.³⁵

There is also evidence to suggest gender bias in the justice system's responses to family violence. Compared with other forms of assault, family violence is less likely to be investigated or to be the subject of arrest, prosecution or legal sanction.

Given these patterns, the Committee is of the view that any approach to stopping violence must acknowledge, take account of and seek to address, the influence of gender. This common understanding should underpin the new family violence service system as well as the responses of both mainstream and specialist family violence services.

³⁴ Boston Consulting Group, *Literature Review prepared to support the development of the Family Violence Resource Model* (2004)

³⁵ Access Economics (2004) *The Cost of Domestic Violence to the Australian Economy* Commonwealth of Australia.

Responding to Diversity

The Committee believes that additional mechanisms will be required to ensure that the system is responsive to the diverse needs of Victorian women, including those from Indigenous and culturally diverse backgrounds and women with disabilities.

These include:

- Incorporating responses to diverse groups in the codes of practice and policies of mainstream services. Each key agency should articulate the commitment to, and strategies for, responding to diverse needs, including processes and practices which will form part of their service delivery;
- Mechanisms to ensure that specialist organisations have the capacity to provide information, training and secondary consultation to mainstream organisations working with particular groups along with other strategies to facilitate the provision of culturally competent care;
- Strengthening mechanisms for referral to agencies with specialist knowledge and expertise in culturally and linguistically diverse, Indigenous and disability issues, while recognising the right of all clients to choose to access mainstream agencies. At local levels, linkages and sharing of information between family violence agencies, legal and specialist agencies, should be improved to increase the understanding of diversity issues and available legal responses;
- Targeting of programs, including men's behaviour change initiatives to diverse groups;
- The allocation of specific resources for interpreting and translating services that include non-verbal communications;
- Involving leaders and clients from diverse communities in planning and evaluation of services and programs; and
- Improving the collection and analysis of data relating to diverse groups affected by family violence.

"We came to Australia as refugees. My husband suffered so much in our country in the war. The army came and took him away. We did not know where he was for over a month. At home he gets angry sometimes and punches the wall. He hit me across the face when I took too long to clear the coffee cups away. I am starting to feel scared of him but I don't want to call the police. I want someone to help him. He needs special care because of what happened to him in our country."

WEAKNESSES OF THE CURRENT RESPONSE TO FAMILY VIOLENCE

Some elements of an integrated service system are already in place in Victoria or are being developed (see Section 5). For example, the new Police Code of Practice, the pilot family violence courts and court directed counselling services for men³⁶ are designed to protect women and children who experience violence and help men who use violence accept responsibility for changing their behaviour. The policy context is provided by the *Women's Safety Strategy*; *Safer Streets and Homes* and the *Indigenous Family Violence Strategy*. Legislative change enhancing the justice response has been undertaken resulting in the recent amendments to the Magistrates Court Act 1989 and Crimes (Family Violence) Act 1987. These legislative changes have been motivated by recognition of the need to prioritise the safety of women and children who experience violence; ensure the accountability of men who use violence;³⁷ improve the response to children; and make the justice system more accessible and user-friendly.

Government will also consider any recommendations from the current review of the *Crimes (Family Violence) Act 1987* being undertaken by the Victorian Law Reform Commission.

Nevertheless, there are a number of problems with the current system (see Figure One) which contribute to poor outcomes for men, women and children, including high levels of re-entry to the system and re-victimisation. Research and practice experience suggests that:

- There continues to be too great a reliance on social services to stop violence, with measures involving the police and the courts being under utilised. Many women and children are forced to leave the family home in order to be safe;
- Responsibility for reporting and laying charges against a partner who is violent

remain primarily with women and the behaviour of men remains unchanged. As there are a number of barriers to women taking these actions (see p 8) on their own, family violence can continue unabated over a prolonged period, a particular concern for the children in their care;

- The response to family violence is fragmented and dispersed across a range of providers, which operate autonomously with differing philosophies, practice approaches and responses. Many of these agencies do not have dedicated funding to provide family violence intervention and support. This can result in agencies in contact with the same family working at odds with one another. This is a particular concern in rural and regional Victoria and in outer suburban growth areas where there are fewer services and less comprehensive service systems and where lone workers often undertake multiple responsibilities;
- Many women and children who experience family violence have considerable difficulties in accessing the legal system. This is a particular concern for women from culturally and linguistically diverse and Indigenous communities and those with disabilities. Legal assistance and, particularly, legal representation, are not consistently available to people who must access the courts following family violence, for example to seek an intervention order or to contest child residence; and
- The current legal structure is complex

"The police are scared of him. He killed someone when he was fifteen. He has tried to strangle me. He cut my leg with a knife. He killed my dog. He won't let me go to the toilet. He is wanted in Tasmania. An intervention order can't help me."

³⁶ In the first instance, the Courts and the counselling services will only be available in two regions, Heidelberg and Ballarat.

³⁷ It should be noted that voluntary men's behaviour change programs have, for a decade, also contributed to responding to men's violence towards women and other family members. All Victorian voluntary

men's behaviour change programs adhere to standards of practice that are recognised by the Victorian Department of Human Services. The value of the Men's Referral Service in coordinating these programs is acknowledged and supported as part of future reforms.

with the potential for one incident of family violence to give rise to a multiplicity of legal pathways, appearances, responses and consequences at both State and Federal levels, especially in relation to matters impacting on children. Each court has different personnel and different parties to proceedings. Women and children are required to repeat their "story" several times across the different jurisdictions.

"He has priors in three other relationships. He was violent towards them and he has Intervention orders against him from those relationships. He is abusive towards other children as well."

In addition there is:

- A lack of clear and accessible information available to individuals affected by violence and service providers about the services system;
- A lack of a consistent response to the rights and needs of the child;
- Limited usage of a common language or common data collection across service systems and limited capacity to collect accurate incidence data;
- No common understanding of early intervention and prevention and an inconsistent approach to responding to family violence;
- Limited capacity to respond appropriately to Indigenous, culturally and linguistically diverse communities and those with disabilities; and

"I rang the Men's Referral Service to find out what I could do about my boyfriend's increasing violent and controlling behaviour. Sean was making all the decisions about what I wore, where we went and who we saw, and would fly into a jealous rage if he thought I was speaking to another man. After an incident Sean recognised that he was behaving inappropriately, but refused to speak to anyone about it. He said he would fix it himself. I did not want police involved and wanted the relationship to continue."

- Lack of capacity in the system to meet current demand.

A particular challenge for the current system is to provide an effective response to women and families who repeatedly access the service system yet repeatedly return to a violent partner. These women and their children currently experience episodic disruption associated with repeated referrals into random high security refuge placements. Their circumstances highlight the problems of too great a reliance on social services alone to stop family violence. All too often the person committing the violence is never contacted or questioned, compromising opportunities to achieve behaviour change. A different response is required in these circumstances which prioritises the safety of women and children, deters future violence by increasing the focus on the violent family member, thereby ensuring they are accountable for their actions, provides expert and intensive case management and 'tracks' high risk families to ensure that intervention is provided in a targeted and timely fashion.

"Yesterday we had an argument as usual and one of the neighbours called the police. After the police left we went inside and he bashed me. He said it was my fault that the police came and this would make sure I remembered that".

Given the extent and impact of family violence in Victoria and the limitations of the current system, it is clear that significant reform is required to address demand and achieve an effective and consistent response across the State. In particular there is a need for:

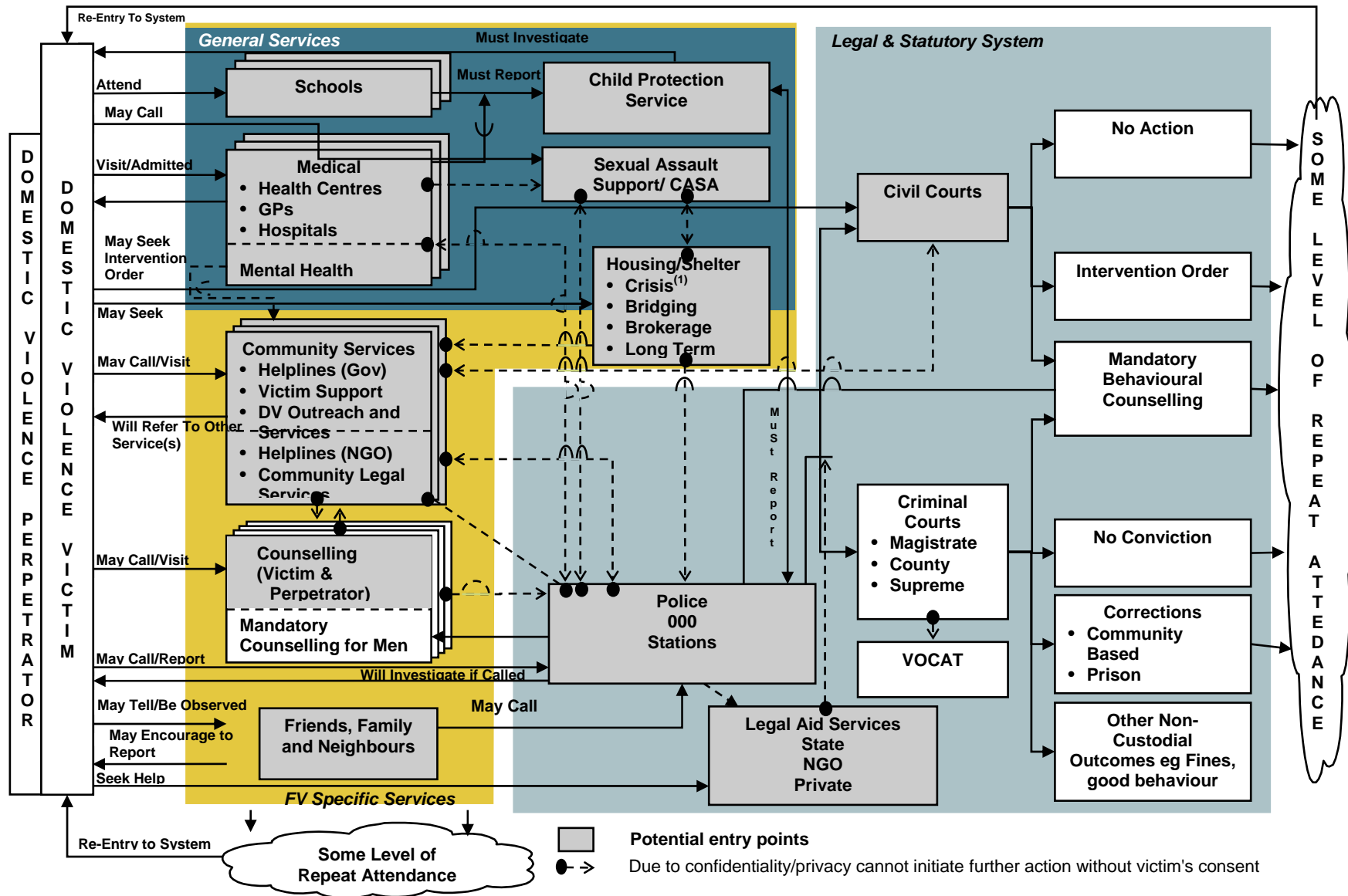
- Enhancement of the multiple entry pathways to ensure that a person entering the system receives a consistent response regardless of the entry point;
- Expanded and improved support services which embrace diversity;
- Provision for individual advocacy for women and children who experience violence at all points in the system;
- Common risk assessment and referral processes;

- Consistent Case Coordination;
- Intensive Case Management for high risk and complex needs families;
- A more streamlined justice response through legislative and practice change;
- Longitudinal tracking of cases;
- Effective data collection and recording which includes data on Indigenous, CALD and women with disabilities;
- Capacity for advocacy at a systems level, informed by individual advocacy; and
- Effective and efficient monitoring and evaluation processes/mechanisms.

“He got out of prison last week and he just walks right in here as if nothing has happened. He says I can't do anything because if I do they'll put him back in jail and he'll kill me before that happens. He should not be just let out like that.”

These key elements distinguish the proposed integrated system from the current fragmented responses. The implementation of these elements will not only provide a consistent approach but will ensure that the system delivers high quality responses at the first point of entry. This will help to reduce the number of times women and children who experience violence and/or men who use violence re-enter the system, leading to more effective early intervention strategies and preventing the escalation of violence.

Figure 1 - Representation of the Current System



(1) Including specialised Indigenous Services

A MODEL FOR SYSTEM INTEGRATION - KEY ELEMENTS

Initial Access to the System

Clients can access services in a number of ways. However, the response to clients should be consistent. It is difficult for violence to remain hidden in a service system in which personnel are required to provide a response to all reported incidents.

This response will focus on the safety of women and children, support and advocate for women and children who experience violence and assist them to access both generalist and specialist support services. All agencies will be responsible for ensuring safety and will be required to report on how each service is delivered. These requirements will ensure that all Victorian families affected by violence are provided a new, clear and consistent message.

Proposed Model

The **key aims** of the integrated model for responding to family violence are:

- Increased safety for women and children;
- Improved accountability for those who use violence; and
- Acknowledging and supporting women's right to have control and agency over their lives and future.

The key elements of the integrated model for responding to family violence proposed by the committee, and the referral pathways for families within it, are summarised in Figure Three and described in more detail below. These elements either do not currently exist or exist inconsistently across the service system.

"The neighbours must have called the police. Two women cops came. they came in together. ...No they didn't separate us. They asked me in front of him if there was a problem...What am I going to say? They left and he left to go to the shops... I went outside and stopped them in the cop car. They asked me if i wanted to lay charges...I don't really know what that means.....it seemed to me it would make it worse. How was he going to be stopped from coming to get me... So I said no. I went inside and he came back. he had seen me talk to the police. He smashed my face. I screamed as loud as I could...what else could I do? He hit and hit me. The neighbour must have called the police again. This time two men came. They stood up to him. They asked me again in front of him if every thing was OK...don't they get it? Don't they see this every day? What am I going to say...they turned to leave. I decided this was my last chance. I really believed he would kill me. .. So I rushed up to them and said "I have to go with you...they didn't get it in the beginning. I just stood in the middle of them and said I am going with you. My husband was furious, but they finally got it. I went with them to the police station and the police called the refuge.....and here I am. No where to go, no family and it seems like the only person who cared was a neighbour I didn't see much, but who called the police and that young policeman, once I got to the station. It was Christmas Eve.I have no doubt, if my family find me I will be dead. It is really unbelievable in Australia this can happen....."

Figure 2 – Multiple Entry Points to the Family Violence System

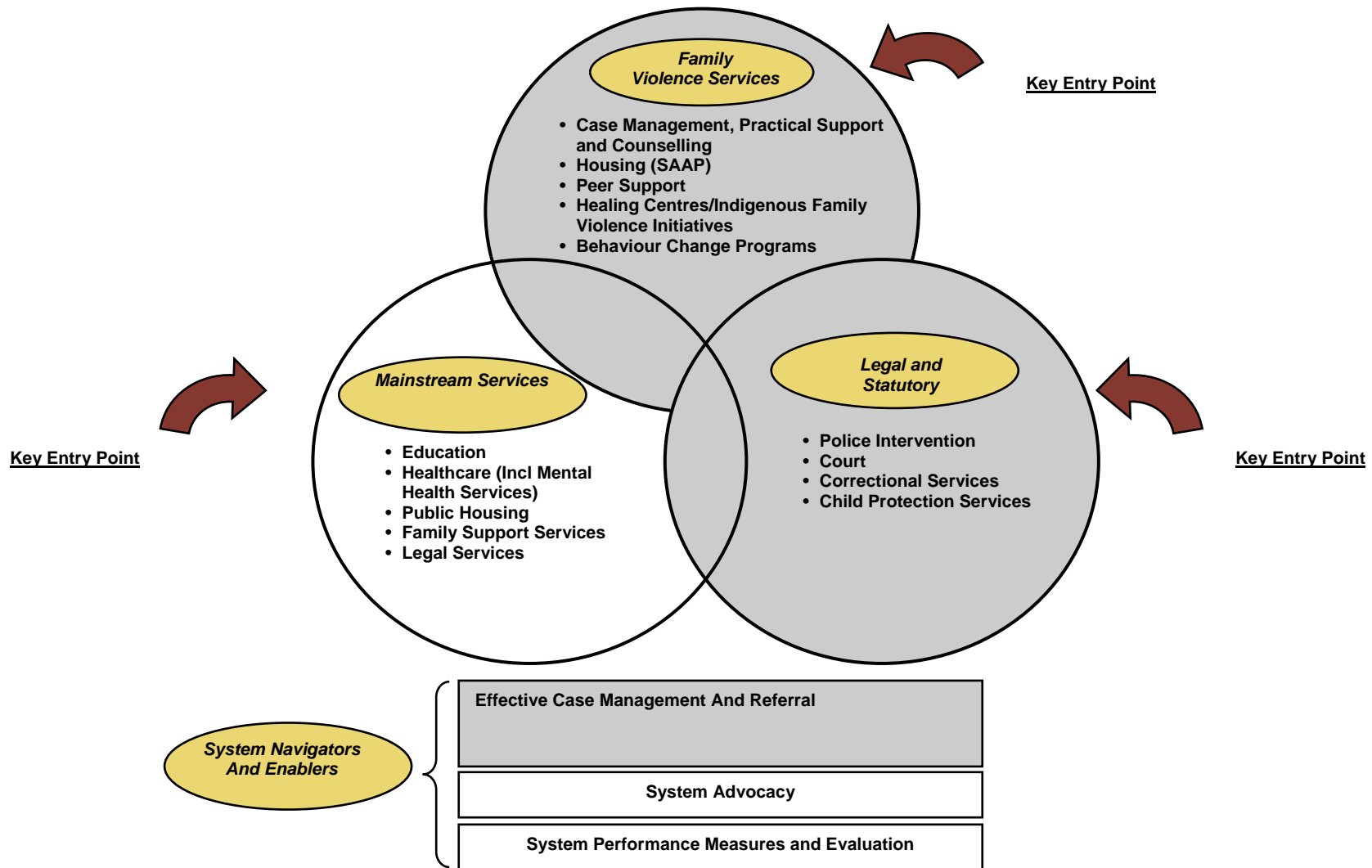
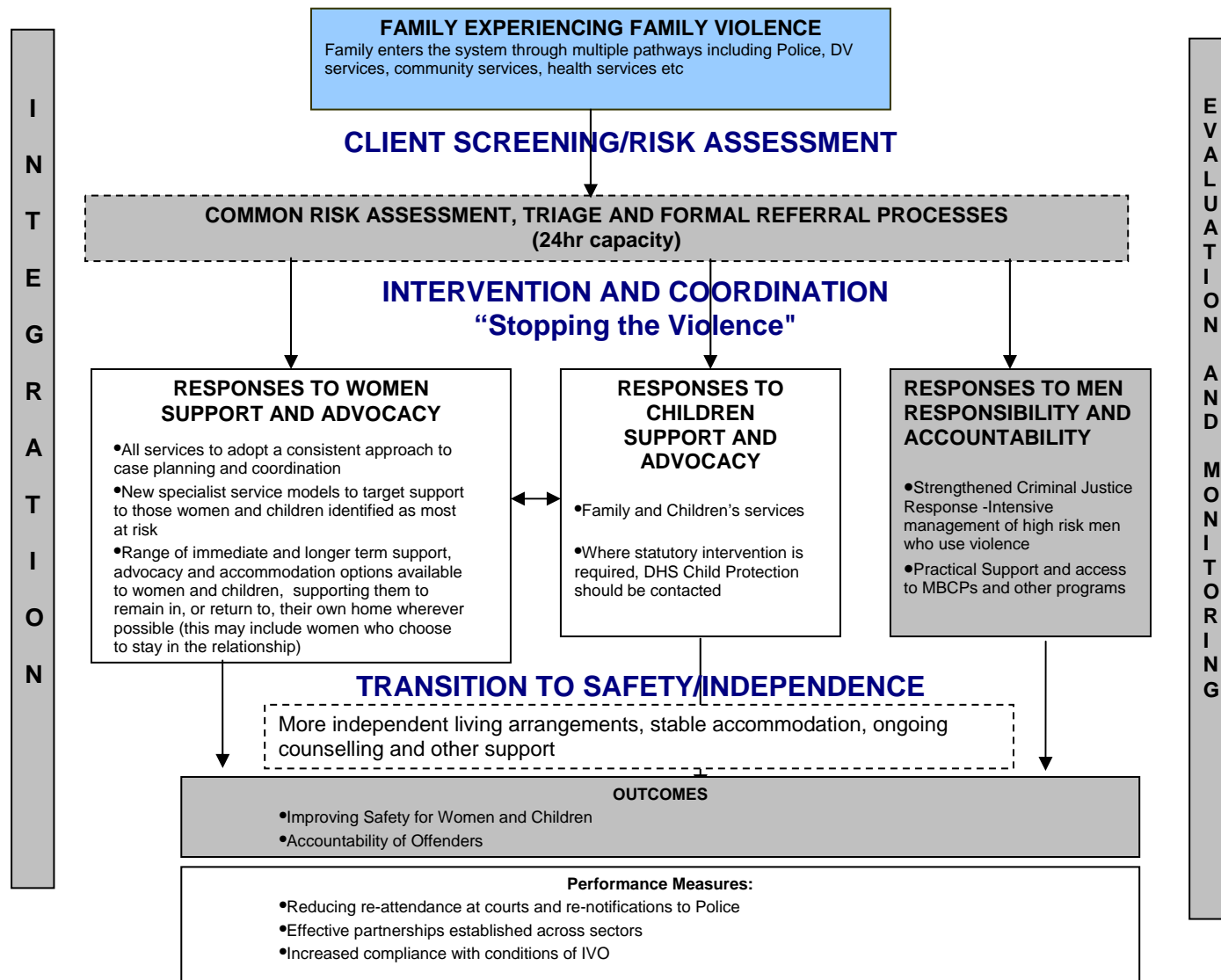


Figure 3 – Client Service Model



Assessment of Client's Risks and Needs (Common Risk Assessment)

For reasons discussed earlier (see p22) women and children face many barriers to reporting violence. The new model will respect and sensitively manage all disclosures of violence. The new model will assess levels of safety and risk in each family and will act according to what is required. As it is important that services are provided when family members need them, the new model will link them with after hours, local, and specialist services. A different approach will be applied for women who experience violence who are reporting for a second, third or subsequent time. All these processes will be completed and linked in the new system.

Competency in screening clients will be strengthened by staff participating in comprehensive training and supervision which will improve the capacity of the system to identify and intervene early in family violence situations.

Client assessment will commence at the point of entry and will include:

- Risk assessment if family violence is identified;
- An initial identification of needs, and identification of service options; and
- Referral to appropriate services.

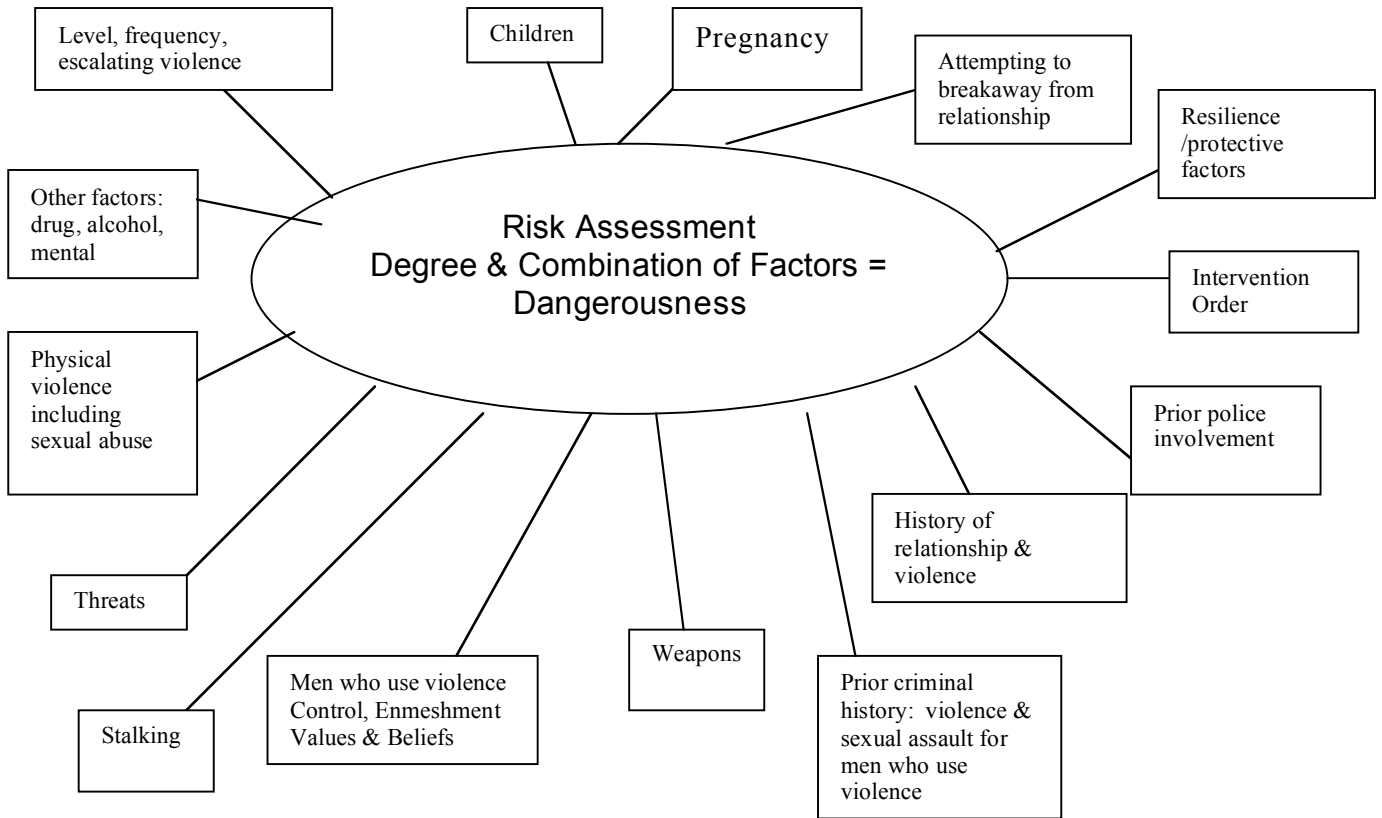
Risk assessment is the process where specific client information is gathered and analysed, enabling the likelihood of future violence to be determined. Risk assessment can inform decisions about priorities and resources. Risk assessment tools are 'formalised methods that provide a uniform structure and criteria for determining risk'. The goal of risk assessment is ultimately to enhance client safety.

A common risk assessment framework will:

- Ensure workers consider a wide range of variables as risk factors;
- Improve the transparency and consistency of worker decision-making;
- Provide a way to document the decision making process; and
- Enhance service and practitioner accountability.³⁸

³⁸ (Chris Morley, 'Conducting Risk Assessments' in J. Maidment & R Egan (2004) *Practice Skills in Social Work & Welfare*, Allen & Unwin, Australia p127-145

Factors that need to be explored when assessing risk in family violence situations:



In developing a common risk assessment tool, consideration will be given to the risk assessment processes currently being used by the Police and other service agencies, including the Primary Care Partnerships' service coordination tools and the Child Protection Victorian Risk Framework.

Agreed elements of the risk assessment tool include:

- An overview of the current incident;
- Previous violent incidents;
- Compounding risk factors;
- Current civil or criminal sanctions;
- Risk management strategies;
- Action and referrals required; and
- Needs of children.

Additional considerations for Police may include the presence of firearms, whilst support services may include the management of other complex issues such as drug and alcohol use and mental health. All services have both mandated (DHS Child Protection) obligations and voluntary protocols in relation to children in family violence situations.

"My friend said there would be lawyers at court to help me this time but when I got there they said there were only lawyers on a Tuesday. David had a lawyer who made me feel silly - like I was overreacting or something because he'd only hit me once. It was too hard with David over there smirking at me. I just walked out - it's always been easier just to let him win."

Information and Referral

Services such as the Women's Domestic Violence Crisis Service and Domestic Violence Outreach Services will be promoted as more visible entry points to the family violence service system. However, all entry points, including non-family violence specific services, should provide an effective client screening function and then provide appropriate information and referral

Intervention and Coordination

24 Hour Response

This will be provided via a telephone response or in person (criteria to be determined) and will expand presently available services. A 24 Hour

response to a report of family violence is available now by police intervention, as is their capacity to lodge an after-hours complaint for a warrant or interim intervention order through the service provided by the Magistrates' Court where appropriate. A magistrate and registrar are on duty 24 hours each day for the State to consider these and other urgent police applications. The integrated response will expand and develop this service by ensuring:

- An immediate police response to reported incidents of family violence as outlined in the *Code of Practice*, to a call for assistance or report of a family violence incident (this may include a decision by police to access the "after-hours service" operated by the Magistrates' Court of Victoria);
- Immediate telephone support via a family violence crisis line;
- Emergency supported accommodation for women and children who experience violence (this may be facilitated through the crisis telephone service or agreed local responses);
- Emergency supported accommodation for men who use violence that is supported by a family violence specific prevention focus. The accommodation must be specific to family violence prevention and provide the opportunity for the men to immediately begin to take responsibility for their use of violence and embark on a process of behaviour change; and
- referral to support services to ensure that a comprehensive needs assessment/planning and casework/case management response is available.

Opportunities to align a family violence 24 hour response with other 24 hour services will be further investigated and implemented if appropriate.

Needs Assessment for Service Provision

This is a more comprehensive assessment of the client's needs, including immediate, medium and longer term needs. It will include a more in depth assessment of imminent "danger". An assessment will be made as to whether a case requires 'intensive case management' or whether it requires 'case coordination' (see below) and a

coordinating service or case manager will be identified. This should be the service providing the main response (see below) or in the case of an 'intensive case management' response, the case manager should be located at the service providing the main response. Information related to the risk assessment will be shared with relevant service providers and other key supports in accordance with privacy legislation requirements.

Case Coordination

Case coordination will be undertaken by all agencies involved in the integrated service system. All agencies will be expected to demonstrate an understanding of the gendered nature and dynamics of domestic violence and a commitment to the integrated response principles of safety, accountability, and practices that will increase women's agency.

Services providing case co-ordination will:

- Provide information on victim rights, relevant options, and entitlements or provide referrals to obtain same;
- Provide legal information, while avoiding providing legal advice or provide referrals to obtain same;
- Provide any other necessary referrals;
- Provide a clear outline of the services provided and related boundaries;
- Incorporate collaborative case planning processes between the service user and service worker whereby an agreed support plan is developed and acted on;
- Monitor and evaluate service delivery at the micro level; and
- Provide input on case conferencing (where it occurs) and monitoring and evaluation of service delivery to the Lead Advocate/Regional Coordinator.³⁹

Where appropriate, such services will:

- Advocate on behalf of the client to overcome barriers in accessing services (eg police, legal, accommodation, welfare, health, interpreters, disability support etc);

- Provide outreach support services that deliver the above range of services in a diverse range of settings. While it is acknowledged that some outreach services will be provided from the agency premises, some may be more appropriately provided elsewhere; and
- Identify and network with relevant services and participate in case conferencing.

Intensive Case Management

The case manager will be client focused and able to undertake an assessment that considers the whole of a person's situation and addresses their complex needs. This is more than a coordinating role, involving the building of trust and shared goals, working towards outcomes and providing advocacy on behalf of the victim while ensuring their safety and promoting empowerment.

Intensive case management will be provided to adult women and children who experience family violence:

- Who have complex and multiple needs and where the threat to safety is such that issues cannot be addressed through case-coordination processes;
- For whom a high level of risk has been identified in assessment;
- Who have been the subject of multiple repeat attendances by police;
- Who have limited other supports (formal and/or informal); and
- Where multiple agencies are likely to be involved owing to the complexity of the issues.

A case manager will also be required to act on behalf of the client, network with other services, facilitate case conferences, critically analyse the workings of the service system, identify barriers to service access, negotiate local solutions where possible, monitor and evaluate service delivery, identify issues that require broader systemic change and provide input arising from all of this to the Regional Coordinator/Lead Advocate.

³⁹ A case conference is the mechanism by which all relevant service providers convene to determine appropriate actions, roles and responsibilities in addressing ongoing safety and any concerns as raised by women. The conference would generally be convened by the case coordinator.

Where there is also a threat to children's safety, the case manager will notify and/or work in partnership with Child Protection and/or children specific services to ensure that children's needs are assessed and met.

Agreement will need to be reached regarding responsibility for the case management role in circumstances where a range of agencies are working with the client (eg drug and alcohol services, mental health services, family services or Child Protection).

Case management is a key component of integration and services undertaking this function as their primary role will coordinate with police and courts, recognising that all service providers will have a role in stopping the violence.

Generalist and Specialist Family Violence Services

Specialist family violence services play a critical role in the response to family violence. Case management, case co-ordination, advocacy and a gendered understanding of family violence are specialist service functions and they are expected to be provided by family violence services.

It is also true that generalist agencies, including schools, GPs and hospitals respond to family violence on a daily basis. Ideally this reported violence would be managed by a process that joins mainstream and specialist services. Two immediate improvements are recommended. First, the reformed system will count the reports of family violence made to relevant generalist services. This will raise awareness of the issue and communicate the importance of all family violence disclosures. Second, the specialist system will anticipate referrals made to it from mainstream services. Procedures and protocols will be developed to ensure that reporting to a mainstream service does not disadvantage the woman or children involved.

There are many possible benefits to developing specialist services within generalist services but it is important these services operate within a framework of a gendered analysis to ensure the system operates to its potential and ensures the safety of women.

REQUIREMENTS FOR SYSTEM INTEGRATION

Key Partner and Support Agencies

Key Partners

Partner services for the reformed family violence system will include:

- Victoria Police
- Magistrates Courts, Family Violence Division of the Magistrates' Court and the Family Violence Court Intervention Project
- Family violence support and crisis accommodation services
- Other generalist or community services which offer family violence crisis services (especially in rural and regional Victoria)
- Men's behaviour change programs, including the Men's Referral Service
- Community Legal Services
- Child Protection services
- Indigenous and culturally and linguistically diverse support services
- Women and children's support programs

Additional participating services

Others who will need to work closely with partner agencies from the beginning of this process include:

- Family violence networkers, homeless and children's networkers;
- Victims' services;
- Family services;
- Other agencies identified at the local level, such as hospital emergency departments and community health services;
- Indigenous Family Violence Regional Action Groups;
- Regional Aboriginal Justice Advisory Committees; and
- Corrections Victoria

Support agencies

A number of family violence support services will contribute to the integrated strategy by ensuring consistency of response from all program areas.

Access and availability of responses will vary across the State, particularly in rural and regional areas, according to the localised needs, resources and historical developments within different sectors.

Key Practice Changes and Critical Intersections

The changes it is anticipated will be made to the practice of key agencies in the proposed integrated system are summarised in Appendix One. The intersections and referral pathways between agencies and the actions they will be required to take to achieve a seamless transition for families are outlined in greater detail in Appendix Two.

Processes for Integration

Development of Codes of Practice

The development of complementary and integrated codes of practice will ensure consistent responses by individual agencies and set transparent standards and expectations for service delivery. They will also help ensure each agency complements and connects with the activities of other agencies.

The effectiveness of codes of practice will be contingent on the training, monitoring and review processes which will accompany their implementation.

Codes of practice will include the following key elements:

- A consistent definition of family violence;
- Governing principles, as detailed in this document and any additional requirements of local agencies;
- The agency role in the family violence system (program and legislative context);
- Description of the service system and response options;
- Identification of key relationships and major points of intersection with agencies;
- Outline of the monitoring and accountability mechanisms;

- Grievance resolution processes;
- Consistent language, style, format and presentation; and
- Model protocols for adoption by participating agencies to govern certain interactions if necessary.

It is expected codes of practice will be developed at the Statewide level and adapted to regional and local needs. They will, therefore, require monitoring at all levels of integration. The capacity to measure service system response is also required for women and children accessing generalist health and victim support services, especially in rural areas where there are few specialist family violence service providers.

Continuous assessment of practices, procedures by All Services

All participating services will be required to continually assess the delivery of their services and their partnerships with other service system providers where key intersections exist or could be developed and Memoranda of Understanding (MoU) reached. Services and partnerships are to be assessed against the key aims described in Chapter 8 (p 26). The process of monitoring and evaluation for the purpose of continuous improvement is outlined in brief in Chapter 12 (p 47).

Development of standardised practices

Most industries have established standards of practice. It is essential that agencies which are part of the integrated response have standards of practice which reflect the principles underlying the development of this document in Chapter 3 (p 10) and the key aims described in Chapter 8 (p 30) and that these standards form part of the continuous improvement process.

Developing an accountable and integrated response to family violence will require change at state-wide, regional and local levels. Each participating service will take a partnering approach and reflect joint effort in its planning and responsiveness.

Further improvements will be achieved through:

- Memoranda of understanding between partner agencies;
- Strategic planning and services development;

- Data collection and information sharing;
- Common risk assessment processes;
- Workforce development; and
- Monitoring and review

Memoranda of Understanding between partner agencies

A MoU is a high level written agreement, setting out mutual obligations, relationships and responsibilities between two or more organisations. It may relate to interrelated services, common clients and resources. It can strengthen the ability of two or more organisations to mutually solve problems and participating parties can benefit from the interchange of ideas and practices. Development of Memoranda of Understanding should be guided by the principles underlying the development of this document in Chapter 3 (p 10) and the key aims described in Chapter 8 (p 26).

Functions in facilitating integration

A Lead Advocate role will be established in each region to undertake advocacy at a system level with a view to ensuring that the requirements for system integration described in this chapter are working towards the key aims described in Chapter 8.

A Regional Coordinator role will be established in each region to act as a key link and support in the governance model as described in Chapter 11 (see p 46).

Ideally these will be two separate roles.

Tools for Integration

Planning and coordination

The integrated system will be informed by needs and service gaps identified through direct support and advocacy provided to women and children by services providing case coordination and by intensive case managers.

A comprehensive process of service mapping, identification of local needs and trends, together with practice knowledge of workers which support women and children, will be required to develop a strategic plan for implementation at regional and local levels. Effective cross-sectoral

communication which allows for, and supports these processes, will be required at the regional level, along with a range of activities including:

- Collection and high level systems analysis of service data from the range of services participating in the integrated service system;
- Collection of information about women's experiences of the system, including pathways between services. This may include tracking cases (subject to appropriate privacy considerations) across the service system, to identify any problems, gaps and failures;
- Monitoring of system responses and compliance with relevant MoUs, codes of practice and service standards;
- Negotiation with individual services in relation to identified issues;
- Provision of feedback directly to relevant parts of the system regarding the effectiveness and challenges in the implementation of service integration;
- Comparison of scenarios across the state to ensure a consistent approach to the resolution of any complications or difficulties which might arise;
- Audits of resources available at regional levels; and
- Ongoing service planning and development.

Data collection and information sharing

The development of a data collection repository will be a major requirement. The purpose of the joint data collection process will be to measure and assess the impact of the reforms in achieving the overall objective of reducing family violence. This will be demonstrated in part by increased levels of reporting and improved access to services. In the initial stages, the data system will not have the capacity to track individuals due to privacy and information sharing restrictions.

A working group overseen by the Committee will address data collection rules, data definitions,

privacy requirements and the development of guidelines. This work will be undertaken in conjunction with other relevant working groups, such as the Indigenous data working group. It will also be cognisant of the work being undertaken on integrated data systems through the Victorian Homelessness Strategy and the significant work already undertaken by the VCCAV in establishing the Victorian Family Violence Database.

Common risk assessment processes

At state-wide level, it is proposed work be undertaken to develop common risk assessment tools to achieve consistency of approach and uniformity of practice across service sectors. The common risk assessment tools will incorporate determination of women's perceptions of risk of violence re-occurring with the determination of the likelihood of men engaging in further violence. Generally, risk assessment tools predict risk of future violence. For those who are higher risk, further detailed assessment is required to determine what may be done to reduce the likelihood of violence and increase safety. This will ensure appropriate safety plans are developed for individuals and reduce the necessity for women and children to retell their experiences to each service before securing an effective service response. This will build on work currently being undertaken in a range of sectors.

Workforce development

Developing the capacity of both the family violence and generalist workforces to identify, respond and intervene appropriately is critical to successful implementation of new practices and approaches. Professional development and continuous improvement of the workforce involved in the delivery of services will be undertaken including:

- Professional education and training;
- Cross-sectoral training;
- Cross-cultural training and awareness across all services;
- Training in relation to families with other diverse and multiple needs such as those with mental health or substance use issues; and
- An evaluation component to training that assesses the impact of the training on work practice.

The National Family Violence Competencies for delivering services will be endorsed within the new family violence service system, ensuring that staff at all levels of the system are adequately skilled.⁴⁰

⁴⁰ Refer to Domestic Violence and Incest Resource Centre, *Mapping and Evaluation of Professional Education and Training for Key Occupational Groups*, Reports Developed for the Statewide Steering Committee to Reduce Family Violence, 2004

INTEGRATION IN PRACTICE

The following case studies contrast how families will experience the proposed new system, compared with current arrangements. Four scenarios are presented. In the first and second the family enter the system through the Police. In the third, the woman enters through the support services.

New Integrated System

Scenario 1: Civil Justice Response

The neighbours have phoned the police as there is a loud argument underway at the house next door. En route police conduct history checks on the premises and known residents to detail any family violence history that may have been previously reported to police. When the police arrive, Fred's wife is crying and holding two children (aged 5 and 12 years). Fred states that he has "not lifted a finger" against her and angrily tells the police to mind their own business. Fred's wife Laura tells the police that it would be best if they left and she will sort the situation out.

Victoria Police

In responding to this incident, the police abide by the Code of Practice for the Investigation of Family Violence.⁴¹ For the continuing safety of Laura and her children, the police must:

- Manage the incident;
- Assess risks and threats to Laura and the children; and
- Determine the level of any future protection that may be required.

Police use the risk assessment and management process to ascertain that Laura regularly experiences verbal threats and abuse, particularly when Fred has been out drinking with his friends and she is fearful of Fred taking it out on her or that he may escalate his violent behaviour if the police become involved. On the basis of this assessment, the police decide to make an application to a Magistrates' Court for an intervention order on behalf of Laura. This is partly because she is fearful and the children are present when Fred abuses her. Police assess the

needs of the children independently and decide that whilst they have witnessed the violence, they are not considered at risk of physical abuse from Fred directly.

Police decide to make a complaint (ie an application) for an intervention order pursuant to the *Crimes (Family Violence) Act 1987*. The police are trained to handle the situation in an understanding and reassuring manner. Laura had advised police that she does not wish Fred or herself to leave the house immediately and Fred "appears" to have calmed down. Police further ascertain that Laura does not want the relationship to end but wants the violence to stop. The police indicate that nevertheless they will make an application for an intervention order on behalf of Laura and the children to protect them from assaulting, harassing or threatening behaviour by Fred as he will still be living in the family home. Because the police are making a complaint (ie application) for an intervention order, they must formally refer Laura to an appropriate victim support agency. With Laura's consent, the police give her details to either the regional family violence service, the Women's Domestic Violence Crisis Service or an identified local service who then undertake to contact Laura during the times she has specified to police.

The domestic violence service contacts Laura and engages with her by providing her with emotional and family violence specific support, legal information and information about local family violence support services. The crisis telephone support worker initiates contact with Laura and coordinates follow-up support and offers to make a referral to a local Family Violence Outreach Service. The local service calls Laura and arranges a priority appointment for the next day. During the risk and needs assessment process, the local service informs Laura about the linkages between the services and Laura provides informed consent for her information to be passed to other agencies as required, including risk and need assessment details.

⁴¹ The Victoria Police Code of Practice was released in August 2004.

Magistrates' Court

The police apply for an intervention order and request that the Court Registrar issue a Complaint and Summons for an Intervention Order (rather than requesting that the Court Registrar issue a warrant to arrest Fred). This decision is made because police determine that no physical violence was detected and there are no immediate safety concerns but there may be in the future. The police officer who attended Laura and Fred's residential premises is named as the Complainant. After the Court Registrar considers the Complaint and issues a summons, the Court Registrar requests for police to serve the Complaint and Summons for an Intervention Order on Fred. The police complainant is also required to prepare a brief for the police prosecutor for the final hearing of the Complaint which usually occurs between 1 and 2 weeks following the issue of a Summons. A police prosecutor is required to attend at Court for the final hearing of the Complaint and will be briefed as to the circumstances. Laura is required to give evidence of the behaviour she alleges against Fred, including harassing, threatening and offensive behaviour. She will also have to give evidence as to why she considers any behaviour would occur again. The police complainant may be required to give evidence. Any additional evidence should also be available, eg neighbours etc.

As research shows that applying for an intervention order is a major additional risk factor for women being severely injured or killed by their estranged husbands, it is imperative that women are engaged with the service system in the period between the family violence incident and the granting of the final intervention order to ensure that a safety plan is in place and that she has support through the complex justice process. How this is managed will be informed by a risk assessment carried out by the case co-ordination worker.

Additionally, numerous legislative changes, including the changes to the Magistrates Court Act, currently underway will help simplify access to the justice system for Laura, promote her safety, and increase the protection of her two children.

As the violent incident occurred in the home in Ivanhoe, Laura's case is listed at the Heidelberg Magistrates' Court, one of two pilot Family Violence Court Division sites to be trialled and evaluated from early 2005.⁴² An Applicant Liaison Worker is available at Court to assist Laura and her children by providing information about the Court processes, make referrals to other services, and attend case coordination meetings. The Court Registrar will ensure that Laura is referred to this worker at Court. A support group for Laura and a support group for her children will also be made available if Fred is directed to counselling by the magistrate. A Defendant Liaison Worker is available to provide Fred with information about the Court processes and the court directed counselling program, make referrals to other services, and attend case coordination meetings. The Workers will work closely with the Court staff and family violence community agencies such as the Northern Family Violence Outreach Program, Northwestern Victims Assistance and Counselling Program, the appropriate legal service such as Darebin Community Legal Service, police prosecutors, duty lawyers, family violence workers. All these agencies and individuals will have received specialist training and education in understanding the dynamics of family violence and the Court's processes designed to reduce family violence.⁴³ The Court will also have additional security to protect Laura and her children if required.

While anxious about the intervention order process, with the support of the Applicant Liaison Worker Laura agrees that the best option is to proceed with the intervention order at this time. At the hearing of the complaint for an intervention order at the Family Violence Court Division of the Magistrates' Court, the Magistrate determines that grounds for an intervention order exist. As Laura indicates that she wants to continue to reside with Fred on the condition that he does something about his violent behaviour, the Magistrate tailors the order to enable Fred to reside at the house on the condition that he does not assault or harass Laura and the children.

Fred is also directed by the Magistrate to attend an eligibility interview with the Defendant Liaison

⁴² The two pilot Family Violence Courts have been funded through Department of Justice and are scheduled to begin operating in early 2005.

⁴³ Training of staff in the two pilot Family Violence Courts has been funded through Department of Justice.

Worker for court directed counselling (this does not require his consent). Upon being assessed as eligible for counselling, the court subsequently orders Fred to attend a men's behaviour change counselling program in the Heidelberg area. This program is part of the pilot Family Violence Court Intervention Project which aims to assist men to end their use of violence towards their family members.

A detailed assessment finds that Fred has strong attitudes of male dominance and believes in rigid gender roles, has difficulty establishing intimate relationships with adults, and experiences frequent low moods. Fred has a controlling relationship with Laura and the children and manages his feelings by drinking alcohol with friends. Initially resistant to the notion of change, Fred is provided with one-to-one counselling and is also referred to counselling for his alcohol abuse. As directed by the Court, Fred goes on to attend an initial brief Family Violence Intensive Response Program specifically designed for unmotivated clients followed by a 40 hour men's behaviour change program. Over time, Fred comes to acknowledge his violent behaviour and its impacts on his family, and demonstrates a commitment to behaving in a respectful and non-violent way towards them. He goes on to voluntarily attend an ongoing group to assist him to maintain his changed behaviour.

Community services

The male behavioural change program will through local victim support agencies and case conferencing monitor the safety of Laura and the children. Laura and the children will also be able to access one on one counselling and other specialist support programs funded by the court mandated male program.

Laura will have a case coordinator who will be allocated to her from the primary service system she is engaged with during this recovery period.

Scenario 2: Criminal Justice Response

In this scenario when the Police arrive Laura has locked herself with her children in the bathroom. The police can hear the children screaming. Fred is in an intoxicated state outside the bathroom

door threatening to kill Laura. Laura has a black eye and is bleeding. Laura tells the police that it would be best if they left and she will sort the situation out.

Victoria Police

Police undertake a separate risk assessment for both Laura and her children at the home. Victoria Police support a pro-arrest policy regarding family violence and the decision to arrest and charge is made by the police, not Laura. The police decide that there are sufficient grounds to charge Fred with the offences of recklessly causing serious injury and making threats to kill pursuant to the Crimes Act 1958 and arrest him. Upon arrest, Fred will either be remanded in custody or on bail. If remanded on bail, the bail conditions are likely to be similar to those that would be included in an intervention order, and Fred must attend Court on the date endorsed on the bail documents. At court, the charges are prosecuted by a police prosecutor. The police may seek to have Fred remanded in custody to offer the best protection for Laura and her children but this is not a likely outcome. The Criminal Investigation Unit is responsible for investigating the crimes and compiling the brief of evidence. The brief of evidence is compiled for the court hearing. Police are also applying for an intervention order from the Court on Laura's behalf.

Following the directions in the Code of Practice, the police arrange for medical assistance for Laura immediately. As the police believe that the children had experienced physical violence, police report to DHS Child Protection as mandated and a joint investigation by police and DHS Child Protection is undertaken.⁴⁴ If they are capable, and it is considered necessary, the children may also be required to participate in a Video and Audio Taped Interview (VATE) as witnesses to the assault on Laura. In this particular incident, the police are concerned for the physical and psychological health of Laura and her children and make a formal referral to the local domestic violence outreach service to provide practical support for Laura and provide counselling for her and her children. If Laura is assessed as being able to protect her children by DHS, DHS Child Protection are likely to refer her

⁴⁴ The new Act will mean that witnessing violence, where there is a likelihood that it will happen again, will be the clear basis for an intervention order for children (as it can be currently).

to other local support agencies and then monitor progress and future risks.

If Laura is also receiving support from the Northwestern Victims Assistance and Counselling Program, that service can also assist Laura to make an application to the Victims of Crime Assistance Tribunal (VoCAT). Laura may be eligible to receive money for medical expenses, counselling, loss of income and other expenses to assist in her recovery. She may also be eligible to receive some Special Financial Assistance from VoCAT.

Magistrates' Court

The police charge Fred with the offence of recklessly causing injury and making threats to kill. Although Laura is relieved that Fred has been removed temporarily from the home, she is reluctant to follow through with criminal proceedings and declines to make a statement to police regarding the incidents. The officer in charge of the local police station therefore suggests a case conference occur between Laura, her family violence case worker and a police prosecutor so that Laura can be completely informed of the process she could expect if she does make a statement and be further supported. Laura's lawyer may also attend the case conference but whether or not this is required would be determined on a case by case basis. She would also have the opportunity to be involved in decision-making on whether or not to continue participating in the case, i.e. deciding whether or not to give evidence. The outcome of the case conference is that Laura decides to give evidence and police decide to proceed with the case. In the past, a statement of no complaint would have been taken.

Correctional services

At the hearing of the charges at the Heidelberg Magistrates' Court, Fred pleads guilty and after assessment by a community corrections officer, is sentenced by the Magistrate to a 12 month Community Based Order.

Community services

While Fred is completing his Community Based Order, Laura and her children are also receiving specialist services in the community. Witnessing Fred's violence over the years appears to have

resulted in the older child displaying aggressive and antisocial behaviour while the younger child appears fearful and anxious. As the children are secondary victims of crime, and are included on a current Intervention Order, they are able to apply for counselling through the Northwestern Victims Assistance and Counselling Program. The case coordinator from the local outreach or family violence service will also have the capacity to refer the children to local counselling services (both individual and group) if required.

Although more confident that Fred has been taking responsibility for his behaviour, Laura still does not wish to live with him until she is absolutely certain. After initial crisis accommodation support Fred will be encouraged to find his own temporary housing either with family, friends or other private accommodation.

The case coordinator from the local outreach service will monitor Laura and the children's ongoing safety. It is likely that Fred will attempt to engage with Laura and the children over this time, by phoning her and trying to get her to take him back, describing how much he has changed. Whilst he may not make threatening remarks these phone calls make Laura feel uncomfortable and under pressure.

Fred is concerned that the children will turn against him unless he is able to maintain a relationship with them. He says he has agreed to do everything that has been requested of him because he loves his children and wants to continue to be a good father. Laura is concerned about her safety and doesn't want Fred to be alone with the children. After advice from her lawyer, Laura agrees to family law Consent Orders which grant Fred supervised contact visits twice a week and a referral to a children's contact service is made.

Scenario 3: Response to a culturally and linguistically diverse family

Hatice contacts the Women's Domestic violence Crisis Service at 11.25 pm explaining that her husband Ahmet had beaten her. Hatice first language is Turkish and she doesn't speak English well. Through the telephone interpreter service, Hatice discloses that there had been an argument over the kid's bath time. She felt it wasn't really about that as Ahmet had come

home angry over something that had happened at work. He had been drinking and picking on the children all night. Hatice had put the children to bed early to get them out of the way. Once the kids were in bed he "laid into" her, yelling abuse and physically assaulting her. He stormed out of the house and she was unsure where he had gone or when he would return. Hatice was scared to remain in the house. She could not go to her parents as he had threatened them when they had helped her in the past. Hatice has two children, one 1 year and nine months, and a one year old. Ahmet also has a history of substance abuse.

The Crisis Telephone worker undertakes an immediate safety/risk assessment. It is assessed that Hatice and the children are unsafe and need assistance to remove them to a safe place. A taxi is organised to take the family to the Footscray police station where a crisis refuge worker will transfer them to an after hours crisis refuge. The worker arrives and with the assistance of an interpreter speaks to Hatice and provides her with information, including legal information and information on a range of services. In consultation with the duty sergeant an immediate police response is not requested, as Ahmets' whereabouts' is unknown. Hatice has agreed to make a formal statement at the police station within the next couple of days. Hatice has bruising over her body, face and throat. A note and photos of her injuries are taken. Hatice primary concern is for her children and she wants to get them to bed as soon as possible.

Hatice and the children are transported to the crisis after hours refuge. The next morning Hatice speaks with the crisis refuge worker where a more detailed risk and needs assessment is carried out. Hatice discloses that she has experienced on going physical and sexual abuse since her marriage two years ago. It is assessed that Hatice is at extreme risk and it is unsafe for her and the children to return home without legal protection. Hatice is referred to a high security refuge and is supported through the intensive case management process given the complexity of her needs and the level of risk.

Ahmet discovers his family missing and immediately goes to the Moreland Community Health Service, where he knows a Turkish-speaking worker. Ahmet is visibly upset and volatile, and demands that the worker locates his

family and send them home. Eventually Ahmet is convinced that he should speak to a specialist service. The worker contacts the Men's Referral Service and requests a Turkish interpreter. Via the interpreter Ahmet speaks to the telephone counsellor who is able to convince Ahmet to start taking responsibility for his use of violence towards Hatice and their children, and to refrain from trying to find his family. The telephone counsellor then explains men's behaviour change programs to Ahmet and seeks an appropriate program for him. Ahmet also received information regarding intervention orders and is told that it would be in the best interests of his family if he refrained from contesting any application for an intervention order.

Intensive Case Management Response

The family violence caseworker from the refuge takes Hatice to the local Magistrates Court to apply for an interim Intervention Order. The family violence case worker arranges a lawyer from the intervention order court support service to give advice to Hatice. The service will stay in contact with Hatice in the period until the final hearing and ensure that she had legal advice, representation and advocacy (as required) at the final hearing. The interim order is made and the final order hearing will be in two weeks allowing time for Ahmet to be served with the order by police.

Hatice's family violence caseworker contacts the Footscray police station and makes an appointment for Hatice's statement to be taken the following day. After taking the statement with the aid of an interpreter, the police decide to proceed with criminal charges. A warrant for Ahmet's arrest is made. Police are unable to locate Ahmet immediately, however, after a couple of days Ahmet is arrested and bailed to appear in court in two months time. Bail conditions are similar to the conditions of the Interim Intervention Order that was previously granted by the Magistrates Court.

With the assistance of the local police and the family violence caseworker, Hatice is able to safely return home to remove personal items for her and the children. It was decided that it was not safe for Hatice to return home even with Ahmet being excluded from the house.

Their family violence caseworker contacts the

Immigrant Women's Domestic Violence Service and a Turkish family violence co-caseworker is assigned to Hatice. Hatice and the children are provided support and crisis counseling by their CALD family violence caseworker whilst they are in refuge. CASA is contacted and an appointment is arranged for Hatice to seek assistance from a sexual assault counselor. A referral for trauma counseling and other ongoing counseling to assist the family in their recovery is made to the local Victims of Crime Service by the family violence caseworker.

The family violence caseworker, CALD family violence worker and Hatice attend an education case conference at the local primary school to better integrate the children into the school.

Hatice decides she does not want to return to Ahmet or the family home because she does not believe that Ahmet will take any notice of the law. Ahmet has a criminal history and would not be intimidated by threats of incarceration. Hatice changes her mind about wanting the police to proceed with criminal charges, as she believes this will only escalate the situation. Hatice says, "he will be really angry if I go to court as a witness against him and he will never leave me alone". The officer in charge therefore initiates a case conference so that Hatice can be further supported and involved in decision-making on whether or not to continue with the case. The case conference includes Hatice's family violence case worker and a representative from the Immigrant Women's Domestic Violence Service and a police prosecutor. Hatice's lawyer may also attend the case conference but whether or not this is required would be determined on a case by case basis. The outcome of the case conference is that Police decide to proceed with criminal charges due to the nature of the offense and future risk to Hatice and her children's safety. On the date of the final hearing for the Intervention Order the IWDVS case worker attends court with Hatice. They meet with the intervention order court support service which provides legal advice, representation and advocacy for Hatice as required. At the hearing, having been satisfied Ahmet has been served by police with the complaint and interim Intervention Order, Hatice gives evidence with assistance of a court interpreter on oath to the Magistrate as to the nature of the violence. A final Intervention Order is granted in Ahmet's absence. Formal referrals to the Men's Referral

Service are provided to Ahmet and he will have the opportunity to attend a voluntary men's behaviour change program (either in Turkish or with the assistance of an interpreter).

After six weeks at the refuge, whilst the hearing for criminal charges is proceeding, Hatice and the children are placed in transitional housing awaiting a public housing placement. Pending outcome of trial, it may be possible for Hatice to remain in her own home. A case conference is called at six weeks to update and review Hatice's and the children's progress and future support goals and needs are identified. An application to vary the Intervention Order to exclude Ahmet can be made where there is a change of circumstances. Hatice provides feedback about her own progress. The decision regarding whether or not to transfer the coordination of Hatice and the children's case to another service is made at this meeting.

Scenario 4 - Community Service Response

Andrea makes an appointment with her GP to discuss her feelings of depression. She doesn't have any time to spend with her friends and family because of the amount of time and energy she spends ensuring her husband, Alex, and their two children have all they need. She and Alex seem to be arguing and fighting quite often. Alex usually verbally abuses Andrea, calling her names for 'nagging' and blaming her for things like the house not being tidy enough or spending too much money at the supermarket. Sometimes Alex grabs Andrea and pushes her around. This usually happens after the children have gone to bed.

Last night Alex hit Andrea across the face with an open hand. As always, though, Alex apologised, saying he didn't want to hurt Andrea but he was stressed at work and Andrea needed to let him relax when he got home after a hard day. He said that if he has to work all day to provide for them, then Andrea must make sure she keeps up her end of the bargain.

Alex came home from work early to drive Andrea to the GP clinic and came inside with her. Andrea told Alex he could wait for her in the car but he insisted in coming in to the GP's surgery. Andrea told her GP that she was finding it more and more difficult to focus on all of the things she

needed to do everyday. The house always seemed a mess and she wasn't able to do anything properly anymore. Alex suggested to the GP that maybe there were some pills Andrea might be able to take to make her feel better and get on top of her work.

Andrea's GP asked her how she came to get the bruise on her cheek. Andrea said that she walked into the side of an open cupboard. The GP checked Andrea's cheek and concluded it would heal soon. Upon further examination the GP said Andrea was healthy.

Andrea's GP said that he was concerned about her but wasn't really sure that pills would fix the problem. The GP asked some questions about Andrea and Alex's relationship and, after some discussion, told Andrea and Alex that maybe they need to talk to someone about what was happening in their relationship. He suggested that they should do this individually. Alex dismissed the idea, saying that they should speak to someone together. The GP, however, stressed the importance of seeking their own individual help and advice.

Instead of a description for medication, the GP gave Andrea the phone number to the Women's Information and Referral Exchange and he gave Alex, a Men's Referral Service brochure. The GP suggested they contact the organisations as soon as possible as they would be able to understand their situation and advise on the best course of action. The GP assured Andrea and Alex that the services were anonymous and confidential.

In the car on the way home Alex said he thought the consultation with the GP was a waste of time and that he wasn't going to go and talk to "some shrink". He suggested that Andrea needs to find another GP so she can get some medication.

Andrea thought about what the GP had said and contacted WIRE. During the conversation with a telephone counsellor she was able to speak openly and honestly about her experiences, her feelings and her fears. The WIRE worker assured Andrea that the violence and abuse were not her fault and that she was not responsible for what her husband did. She provided Andrea with information about intervention orders and the Women's Domestic Violence Crisis Service and discussed a safety plan. Andrea told the WIRE worker that she did not want any police

involvement right now but understood that police and the courts were available to prevent Alex from using violence towards her again.

Alex also started thinking about his situation and decided to call the Men's Referral Service. When speaking to a telephone counsellor, Alex eventually disclosed his use of violence and abuse. The telephone counsellor challenged Alex's beliefs about his wife being responsible for the violence. Alex eventually took responsibility for his use of violence and agreed with the telephone counsellor that he needed to do something about it.

Initially Alex was reluctant to get involved in a group, saying it wasn't for him and he wasn't like "all those other men." Ultimately he agreed to contact a men's behaviour change program in his area for an initial consultation and take it from there. The telephone counsellor gave Alex three telephone numbers of men's behaviour change programs and also spent some time speaking with Alex about immediate strategies to avert future acts of violence.

Alex contacted his local men's behaviour change program that afternoon. He attended his assessment interview two days later and commenced the program that evening. During the assessment the men's behaviour change program worker explained to Alex the need for the program to contact his partner to ensure her safety and that of their children and to offer Andrea her own support if required. Alex also understood that the process of behaviour change might be long and difficult and that it would not guarantee that it would save his marriage.

Alex found that the other fourteen men in the group discussed issues that were very similar to his own and began to understand the impact of his violence on his family, the need to be wholly responsible for his behaviour and ways to stop his use of violence.

The men's behaviour change program partner contact worker called Andrea while Alex was attending his first group session. The worker noted that Andrea was aware that the police could support her right to safety through an intervention order. Aside from offering other support groups and agencies to Andrea, the worker reinforced that Alex's involvement in the

behaviour change group did not guarantee that his violence would stop.

When contacted again by the partner contact worker towards the end of Alex's program, Andrea reported that Alex's aggression towards her and the children had abated and both she and Alex were feeling much more positive about themselves and their relationship.

GOVERNANCE ARRANGEMENTS

Leadership

The Committee proposes that responsibility for the implementation, monitoring and evaluation of the integrated system be placed within a single Government agency or department with the influence and authority necessary to ensure that all services adhere to their responsibilities.

In addition to the nomination of a lead agency, the following state-wide, regional and local governance arrangements will be developed.

Statewide Family Violence Advisory Committee

Based on an agreement between the Government and relevant non-Government Organisations, the implementation and continuous improvement of the Integrated Family Violence response in Victoria will be overseen by a Statewide Family Violence Advisory Committee. The Committee will be comprised of senior representatives of the Departments of Justice, Victorian Communities and Human Services and Victoria Police. It will also include nominated representatives from the Courts, relevant non-Government Organisations and the Chairs of the Regional Committees. The involvement of senior representatives of key Government Departments and Victoria Police will ensure that a whole-of-Government response to family violence is maintained. Participation by various key services will facilitate effective dialogue and partnership between Government and the community sector. Through their participation, the Chairs of the Regional Committees will help to ensure a consistent response across the State and the prompt and efficient resolution of issues arising at the regional level.

The role of the committee will be to:

- Oversee the establishment of the Regional Family Violence Committees;
- Ensure adherence to the integrated response and promote and continuously review quality practice approaches in program delivery;
- Promote linkages and develop necessary

relationships across programs/complementary systems;

- Ensure policy development across Government considers the impacts on family violence and the family violence system; and
- Monitor and evaluate the integrated response across the State to achieve consistent outcomes.

In order to assist the Statewide Family Violence Advisory Committee, a working group will be formed comprised of policy officers from the Departments of Victorian Communities, Human Services and Justice, Victoria Police and the key family violence service agencies. The working group will:

- Support implementation of the integrated response;
- Establish the Regional Family Violence Committees;
- Assist the Regional Family Violence Committees to develop their plans;
- Develop linkages across programs and complementary systems; and
- Monitor and report on implementation and outcome data.

Regional Family Violence Committees

In order to implement the Framework, Regional Family Violence Committees will be established across the State with responsibility for fostering integrated approaches within their region.

It is acknowledged that in many local areas family violence committees and local mechanisms are already functioning (such as Family and Family Violence Crisis Protection Framework Working Groups, or the Family Violence Prevention Networks). The proposed governance processes do not seek to replace these local initiatives but will provide an overarching coordinating mechanism to ensure consistency across the State to communicate key issues back to the Advisory Committee.

Current Networks and/or Working Groups may form the basis of the regional committees. Membership of Regional Family Violence

Committees should include, at a minimum, representatives from sectors outlined in the 'Key Partners' section on page 33 of this document but would expand to include other agencies and sectors as they become part of the integrated response over time.

Members of the Regional Committees will also have a reporting relationship to the Statewide Steering Committee through their internal implementation committees. However it is envisaged that integration will be driven from the local level.

Regional Family Violence Committees will provide a quarterly written report to the Statewide Steering Committee covering emerging trends, integration initiatives, and needs to be addressed at a state-wide level, for example through policy development and legislation changes.

It is imperative that there is representation from the culturally and linguistically diverse, Indigenous and disability sector on each of the Regional Coordination Committees. They may also choose to have representation from other sectors to reflect local needs (eg the sector serving people with disabilities).

Regional Coordinator and/or Lead Advocate

A full time regional coordinator and/or lead advocate will be based in each region to act as a key support for each Regional Committee as well as undertaking systems advocacy. Their role in the governance arrangements will be to assist in the establishment and on-going functions of the Committees, including maintaining linkages between participating agencies.

Ideally these will be two separate roles.

Local Family Violence Committees

The Regional Family Violence Committees will support the establishment of local family violence committees, where these have not already been established. Local family violence committees will include as many of the organisations and sectors involved in the provision of family violence services as possible, as well as representatives from Indigenous and CALD communities relevant to the local area. Any

response to Indigenous people at the local level must be developed in conjunction with the local family violence action groups.

The regional response will need to be adapted to local areas given the size and diversity of some regions. Therefore, the composition of the local committees will reflect the diverse requirements and needs of each local area. The local committees will refer to the regional committees on policy and other related issues affecting integration.

Internal Agency Implementation Committees

Each agency and peak body representative will establish processes within their own organisations that support the implementation of this Framework. The processes established must be able to overcome organisational structural barriers and address from a strategic perspective any policy or practice issues that prohibit effective implementation of the Framework. Regional Coordination committee representatives must be aware of the structure established for individual key agencies. This Internal Committee will act to address issues that require a statewide policy or service delivery focus (such as specific operational policing issues arising in several local areas that require clarification or modification on a statewide level).

MONITORING AND EVALUATION

Evaluation and ongoing review will be a critical component of the reforms to ensure effective ongoing rollout. System wide evaluation will be critical to assess the impact of its different components as well as the effectiveness of the response overall.

The evaluation will be informed by the key outcomes sought in an integrated family violence system in Victoria, in particular:

- Increased safety for women and children;
- Consistent responses to all parties involved in family violence;
- Improved accountability for those who use violence through the provision of a comprehensive justice and service system response;
- Responses which recognise and encourage women's right to have control over their lives and future;
- Responses which recognise and ensure children have their needs addressed independently of their parents in situations of family violence; and
- A shift in community attitudes which support a clear understanding that family violence is not acceptable.

Key dimensions of the evaluation and monitoring strategy will include:

- The impact of the project against a defined set of Performance Indicators;
- The impact on client outcomes and service uptake (including the change in demand profile and intensity); and
- Evidence of effective partnerships being established across relevant sectors.

Performance Indicators utilised will include:

- Decrease in re-notifications to the police;
- Decrease in re-appearances at court;
- Decrease in re-notification for child protection;
- Decrease in rate of withdrawal of applications for an Intervention Order; and
- Increase in victim satisfaction.

Evaluation of the service system will involve analysis of improvements in service co-ordination as well as in the operation and effectiveness of the service network that will be established in each project area.

Measures will include:

- Evidence of relevant services working together - including joint service provision, planning and training, as well as the development and application of protocols;
- Evidence of Indigenous and non-Indigenous services working together;
- Capacity to work with complex clients who also receive support from alcohol and drugs, mental health services; and
- Access to services by child protection clients.

A combination of approaches will be used to ensure a process of continuous learning and improvement. Women and children who experience family violence will be key informants to the evaluation approach, in recognition of the central focus on women and children's safety, and the importance of combining individual and systemic advocacy for lasting change. The evaluation framework will accommodate variable conditions at the local area level and will focus on both the process of implementation and the outcomes achieved.

The work will be conducted by an independent group and informed by the broader evaluation of the *Women's Safety Strategy*. It will also link to the evaluation of other initiatives such as the Family Violence Division of the Magistrates Court, and the Police Code of Practice.

NEXT STEPS

Next steps include the following phases, some of which may occur concurrently:

Phase 1 - Implementation Plan

- Establishment of a project implementation team
- Development of draft implementation plan - including critical milestones and timelines and individual agency responsibilities
- Development of monitoring and evaluation framework
- Consultation with key stakeholders

Phase 2 - Governance Structure

- Establishment of Statewide Family Violence Advisory Committee
- Establishment of Regional and local Governance Committees
- Establishment of Regional Coordinator and/or Lead Advocate role

Phase 3 - Development of Tools, Mechanisms and Processes

- Development of statewide Memoranda of Understanding
- Development and implementation of new or enhanced key components of the model (common risk assessment, 24hr response, intensive case management, case coordination, linkages to responses to children and linkages to the criminal justice system, legal services and men's programs)
- Development of statewide Codes of Practice by peak bodies
- Development and implementation of individual agency codes of practice and standardised practices
- Development and implementation of regional and local protocols
- Development and implementation of data collection standards and processes
- Development and implementation of a longitudinal tracking process
- Workforce development strategy for specialist and generalist sectors

Phase 4 - Integration in Practice

- Monitoring and evaluating the system response
- Monitoring the longitudinal tracking process
- Analysis of system capacity for data collection and recording and trend analysis
- Monitoring barriers to reform (i.e. privacy/information sharing)
- Continuous change process to align system to the Key Aims (page 26)

Appendix One: Summary of Proposed Practice Changes in the Integrated Family Violence System

Sector	Role	Current Response	New System
Police	<ul style="list-style-type: none"> • Provide safety and support to those involved • Investigate and identify criminal offences • Present men who use violence before the court • Assist in minimising family violence in the community. 	<p>The current system largely relies on women to carry the responsibility of ensuring accountability through the justice system</p>	<ul style="list-style-type: none"> • Police will follow the step-by-step processes outlined in the Police Options Model detailed in the Code. • Police will respond to the needs of children individually. • Police will investigate all breaches of an intervention order and a police supervisor will decide whether there is sufficient evidence to warrant prosecution. • Supervisors will be more accountable in ensuring police under their supervision take the most appropriate action. • Eleven full-time family violence advisors will be placed in regions across Victoria. • In certain situations, a case conferencing process will be followed to allow cases to be reviewed. • Formal risk assessment process • Prosecution policy - strengthened evidence collection processes by police to ensure prosecution does not rely solely upon a victim's statement.
All Magistrates Courts		<ul style="list-style-type: none"> • Parties attend court seeking assistance their own volition, referred by agencies, and police send many people to the court to make their own applications. • many people are not referred to other helping agencies • Parties often make numerous applications for an IVO, but do not continue on the next date, are not supported in their decision or revoke orders under pressure and expectation the behaviour will stop. 	<ul style="list-style-type: none"> • Further development and comprehensive training of the Family Violence and Stalking Protocols which provide information for Registrars, Magistrates and external agencies in relation to Court procedures. <p>Legislative Changes</p> <ul style="list-style-type: none"> • A requirement for new facts and circumstances for a defendant's application for revocation or variation of an family violence intervention order; • In addition to oral evidence in court, the option

Sector	Role	Current Response	New System
		<ul style="list-style-type: none"> • Many repeat attendance at court. • Women may be put off applying for an IVO due to response from some members of untrained court personnel (all levels). • In 2002 court introduced position of supervising magistrate and has established and implemented FV Protocols to support consistent response across the State. Training to and monitoring of protocols requires further development. <p>Current Legislation</p> <ul style="list-style-type: none"> • The court is not required to hear evidence from the Aggrieved Family Member at an interim intervention order hearing where the complaint has been made by someone other than that person, such as the police; • In the past vexatious respondents could persistently seek a revocation of an intervention order; • There is currently no legislative provision to allow the AFM or another party to give evidence to support the application by affidavit; • The proper venue for an intervention order application; was dependent only on where the violence was alleged to have occurred or residence of the defendant the proper venue for an IVO application was not identified in the C(FV) Act and was considered to be governed by where alleged violence occurred or residence of defendant; • In the past, only a child who was an aggrieved family member could have their identity protected. The new provisions also protect children who are defendants or witnesses in another case; 	<p>of evidence by affidavit for family violence intervention orders;</p> <ul style="list-style-type: none"> • The capacity to hear intervention order applications at a venue of the Magistrates' Court that is closest to the residence of the person who has allegedly experienced family violence, rather than the residence of the person who has allegedly used family violence; • The capacity for an interim intervention order to be heard at any venue of the Magistrates' Court; • A requirement that children not be present or called as a witness, unless they are a defendant or are ordered by the court; • A requirement that children (other than those seeking to become a party to proceedings) not give evidence by affidavit, unless the court makes an order for them to do so; and • The inclusion of children who are parties or witnesses to proceedings among those for whom there is restriction on reports of proceedings; • New grounds for intervention orders for children. - hearing or witnessing family violence. • Intervention orders for children of the court's own motion; • Where the court makes an order it is required to also determine whether there are any family law orders in force in respect of the child's residence or contact with the defendant. The court already has the power under section 68T of the <i>Family Law Act 1975</i> to vary, discharge or suspend any such family law orders.

Sector	Role	Current Response	New System
		<ul style="list-style-type: none"> • Prior to the these changes- there was no legislative clarity that seeing or hearing violence for a child not the direct subject of the behaviour was grounds for the making of an intervention order; • Before the new provisions, an application for an intervention order would have to be brought by the child or on the child's behalf 	
Family Violence Courts	<p>The aim of the Division is to simplify access to the justice system by the applicant and respondent. There will be greater focus on enhancing the rights of children in relation to family violence; making people using violence accountable for their behaviour; and placing greater focus on the principles of procedural justice in relation to family violence.</p>	<p>While some magistrates courts have developed specialist lists for FV related matters supported by the attendance of support services and police prosecutors, there has been no formal education and training underpinning the FV lists and assignment of magistrates and staff to these lists can be ad hoc. Support agencies have varying degrees of funding, capacity and connection to court staff as there are many rotations of staff.</p>	<p>This is a brief description of the new Family Violence Courts. More information will be provided as the model is implemented.</p> <ul style="list-style-type: none"> • Early access for parties to advocacy and FV services, coordination, accountability and monitoring of community partners linked to coordination and case management of all FV related cases before the court. • Specific processes within specialist Court listing – supervision, recruitment and professional development practices • Technological enhancement • Monitoring of court process and practices to ensure appropriate responses to diversity • Increased recognition of rights and ensure safety of children • Fast tracking court directed programs • Under the project the court may direct men who are subject to intervention orders, to attend men's behaviour change counselling programs. Support services will also be provided to partners and children

Sector	Role	Current Response	New System
Child Protection	<ul style="list-style-type: none"> • Receive notifications of child abuse • Provide advice about child abuse • Investigate notifications • Refer children and families to services that assist in providing the ongoing safety and wellbeing of children • Take matters before the Children's Court • Supervise children on legal orders • Work in partnership with the service system to build service capacity to meet the needs of vulnerable children, young people and families 	<ul style="list-style-type: none"> • The Government has most responsibility for protecting children from serious harm. • The statutory Child Protection service operates separately from other services. Services in the community are not always matched to families' more complex problems. Children are not a priority for other specialist adult services. • Cooperation occurs between children's and family services, but on an ad-hoc basis. • Child Protection responds to incidents of abuse and neglect. There is less focus on patterns of abuse and neglect over time. • Children at risk suffer from disrupted living and care arrangements, affecting their healthy development and learning. • The courts are formal and adversarial and the range of available orders is complex. The courts tend to focus on proving specific incidents. They have limited flexibility and few problem solving structures. 	<ul style="list-style-type: none"> • The Government is currently reviewing the Children and Young Persons Act 1989. Key directions for reform include:¹ • Everyone – families, communities, statutory services and community service organisations – contributes to children's wellbeing and safety. • Services engage with vulnerable children and families early and information is shared to improve child wellbeing and safety. All service interventions are informed by new knowledge on children's early development. (Innovations Projects currently underway in selected areas are trialling these new approaches.) • Organisations within a geographic area act together to provide a strong and cohesive system of services. Families are assisted through the system by working together. • Child Protection looks at all causes of harm, both over time and specific events. Responses will be more flexible, with more provided by local services. Child Protection will help community service organisations with more advice. • Reunification with birth parents remains a basic principle, but balanced against the need for a safe and stable environment, particularly in a child's early years. • Courts have more flexibility about how decisions are made. Court processes structures and orders to enable a focus on solving problems, developing consensus and a longer-term view on the best outcome for the child.

¹ Community Care Division, Victorian Government Department of Human Services (2004) *Protecting children: ten priorities for children's wellbeing and safety in Victoria, Technical Options Paper* Melbourne, Victoria, p. 16.

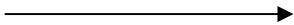
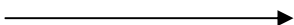
Sector	Role	Current Response	New System
Family Violence Services	Statewide <ul style="list-style-type: none"> • Provision of Statewide 24hr access point • Information and Coordination • Screening, Assessment, Placement and Referral • Interim crisis family violence supported accommodation (Trish's Place) • Co-case management, Statewide cultural resource • (Sexual Assault Services) • Indigenous Family Violence Services • Training • Men's Referral Services 	<u>24 hour response</u> <ul style="list-style-type: none"> • Statewide 24 hour telephone FV information <u>Support</u> <ul style="list-style-type: none"> • Telephone counselling and support • Limited co-case management & safety planning <u>Risk assessment</u> <ul style="list-style-type: none"> • Inconsistent safety and risk assessments <u>Statewide Referral System</u> <ul style="list-style-type: none"> • Limited maintenance of Statewide FV vacancy register • Secure communication point for women in high security accommodation • Primary screening, assessment and placement into or transfer within high security FV accommodation • Referral of women with high security needs to limited appropriate supported accommodation <u>Protocols with police</u> <ul style="list-style-type: none"> • Phone line and Fax-back protocols with Victoria Police – inconsistent usage <u>Secondary consultation</u> <ul style="list-style-type: none"> • Secondary consultation and information provision to service system 	<u>24 hour response</u> <ul style="list-style-type: none"> • A 24 hour response provided statewide <u>Area-based responses</u> <ul style="list-style-type: none"> • Linkages to range of assistance including women's and children's support programs and MBCP, as well as community services, and legal services <u>Common risk assessment</u> <ul style="list-style-type: none"> • Consistency in screening and assessment • Standardise access for FV services to transitional accommodation and support across the state <u>Continuum of care</u> <ul style="list-style-type: none"> • A focus of area-based responses should provide for a continuum of care with flexible levels of support according to need, and the ability to engage a range of relevant support and accommodation option • A continuum of care should be made possible through WDVCS and area-based responses? <u>Accountability</u> <ul style="list-style-type: none"> • Greater accountability and transparency to optimise client access to accommodation • Protocols with other agencies that respond to family/domestic violence (police, courts, etc) • Development of Code of Practice for DV services <u>Support</u> <ul style="list-style-type: none"> • Case management & safety planning

Sector	Role	Current Response	New System
		<p><u>Men</u></p> <ul style="list-style-type: none"> Limited service to men – both quantity responded to and the hours of service 	<p><u>Flexibility</u></p> <ul style="list-style-type: none"> Ensuring more flexible services for women with diverse needs (CALD, Disability) Increased capacity of the mainstream service system to respond to Indigenous Family Violence <p><u>Systems change & advocacy</u></p> <ul style="list-style-type: none"> Strengthened capacity for advocacy and critical systems analysis through case coordination and intensive case management roles <p><u>Men</u></p> <ul style="list-style-type: none"> Revision being undertaken of practice standards for men’s behaviour change programs 24hr referral capacity for men Provision of crisis accommodation for men
	<p>Local & Regional</p> <ul style="list-style-type: none"> ❑ Crisis support & accommodation ❑ Ongoing case management & safety planning ❑ Provision of accommodation <ul style="list-style-type: none"> on-site crisis accommodation CAP accommodation transitional housing 	<p><u>24 hour response</u></p> <ul style="list-style-type: none"> Limited capacity to provide after hours response outside an ‘on-call’ system for on-site accommodation <p><u>Support & safety planning</u></p> <ul style="list-style-type: none"> Risk assessment Case-management & safety planning Limited capacity to provide a continuum over length of time women & children need <p><u>Flexibility</u></p>	<p><u>24 hour response</u></p> <ul style="list-style-type: none"> Capacity to respond to women at all hours when they need response <p><u>Support & safety planning</u></p> <ul style="list-style-type: none"> Client focused (not target focused) support Risk assessment & ongoing safety planning Case management Flexible response <p><u>Flexibility</u></p> <ul style="list-style-type: none"> Services that can meet needs of women with

Sector	Role	Current Response	New System
		<ul style="list-style-type: none"> • Limited capacity to provide flexibility needed – due to: <ul style="list-style-type: none"> – building structure – support requirements <p><u>Accommodation</u></p> <ul style="list-style-type: none"> • on-site crisis (refuge- dispersed, communal) • Halfway houses – used for range of purposes to increase flexible responses • Transitional housing • Pilot Private rental brokerage program • Assistance into other housing options – including public housing 	<p>complex needs – incl. disabilities, cultural diversity, indigenous women, etc</p> <ul style="list-style-type: none"> • Improved linkages with drug & alcohol services & mental health re specific needs for women exp. DV • Improved linkages with other community services including legal services <p><u>Accommodation</u></p> <ul style="list-style-type: none"> • on-site crisis (refuge- dispersed, communal) • Halfway houses – used for range of purposes to increase flexible responses • Transitional housing • Private rental brokerage program • Assistance into other housing options – including public housing <p><u>Consistent and transparent practice</u></p> <ul style="list-style-type: none"> • Implementation of code of Practice for DV services <p><u>Protocols</u></p> <ul style="list-style-type: none"> • At local level with police, courts, etc <p><u>Systems change & advocacy</u></p> <ul style="list-style-type: none"> • Regional coordinator/Lead advocate for women inter-connected with governance structures of integrated system from local level to statewide level (i.e. to identify barriers and to bring about systems change)
Community Services	Community Services (including health) Men’s Behaviour Change Programs Women’s and Children Support Programs Indigenous Family Violence	<p>Community Services</p> <ul style="list-style-type: none"> • ad hoc and inconsistent practice • no common risk assessment • ad hoc and inconsistent availability of services 	<p>Legal Services</p> <ul style="list-style-type: none"> • Development of protocols for undertaking family violence legal work and referral. • Providing legal advice, representation and advocacy to women experiencing violence on issues relating to relationship breakdown

Sector	Role	Current Response	New System
	Community Legal Services		<ul style="list-style-type: none"> • Providing legal advice, representation and advocacy for women and children through the I/O process. <p>Community Services</p> <ul style="list-style-type: none"> • Common risk assessment process • Improved and consistent data collection • Information sharing? • Development of protocols and referral pathways into the integrated system <p>Women and Children</p> <ul style="list-style-type: none"> • Consistent availability of counselling and support services across the state • Practice standards being developed <p>Indigenous Family Violence</p> <ul style="list-style-type: none"> • Healing Centres

Appendix Two: Critical Intersections between Key Agencies in the Proposed Family Violence System

AGENCY INITIATING REFERRAL					
	<u>POLICE</u>	<u>COURTS</u>	<u>CHILD PROTECTION</u>	<u>FAMILY VIOLENCE SERVICES</u>	<u>OTHER COMMUNITY BASED SERVICES</u>
Response required by					
POLICE 		<ul style="list-style-type: none"> • service of IO (summons, warrants) to be served as a matter of priority and in accordance with Vic Police Manual • Participate case conferencing initiated by the Courts • Police respond to court reports of breaches of eligibility assessment orders and counselling orders 	<ul style="list-style-type: none"> • adherence to Police /DHS Child Protection Protocols • joint investigation of physical or sexual abuse notifications • Participate case conferencing initiated by child protection 	<ul style="list-style-type: none"> • initiate action as per <i>Code of Practice</i> -civil /criminal /referral – (formal, informal and child-specific) • support re collection of possessions for AFM & children • info & support re. worker safety • case status info (<i>current issues re privacy</i>) • Participate case conferencing initiated by FV Services 	<ul style="list-style-type: none"> • initiate action as per <i>Code of Practice</i> -civil /criminal /referral • Participate case conferencing initiated by community Services
COURTS 	<ul style="list-style-type: none"> • after hours response • participation in case conferencing initiated by police • Police as complainants • Police prosecutors for summary offences (Magistrates' Court) and indictable offences (County Court) • Police respond to 		<ul style="list-style-type: none"> • Hear Protection Applications in the Children's Court brought by Child Protection • When hearing applications for Intervention Orders, consider the appropriateness of transferring cases from suburban magistrates courts to 	<ul style="list-style-type: none"> • adherence to Family Violence Court interagency protocols • adherence to Magistrates' Court Family Violence interagency protocols (statewide) • information sharing protocols between Court Liaison Service workers (in FV Courts) and external 	<ul style="list-style-type: none"> • formal linkages and referrals to the Court Liaison Service workers (in FV Courts) • Court Liaison Service referrals to community services • Participate case conferencing initiated by community Services

AGENCY INITIATING REFERRAL

	<u>POLICE</u>	<u>COURTS</u>	<u>CHILD PROTECTION</u>	<u>FAMILY VIOLENCE SERVICES</u>	<u>OTHER COMMUNITY BASED SERVICES</u>
	<p>reports of breaches of court orders (intervention orders, eligibility assessment orders, counselling orders)</p> <ul style="list-style-type: none"> Investigate the allegations as specified in the Code of Practice. 		<p>the Family Division of the Melbourne Children's Court</p> <ul style="list-style-type: none"> In rural magistrates courts, consider requests from Child Protection, where involved, to change jurisdiction from magistrates to Children's Court to ensure that the court is particularly child focused when hearing applications Consider the safety of children independently from those of adults in hearing applications for Intervention Orders Follow protocols between all Courts – Children's, Family and Magistrates Work with Child Protection to develop a new protocol for the pilot FV Court 	<p>services</p> <ul style="list-style-type: none"> Court Liaison Service referrals to family violence services, including services for applicants, child witnesses and defendants Participate case conferencing initiated by FV Services 	
<p>CHILD PROTECTION</p> <p>—————→</p>	<ul style="list-style-type: none"> Receive notifications of family violence related child abuse in accordance with the Children and Young Persons Act 	<ul style="list-style-type: none"> Receive notifications of family violence related child abuse Provide reports to the Family and Children's Courts 		<ul style="list-style-type: none"> Receive notifications of family violence related child abuse Investigate notifications using Victorian Risk 	<ul style="list-style-type: none"> Receive notifications of family violence related child abuse Investigate notifications using Victorian Risk

<u>AGENCY INITIATING REFERRAL</u>					
	<u>POLICE</u>	<u>COURTS</u>	<u>CHILD PROTECTION</u>	<u>FAMILY VIOLENCE SERVICES</u>	<u>OTHER COMMUNITY BASED SERVICES</u>
	<ul style="list-style-type: none"> • Joint investigations with police of physical or sexual abuse notifications, as per Police /Child Protection Protocol • 24 hour response • Investigate and intervene in family violence cases in accordance with risk assessment 			<p>Framework</p> <ul style="list-style-type: none"> • Intervene in accordance with the requirements of the Children and Young Persons Act • Hold case conferences to investigate concerns or to develop protective plans • Where appropriate, refer of children and family members to family violence and other appropriate services in accordance with risk assessment and case plan • Participate in case conferences initiated by FV Services 	<p>Framework</p> <ul style="list-style-type: none"> • Intervene in accordance with the requirements of the Children and Young Persons Act • Hold case conferences to investigate concerns or to develop protective plans • Where appropriate, refer of children and family members to family violence and other appropriate services in accordance with risk assessment and case plan • Participate in case conferences initiated by community Services
<p>FAMILY VIOLENCE SERVICES</p> <p>—————→</p>	<ul style="list-style-type: none"> • 24 hour telephone response • response to 24 hr call-out if required.. • response re safe accommodation needs • response to / case manage complex needs 	<ul style="list-style-type: none"> • adherence to Family Violence Protocols • information sharing protocols between Court liaison officers (in FV Courts) and external services • Participate case conferencing initiated by courts 	<ul style="list-style-type: none"> • formal linkages and protocols • Participate case conferencing initiated by child protection • risk and needs assessment • information, and case management response 		<ul style="list-style-type: none"> • information, and case management response • referral to appropriate level of case management/ case coordination response • Participate case conferencing initiated

AGENCY INITIATING REFERRAL

	<u>POLICE</u>	<u>COURTS</u>	<u>CHILD PROTECTION</u>	<u>FAMILY VIOLENCE SERVICES</u>	<u>OTHER COMMUNITY BASED SERVICES</u>
	<ul style="list-style-type: none"> • participation in case conferencing initiated by police 	<ul style="list-style-type: none"> • Court referral to appropriate agencies to address the family violence needs of applicants, defendants and child witnesses • Agency referral of women and children who have experienced family violence to Magistrates Court or Family Violence Court 	<ul style="list-style-type: none"> • referral to appropriate level of case management/ case coordination response • provision of support services for women and children who experience violence • access to men's behaviour change programs • participation in case planning if required 		<p>by community Services</p> <ul style="list-style-type: none"> • risk and needs assessment?? • information, and case management response • provision of support services for women and children who experience violence • access to men's behaviour change programs
<p>OTHER COMMUNITY BASED SERVICES – incl. legal</p> <p>→</p>	<ul style="list-style-type: none"> • responses for children who witness (where threshold is not met for CP) • provision of legal advice, representation and advocacy or referral for legal advice, representation and advocacy • participation in case conferencing initiated by police 	<ul style="list-style-type: none"> • Court referral to appropriate agencies to address the family violence needs of applicants, defendants and child witnesses • Provision of legal advice, representation and advocacy or referral for legal advice, representation and advocacy • Participate case conferencing initiated by courts 	<ul style="list-style-type: none"> • Referral and pathways to universal service system • Provision of legal advice, representation and advocacy or referral for legal advice, representation and advocacy • Participate case conferencing initiated by child protection 	<ul style="list-style-type: none"> • Provision of legal advice, representation and advocacy or referral for legal advice, representation and advocacy • Prioritised response to referrals, co-case management and information sharing • Participate case conferencing initiated by FV Services 	

AGENCY INITIATING REFERRAL

	<u>POLICE</u>	<u>COURTS</u>	<u>CHILD PROTECTION</u>	<u>FAMILY VIOLENCE SERVICES</u>	<u>OTHER COMMUNITY BASED SERVICES</u>
		<ul style="list-style-type: none">• Formal linkages and referrals to the court liaison workers			

Appendix Three: Membership of the Statewide Steering Committee to Reduce Family Violence

Fiona Sharkie, Office of Women's Policy
(since October 2003) (Co-Chair)

Leigh Gassner, Victoria Police (Co-Chair)

Danny Blay, No To Violence Male Family Violence
Prevention Association

Karen Hogan, Gatehouse, Royal Children's Hospital

Diana Orlando, Immigrant Women's
Domestic Violence Service

Rhonda Cumberland, Women's Domestic Violence
Crisis Service Victoria

Libby Eltringham, Domestic Violence & Incest
Resource Centre

Anne Goldsbrough, Magistrates' Court of Victoria

Pam Matthews, Family Violence Networker

Fiona McCormack, Domestic Violence Victoria

Joanna Fletcher, Federation of Community
Legal Centres

Lyn Walker, Mental Health and Wellbeing Unit,
Victorian Health Promotion Foundation

Rose Solomon, Elizabeth Hoffman House

Carolyn Worth, South Eastern Centre Against
Sexual Assault

Philip O'Meara, Victorian Community Council
Against Violence

Chris Asquini, Office for Children, Department
of Human Services

Jane Bennett, Office of Housing, Department
of Human Services

Julie Alliston, Department of Education & Training

Daphne Yarram, Indigenous Family Violence
Task Force

Julia Griffith, Community Operations and Strategy,
Department of Justice

Colleen Pearce, Victim Services' Taskforce,
Department of Justice

Annie Woodger, Legal Policy, Department of Justice

Judge Jennifer Coate, President, Children's Court

Observer:

Judith Peirce, Victorian Law Reform Commission

Secretariat:

Victoria Police

Wendy Steendam, Tania Farha, Peter Benjamin

Office of Women's Policy
Rachael Green

Past Membership:

Penny Drysdale, Office of Women's Policy

Mary Amiridis, Victorian Community Council
Against Violence

Sue Hamilton, Office of Women's Policy

Dr Sevgi Kilic, Diversity Issues Unit,
Department of Justice

Rena De Francesco, Office of Women's Policy

Janelle Morgan, Victim Services' Taskforce

Patricia Thurgood, Office of Women's Policy

Billie Clarke, Victorian Women's Refuges
and Associated Domestic

Catherine Plunkett, Domestic Violence Victoria
(DWWic) Violence Services

Sandie Beswarick, Executive Officer,
Immigrant Women's

Angela Cannon, Legal Policy, Department of Justice
Domestic Violence Service

Alison Fraser, Office of Housing, Department
of Human Services

Liana Buchanan, Victorian Law Reform Commission

Kathryn Lamb, Community Care Division,
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