

## **SUBMISSION TO THE ROYAL COMMISSION FOR FAMILY VIOLENCE**

### **VICTORIAN CENTRES AGAINST SEXUAL ASSAULT FORUM**

#### **Introduction**

There are 15 Centres Against Sexual Assault (CASAs) in Victoria including the after-hours phone service the Victorian Sexual Assault Crisis Line (SACL). The first Government funded Sexual Assault Centre was established at the Queen Victoria Medical Centre in 1979 and later became the South Eastern Centre Against Sexual Assault. By the mid 1990's 15 CASAs were operating. There have always been different responses to family violence and sexual assault in Victoria. One of the marked differences from the beginning was that sexual assault was always a crime whilst family violence was not. Collaborative practice with Victoria Police and Department of Health and Human Services Child Protection was the norm for the sexual assault field.

CASAs are funded by the Victorian Government to provide a range of sexual assault support services and family violence 24 hour response and women's and children's counselling. One CASA also runs the local refuge and one the local domestic violence outreach service. As well as working with victim/survivors of family violence many of our clients have been sexually abused within a family violence relationship.

CASA services are provided free of charge to:

- Female and male children, young people and adult victim/survivors of sexual assault and family violence
- Their non-offending family members/carers and friends

The CASAs offer several counselling approaches including:

- Family therapy
- Individual counselling
- Group work
- Play therapy

CASAs also take part in and support research about sexual assault and family violence. This produces evidence-based learning which is included in the Standards of Practice, development of policies, programs and services and in our community development work and training and education.

CASAs advocate for reforms to the legal system, policing procedures and judicial matters which impinge on the rights of victim/survivors of sexual assault and family violence. They also take part in regional, state and national planning in areas that impact services for women, children and men.

The CASA Forum was established in 1992 and is the peak body of the Victorian CASAs. Its activities include providing input for the Government on

- Legislative reform
- Policy development
- Rights and needs of victims of sexual assault and family violence

The CASA Forum is a member of the national body for sexual assault services: the National Association of Services Against Sexual Assault (NASASV). Two representatives from the Forum attend meetings and telephone conferences. In addition, the Forum has representatives on a wide range of committees within Victoria.

CASA services include:

- 24 hour crisis care for victims of sexual assault and family violence
- Advocacy
- Counselling and support
- Information and referral
- Therapeutic Treatment Services for young people with sexually abusive behaviours
- Education and training
- State wide Workforce Development training program for the sexual assault field
- Advanced personal safety programs in primary schools
- Respectful relationship programs in secondary schools
- Research projects

This submission sets out the CASA Forum's views and responses to the questions in the Royal Commission into Family Violence Issues Paper (31 March 2015).

**1. Are there other goals the Royal Commission should consider?**

- To look at the effects of gender inequality as the underlying cause of family violence.
- To map gaps in the service system to make sure that the short-term response is efficient and effective
- To look at the issue of collaborative practice and how people's privacy can be protected as well as allowing information to be shared in the interests of safety
- Look at improving the research and evaluation in the field so there is an evidence base for practice.

**2. The Royal Commission wants to hear about the extent to which recent reforms and developments have improved responses to family violence, and where they need to be expanded or altered.**

The CASA Forum believes that the legislative changes and the service system reforms embodied in the Integrated Family Violence Reform Partnerships have significantly improved the situation in Victoria. This is evidenced by the increase in reporting and the greater collaboration between diverse groups of agencies in the various regions.

The Sexual Assault Law Reforms (2006) saw significant improvements to the responses people experienced when reporting sexual assault. These reforms brought about changes in the operation of the sexual assault system and made a huge difference to how services are delivered today. This included the Child Witness Program, specialist lists in the County Courts and remote facilities for giving evidence.

The creation of an integrated specialised approach involving the colocation of counsellors, Victoria Police (Sexual Offenses and Child abuse Investigation Team), Child Protection and Forensic services in a multidisciplinary centre (MDC) is an innovative and success collaborative partnership that improves service provision. The current MDC's could be a platform to include family violence and should be rolled out state wide.

There are a number of areas that require additional attention. These include

1. Prevention Work. There needs to be consistent, state wide message that is disseminated throughout all levels of the community including educational institutions (pre-school through to university), local councils, sporting bodies and workplaces. The CASA Forum would support the Our Watch 10 building blocks.
  - Develop a long term, bipartisan, whole of government and whole of community plan
  - Address structural and normative gender inequality as the key driver of men's violence against women, through an intersectional approach
  - Develop a monitoring, accountability and reporting framework
  - Establish strong governance and quality assurance mechanisms
  - Significantly increase and sustain funding to support the above, and to ensure good programs are systematised and upscaled
  - Ensure universal reach through inclusive and tailored approaches
  - Engage communities through established organisations and networks
  - Build a skilled prevention workforce, within existing sectors, and as specialists
  - Undertake an intersectional gender analysis of all government policy, legislative development and budgeting

- Support ongoing research and evaluation for knowledge building and innovation
2. An extension of the after hours crisis service to enable women and young people to access face-to-face options talks and assistance on a 24 hour basis.
  3. The need to roll out the CRAF training to more groups such as Emergency Departments, paramedics and front line services such as General Practitioners.
  4. The reforms have raised expectations but have not been adequately resourced to cope with the increased demand. For example family violence counselling for women, children and young people.
  5. Services for male victims of same sex relationships.
- 3. Which of the reforms to the family violence system introduced in the last ten years do you consider most effective? Why? How could they be improved?**

- Law Reform
- Victorian Police Code of Practice. The Code and its operation needs evaluating.
- CRAF. Needs to be rolled out to wider group of service people.
- RAMP. Needs to be rolled out across the state.
- Indigenous Family Violence Strategy and the Indigenous Family Violence Partnerships
- Regional Integrated Family Violence Partnerships. Require further strengthening and resourcing and needs to ensure that they are inclusive.
- Whole of Government response. This needs to continue and to be strengthened.

**4 and 5 If you or your organisation have been involved in programs, campaigns or initiatives about family violence for the general community, tell us what these involved and how they have been evaluated/If you or your organisation have been involved in observing or assessing programs, campaigns or initiatives of this kind, we are interested in your conclusions about their effectiveness in reducing and preventing family violence.**

1. Nine CASAs provide services to young people who have engaged in sexually abusive behaviours through the Sexually Abusive Treatment Services (SABTS), including young people who are directed into treatment through a Therapeutic Treatment Order (TTO). The majority of these young people have experienced family violence.
2. SECASA runs support groups for victim/survivors of family violence.
3. Mallee Sexual Assault Centre, Mildura runs the local women's refuge. Upper Murray Centre Centre Against Violence is an integration of sexual assault and family violence services.

**6. What circumstances, conditions, situations or events, within relationships, families, institutions and whole communities, are associated with the occurrence or persistence of family violence?**

The fundamental cause of family violence is gender inequality. This includes social attitudes and norms, definitions of masculinity that promote beliefs that men are inherently violent and stereotypes that portray women as weak and inferior.

Experience of physical and sexual abuse, neglect and other forms of relational/attachment trauma are also associated with the persistence of family violence.

There are a number of other contributing factors which include:-

- High growth areas with little infrastructure
- High levels of unemployment
- Increasing substance abuse and alcohol issues
- Pregnancy and the arrival of a new baby
- Natural disasters
- Communities under stress such as recently arrived people.

**7. What circumstances and conditions are associated with the reduced occurrence of family violence?**

1. We require society to have a zero tolerance approach to violence.
2. Education and employment opportunities for women and girls.
3. Child Protection services need to be further integrated into the service system and need to come from the same philosophical base.
4. Campaigns to deal with drug and alcohol abuse.
5. Focus on longer term prevention and better use of evidence-based data would contribute to a reduction in family violence.
6. Gender equity.

**8. Tell us about any gaps or deficiencies in current responses to family violence, including legal responses. Tell us about what improvements you would make to overcome these gaps and deficiencies, or otherwise improve current responses.**

- Prevention Work. There needs to be consistent, state wide message that is disseminated throughout all levels of the community including educational institutions (pre-school through to university), local councils, sporting bodies and workplaces. The CASA Forum would support the Our Watch 10 building blocks. Develop a long term, bipartisan, whole of government and whole of community plan.

- An extension of the after hours crisis service to enable women and young people to access face-to-face options talks and assistance on a 24 hour basis.
- The need to roll out the CRAF training to more groups such as Emergency Departments, paramedics and front line services such as General Practitioners.
- The reforms have raised expectations but have not been adequately resourced to cope with the increased demand. For example family violence counselling for women, children and young people.
- Services for male victims of same sex relationships.
- Services for young people 15-17 displaying sexually abusive behaviours
- Restorative justice programs
- Specialist counselling for children and young people who have experienced family violence

**9. Does insufficient integration and co-ordination between the various bodies who come into contact with people affected by family violence hinder the assessment of risk, or the effectiveness of (early intervention, crisis and ongoing) support provided, to people affected by family violence? If so, please provide examples.**

- The interface between DHHS – Child Protection and family violence services is hampered through the use of differing language, understanding, theoretical conceptualisations and ultimately interventions.
- Court inconsistencies
- The number of networks and partnerships contributes to poor coordination. There is a lack of communication between services which does not enhance best practice.
- Risk assessment using a trauma focussed developmental model should be used to direct service provision to children and young people and their carer's as well as to inform placement of young people in residential care and the subsequent staff to client ratios.
- The residential care system needs to be urgently reviewed including staffing models, training and supervision of staff and management structures.
- Lack of accessible services in rural and remote areas needs addressing.

**10. What practical changes might improve integration and co-ordination? What barriers to integration and co-ordination exist?**

Existing barriers to integration and coordination include:

- Rising demand for services
- Government 'silos' and competitive funding

- Lack of face-to-face relationships between organisations, government and community sector
- Collaborative practice issues relating to sharing of information for the safety of clients
- Lack of modern IT services and databases

The CASA Forum recommends the following practical changes to improve integration and co-ordination:

- Improved information-sharing across government departments
- Ensuring that family violence programs are funded for the longer term and not based on election cycles
- Advanced personal safety programs in primary schools across the State
- Respectful relationship programs in secondary schools across the State
- Incorporating no-cost CRAF training into hospitals and universities The need to roll out the CRAF training to more groups such as Emergency Departments, paramedics and front line services such as General Practitioners.
- A training strategy based on a trauma informed framework.

**14. To what extent do current processes encourage and support people to be accountable and change their behaviour? To what extent do they fail to do so? How do we ensure that behaviour change is lasting and sustainable?**

There have been changes brought about by current processes. There has been greater visibility and awareness of family violence at the community, national and international levels has had an impact.

- Reporting has increased. This has brought difficulties with service demand and responding.
- Legal. Breaches of intervention orders are not always enforced although there are penalties already in existence.
- Men's Behaviour Change group programs needs a review as there are issues around shortage of facilitators, lack of training, standards of practice needing review and inconsistency across programs.
- A gap is the lack of advanced personal safety programs in primary schools for children across the state.
- There is also a lack of counselling services for children that is trauma based and developmentally appropriate across the state.

**16. If you or your organisation have been involved in observing or assessing approaches to behaviour change, tell us about any Australian or international research which may assist the Royal Commission. In particular, what does research indicate about the relative effectiveness of early intervention in producing positive outcomes?**

- Making Rights Reality (MRR) was a pilot project at SECASA aimed to encourage the reporting of sexual assault by people with a cognitive impairment and/or communication difficulty. It is still running at SECASA. The project was formally evaluated. It would be useful to have a similar project to encourage reporting of family violence by this group of women.

**17. Are their specific cultural, social, economic, geographical or other factors in particular groups and communities in Victoria which tend to make family violence more likely to occur, or to exacerbate its effects? If so, what are they?**

Violence against women and their children affects all communities, regardless of age, culture, social and economic status. Some sub-population groups are at higher risk of either experiencing or perpetrating violence particularly recently arrived migrants and other disadvantage groups. Financial stress, homelessness, drug and alcohol problems, disengagement from school, family dysfunction and isolation are likely to exacerbate the impacts of family violence.

**18. What barriers prevent people in particular groups and communities in Victoria from engaging with or benefiting from family violence services? How can the family violence system be improved to reflect the diversity of people's experiences?**

- Age
- Gender
- Language
- Lack of family supports for many people including refugee and migrant families
- Housing and financial constraints
- Poor experience with DHHS, Police and judicial system either in Australia or overseas

**19. How can responses to family violence in these groups and communities be improved? What approaches have been shown to be most effective?**

Responses can be improved through the development of a co-ordinated, multi-layered approach to family violence and its prevention that is characterised by a trauma and developmentally informed framework including specific services to young men who are perpetrators of family violence.

- A more rigorous response from statutory services where family violence has been reported.
- More supports for victims of adolescent violence, and education for perpetrators.
- Culturally appropriate men's behaviour change programs not necessarily separate but as an intrinsic part of the general programs
- Greater access to services particularly in growth corridors and regional and remote communities
- Sharing information across services regarding both victims and perpetrators of family violence



- Up skilling the family violence workforce
- Streamlined referral processes
- Accessible information and advice in places where women are likely to access it such as – hairdressers, GPs, supermarkets, milk bars, chemists, Emergency Departments, maternal and child health.
- A wider range of accommodation including the option to move people out of the state

**20. Are there any other suggestions you would like to make to improve policies, programs and services which currently seek to carry out the goals set out above?**

- After hours responses to family violence attached to CASAs. There is already an after hours response which deals with trauma, options talks and risk assessments and safety plans for women and children. It is more efficient and cost effective to leverage off an existing service that is state wide. CASAs currently provide a broad range of services to victim/survivors of sexual assault and in some cases family violence both child and adult. We are also skilled at dealing with complex family situations and working collaboratively with the service system.

**21. The Royal Commission will be considering both short-term and longer-term responses to family violence. Tell us about changes which you think could produce the greatest impact in the short and long term.**

**Short-term strategies**

- Consistent responses from Child Protection, family violence services and the legal system.
- Increased funding.
- Informed information sharing to become a reality.
- Develop a culture where children and young people’s voices are heard in relation to family violence
- Better data collection systems and reporting to allow evaluation and research.

**Long-term strategy**

- Develop a treatment service program that is akin to the current SABTS model for young people who are violent.
- Develop a more sophisticated response to differing social and family circumstances to expand the approaches available such as family therapy and expand these services at CASAs.
- Increase public awareness campaigns with a range of approaches not necessarily mass media.
- Family violence counselling needs a peak body for counselling services and an agreed

standards of practice as seen with CEASE and the CASA Forum.

- Family violence counsellors should be tertiary qualified and meet credentialing requirements.

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