

Relationships Australia Victoria

– Response to the Royal Commission into Family Violence

May 2015

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Relationships Australia Victoria (RAV) welcomes the opportunity to provide input into the Royal Commission into Family Violence.

Our contribution to the submission process has included collaboration across metropolitan and rural Victoria on *inter alia* headspace, local Indigenous networks and agencies, as well as the No to Violence and Victorian Council of Social Service (VCOSS) peak body submissions. RAV's own response to the Royal Commission is detailed in the pages to follow.

Operational Context

RAV is a non-affiliated, community-based, not-for-profit organisation, operating from twelve Centres to provide high quality and comprehensive specialist family services.

As the leading provider of family and relationship support services in the state, we deliver a suite of programs to over 17,000 Victorian clients a year – including counselling, therapeutic case management, family violence, specialist group work and dispute resolution services.

Our services target all members of the community, regardless of religion, age, gender, sexual orientation, lifestyle choice, cultural background or economic circumstances. We respect the rights of all people to live life fully within their families and communities with dignity and safety, and to enjoy personal wellbeing and healthy relationships.

RAV's core expertise is in supporting individuals, families and communities affected by social and wellbeing issues such as family violence and child protection issues, mental health difficulties and high conflict family law disputes. An organisation dedicated to continuous improvement both internally and within the sector, RAV regularly partners with universities and peak bodies in conducting innovative program and sector relevant research.

Family Violence

RAV works collaboratively with local and peak body organisations to develop and deliver a spectrum of prevention, early intervention and tertiary intervention (support) programs with men, women, children and young people affected by family violence from a diverse range of communities.

RAV service delivery operates through lenses of risk assessment, trauma-informed practice, cultural sensitivity and gender equity.

Family violence is one of the most frequently encountered, complex issues that our clients present when attending our services. This would suggest from a family violence service-delivery perspective, that the prevalence and impact of family violence for our clients is greater than the data may indicate.

Notably:

- During the 2013-14 financial year, more than 2,000 female and over 1,500 male clients indicated that family violence was a significant presenting issue.

- RAV provided almost 7,500 sessions in which addressing family violence was a principal component of the work.

We work with women and children affected by family violence through a range of services, including:

- Men's Behaviour Change Programs (MBCP)
- Targeted women's support (counselling) programs
- Specialist family violence counselling
- Family therapy
- Parenting and child groups
- Women's support and recovery groups
- Children's groups
- Relationship education groups
- Family Dispute Resolution (FDR)
- The *Reclaim* (Royal Commission into Institutional Responses to Child Sexual Abuse) support service
- We also work closely with local and state crisis services to refer women and children who require emergency accommodation and services.

In instances where men are perpetrators of family violence, we work with them specifically through our MBCPs. In addition, the program includes a vital 'partner contact' component, which enables women to articulate their experiences, recognise family violence in their relationships, develop safety plans for themselves and their children, and become empowered to make their own decisions for their future (*McIvor and Markwick 2011*).

RAV is the largest provider of MBCPs in Victoria – with representation on key family violence networks across all regions, and direct practitioner engagement with Court Users' Meetings and Indigenous Family Violence Regional Action Groups across Victoria. Furthermore, Family Dispute Resolution and Child Inclusive Practice (incorporating comprehensive family violence risk assessments) are provided at a number of RAV Centres.¹

Our staff are also active in collaborative inter-agency programs, and contribute regularly to specific evaluations including the *High Risk Client Strategy Pilot 2008-2010 (2013)* – an evaluation of an integrated service response for women threatened by lethality from their partners or ex-partners.

However, while RAV remains well-positioned to address family violence within the community, a number of factors within the sector continue to significantly undermine what positive achievements are being made.

Due to immense demand our services currently exceed annual DHHS-contracted targets. Indeed, such is the demand for MBCPs at our centres that in early 2015 there were over 200 men on our waiting lists to undertake assessments and join a group. This situation is

¹ This service aims to promote parenting arrangements that are child-focused and aim to reduce children's exposure to parental conflict and family violence.

common amongst service providers in Victoria, where demand for places significantly exceeds the availability of the service.²

Furthermore, such client-driven pressure on service delivery is greatly exacerbated by current funding allocation in the sector. In an already under-funded sphere, any adjustment to funding contracts and parameters can, and does have significant consequences. Such was the case following the initial cessation of Federal Specialised Family Violence funding in 2014, which resulted in MBCP waiting lists across the sector being closed.

The consequent allocation of diverse funding streams to build targeted family violence programs (as evidenced in RAV's use of both state and federal funding) does however, allow for the provision of adaptive and integrated family violence services – echoing the understanding that family violence requires a multi-layered service modality to adequately address both prevention and intervention needs within the family (and community).

These and other factors that frame the current volatile FV sector see men who seek to address their behaviour unable to access MBCPs and other support services, and similarly lost opportunities to support those women and children who are living with the impact of family violence.

Socio-cultural family violence services

RAV continues to work alongside government, agencies and communities to recognise the needs of those affected by family violence. RAV is a founding member of the Victorian Culturally and Linguistically Diverse (CALD) Men's Reference Group, which alongside the grassroots delivery of specific Vietnamese and South Asian MBCPs provides the organisation a unique perspective from which to operate within the sector. This essential work saw RAV receive a Crime and Violence Prevention Award for our Vietnamese MBCP in 2012.

RAV will continue to support the development of culturally-specific MBCPs and to extend MBCPs delivery to other communities – as resources allow.

We have also collaborated with Aboriginal services and communities to provide '*Brutha's Day Out*' events in Gippsland, the Grampians, and South East and Western Victoria. This innovative program explores a wide range of topics of great importance to the men including respectful relationships, health and wellbeing, and care for country within a culturally safe space. *Brutha's Day Out* events work to prevent family violence and link Aboriginal families at risk of violence to appropriate support services and pathways.

An integrated whole of family approach to family violence

Integral to the efficacy of our Family Violence service delivery model, is the recognition that (early and secondary) intervention as well as prevention strategies *must* recognise and embrace an integrated, whole of family approach. This includes partners, children and extended relationships that extend and embed the behaviour – and its impacts – within the wider community and service delivery sector.

² In one of our service delivery regions there was a seven month delay for entry into the MBCP – highlighting what is an increasingly volatile operational environment for service providers.

In addition to the work noted above, our work includes:

- Parenting after Separation groups: With experience showing that many participants are affected by family violence, the groups provide an opportunity to prevent children being further affected by ongoing conflict and violence between their parents.
- RAV year to date data reveals that 2,380 children and young people have accessed our direct counselling services or youth-specific services including the *i-Connect* Family Mental Health Support Service and the *I like, like you* intimate relationship early intervention program.

Accordingly, we have drawn upon our direct service delivery experience across rural and metropolitan areas, evidence-based program development and leadership, and the voices of both practitioners and our clients throughout this response.

Question one

Are there other goals the Royal Commission should consider?

RAV acknowledges the strong remit assigned to the Royal Commission, as outlined in its Terms of Reference. Such scope will provide a comprehensive understanding of family violence, and its impact not only upon families and communities but also those service providers that seek to respond to its causes and impact.

However, four key points should be highlighted in its review activities, which will be further outlined in later questions:

- Responding to family violence should not be seen as a discrete set of activities or services. Rather, what is required is the provision of a **strongly integrated family violence service delivery ‘system’**. This cohesive system must incorporate government agencies and leadership, robust sector research and evaluation methodologies, service providers as well as communities across the spectrum from prevention to targeted primary, secondary and tertiary response.

Pivotal to this integrated approach are:

- Resilient **service access pathways** linking agencies and service providers across the sector
 - Development of strong and transparent protocols around **information and intelligence-sharing** regarding families experiencing family violence and the associated creation of secure data systems to support this work
 - Strong, **evidence-based governance and leadership** in the sector to support the creation and continued efficacy of these relationships and mechanisms. Such leadership should also embed robust bottom-up and top-down engagement strategies to ensure continued reflection of all stakeholders (not the least of which the clients themselves) and sector best practice.
- Recognition of the specific needs of families living in **marginalised communities**, such as:
 - Rural communities
 - Economically disadvantaged
 - Socially and culturally isolated.
 - Meeting the needs of **high risk groups/ communities**, including those:
 - with disabilities
 - from CALD backgrounds or communities
 - from Aboriginal and Torres Strait Islander communities
 - who are elderly
 - who are LGBTI
 - who experience mental health issues
 - with children.

- Innovative and responsive **family violence funding models** are pivotal to realising an effective family violence strategy. The cost modelling project recently undertaken by No To Violence (2015) indicated for example, that different funding models are required for specific groups, such as those in rural areas (where MBCPs are historically more costly to run than in metropolitan areas) or for clients presenting with complex needs (mental health, disability or language/ socio-cultural needs can require complex case management approaches and greater inter-agency collaboration).

Question two

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.

Recent reforms have improved the way in which service providers are able to work collaboratively to respond to family violence, including the clarification of referral pathways from Victoria Police to specialist services for men, women and children.

However, a number of embedded assumptions and approaches to family violence services persist:

- There remains a false dichotomy in the perception of some service providers arising from the categorisation of discrete ‘Men’s services’ and ‘Women’s and Children’s services’. Rather, a **whole of family approach** is required – with all services and strategies aligned beneath the recognised ethos of ending family violence, and addressing its impacts upon women and children.
- There is a lack of clarity between government departments and levels of government regarding **governance and leadership**. For example, there persists an assumption that changing men’s behaviour is a state, and not a whole of government responsibility.

This is contradictory to the rhetoric that all levels of government are taking responsibility – and therefore have a valid contribution to make in recognising and addressing family violence across communities and the country as a whole. This clarity is further diluted by the assumption noted above that family violence responses should remain in isolation – rather than adopting a whole of family, integrated and innovative approach to both cause(s) and impacts.

- The lack of **clear funding models** for family violence across the sector erodes what progress is made at both the grassroots and governance levels. For example, the cessation of Federal Specialised Family Violence funding in 2014, and its recent reinstatement for a shorter funding period has caused enormous disruption to service delivery. In what is an already compromised service environment (due to limited

resourcing and increasing demand), such actions have direct and tangible consequences for those in need of support.

Most damaging was the delay in service response for those experiencing family violence, as funding disruption saw waitlists increase dramatically and programs stripped back to manage tighter delivery parameters and decreased resourcing. It is fortunate that the Federal Government responded to feedback and reinstated the funding. However similar action in the future may be prevented if as noted above, a strong and informed leadership role is adopted by government (and across state-federal government departments). An Inter-Departmental Committee is sorely needed to ensure a truly coordinated approach to Family Violence.

- There is an inherent lack of clarity regarding **accountability for those who perpetrate family violence** – primarily for those men who are/ have been in intimate relationships with the women against whom they perpetrate the violence.

While the courts, DHHS and legal practitioners frequently request attendance and participation reports for men who attend RAV MBCPs, this information is often an inadequate indication of whether the man has made significant changes in both his attitude and behaviour toward his partner and children, and can therefore be deemed as having fulfilled his court ordered service (for example) or requires further tailored support.

Rather, clearer guidelines and systems must be established to demonstrate *what constitutes adequate change* by the perpetrator and *who is responsible for assessing this change*, to enable the safety of the victims of the violence.

- Furthermore, **standardised and recognised Assessment Tools** for determining whether sufficient (behaviour) change has taken place, in particular for a man to have contact, supervised contact or no contact with his partner and children, is urgently required.

Such an assessment needs to be made or mandated by the service that is monitoring the man's change – that is the court or DHHS. Reunification of families requires greater consideration against the safety of all family members, and such evaluation mechanisms are integral to the process. Careful consideration of the *New Zealand Guardianship Amendment Act (1995)* is warranted, which introduced the presumption against unsupervised child contact with a non-residential parent who had been violent, unless such contact could be shown to be safe (*Perry, 2006*).

In addition, further consideration regarding when imprisonment of family violence perpetrators occurs is warranted.

- More robust evaluation and assessment tools will also support the provision of **aligned specialist services under a case management model of service delivery** – which would see MBCPs operate alongside respondent programs at Court, as well

as counselling, drug and alcohol services, and pathways for men to seek ongoing support following the completion of an MBCP. Men's Behaviour Change Programs have been shown to be far more effectively when these elements are in place, as discussed further in this response.

- Legislative changes are also required to enable effective **information sharing between agencies**, in order to prevent clients from slipping through 'the cracks' in the service system. Not only is this pivotal to ensuring that perpetrators of violence are provided a seamless support network that fully recognises and addresses the inter-related nature of causal factors, but also to prevent women and children being placed at risk of further harm from those perpetrators who may be linked to one or more services, but not fully accountable to any.
- Moreover, **State and Federal Acts are, at times, at odds with each other in relation to information sharing** for clients attending family violence services. Currently where there is *serious imminent risk*, the practice of information sharing between services is clear. However, the presence of family violence does not always coincide with serious imminent risk. This is particularly common when a client has been referred to, or presents for a service other than family violence, with the risk of a failure to escalate concerns while the client attends the service. This is particularly difficult when service providers have access to information that is protected under the *Family Law Act 1975* and cannot be disclosed to other services.
- Such ambiguity is further heightened by the **wording of Family Violence Intervention Orders**, with service providers having difficulty interpreting clauses and an uncertainty existing around how to provide services such as Family Dispute Resolution against a background of family violence.

Question three

Which of the reforms to the family violence system introduced in the last 10 years do you consider to be the most effective? Why? How could they be improved?

- One of the most effective reforms in the last 10 years was the release of **funding for emergency accommodation for men who are using family violence**. Such funding was instrumental for programs allowing the separation of the perpetrator and victim(s) – without women and children having to leave the familial home.

It is often crucial that women and children are able to safely remain in the family home without the burdens of dislocation adding to financial and social disadvantage. The operationalisation of this funding has, however been inconsistent across Victoria and is more difficult to manage in rural or isolated areas where inadequate alternate accommodation options for men (and women) exist.

In situations where women and children need to leave the family home, accessible and affordable emergency accommodation is vitally important for women and children to prevent homelessness occurring, or further economic strain being placed on the family. Services that are established and doing effective work in this area need to have certainty of sustained funding

- Positive changes with regard to **Victoria Police operations** have included **dedicated family violence staff**, and the requirement for all police to provide **information** regarding a family violence incident directly to specialist service providers.

Feedback from our clients has however shown us that women who report a family violence incident to police still cannot expect a consistent response from police personnel – with many experiencing minimisation from police. Staff changes, the varying importance of family violence (roles and attitudes) at police stations, and inconsistent staff training may explain some of this inconsistency in approach. Again strong inter-agency governance and leadership should address these inconsistencies, with clearly articulated guidelines and sufficient resource allocation.

A dearth of dedicated police resourcing to respond effectively to family violence can undermine what positive developments are made elsewhere in the sector – in particular considering the pivotal role the police serve in immediate response. Any loss of confidence will see a decrease in family violence reporting – and undermine subsequent perpetrator and victim support strategies.

- The rollout of the **Risk Assessment Management Panels (RAMPS)** in all regions is welcomed. Some clarification is required, however as to how ‘escalated risk of lethality’ is identified, at times a separate issue to recidivism of the perpetrator of violence, and how the MBCP input to the RAMPS.

Question four

If you or your organisation have been involved in programs, campaigns or initiatives about family violence for the general community, tell us what they are and how they have been evaluated.

RAV facilitates MBCPs, partner contact work, women’s counselling and group work, as well as a range of counselling and support services for men, women and children and for the general community.

- RAV provides **Men’s Behaviour Change Programs** from five of its service centres. RAV’s MBCPs are underpinned by the principles and standards of No To Violence (NTV), Department of Health and Human Services (DHHS) service standards, *Men Who Use Violent and Controlling Behaviours: A framework for comprehensive assessment in MBCPs, A Victorian Government Initiative, Common Risk*

Assessment Framework, and a suite of RAV Policies and Procedures – as outlined by the (internal) specialist RAV Family Violence Manual.

MBCP provide men with access to a minimum of 24 contact hours of group work, spread over a minimum of 12 sessions and spaced no more than fortnightly. Contact hours do not include time spent on initial assessment or follow-up processes.

Groups focus on *violence* and *control* as primary themes. Cessation of violent and controlling behaviour is prioritized over other potential outcomes, such as personal development. Men are invited to take responsibility for their violent and controlling behaviour in a respectful and safe environment. Men are encouraged to talk about and reflect on the impacts of their violence and are provided with information about the effects of violence on women and children. The voices of women and children are highlighted in every group session.

RAV has a longstanding relationship with NTV, and one of its Senior Managers is a current Board Member. As such, RAV and RAV MBCP facilitators have an in depth knowledge and understanding of the requirements in delivering this work. All MBCP clients are provided the opportunity to evaluate the program through dedicated evaluation forms provided at group closure, which assess both program efficacy and outcomes for the men themselves – and their families.

We also undertake an annual, four-week evaluation period for all our services – which in 2013, 2014 and 2015 consistently revealed a client satisfaction rate of 95%. Moreover, RAV family violence programs underwent a recent DHHS audit and have achieved accreditation against both the Department of Health and Human Services Standards and the internationally recognised ISO 9001:2008 Standard (governing the organisation's Quality Management System).

- **RAV has been involved in family violence prevention and education in schools through our 'I like, like you' program (ILLY).** This program has been delivered in 12 secondary schools across Victoria with strong positive reviews from school staff and students. Intensive evaluation on ILLY is currently being undertaken. ILLY is now being broadened to be offered in primary schools, within headspace centres, for Aboriginal and Torres Strait Islander children and young people, for students with disability, adults with disability and for students living in out of home care.
- **RAV has also been involved in family violence prevention programs for new parents in early childhood services for the last decade.** These programs engage with fathers at an early stage of their children's lives focusing on violence prevention and building relationships between parents and children.

'Fathers Using Networks for Kids' (FUN for Kids), was evaluated by Australian Institute of Family Studies with a grant from the Ian Potter Foundation. The evaluation found that the program was successful in assisting dads to improve their confidence in their parenting capacity, parenting skills and knowledge, both

immediately after program completion and in the 3-4 months thereafter (*Australian Institute of Family Studies, 2008*).

- RAV is furthering its early intervention and prevention work in our ‘Early Matters’ program in the Ballarat and Sunshine areas. These **integrated whole of family programs work with early childhood services and primary schools** to promote and strengthen family relationships and to prevent family violence occurring.
- Against this backdrop of **innovative, integrated service development – which recognises the multi-faceted dimensions to family violence within the family and community**, and seeks to embrace multiple stakeholders in prevention (including individuals, families and communities, schools, other agencies and government) – there remains a lack of cohesion to much of the sector.

In addition to the leadership and integrated service strategies noted above (including information sharing and coordinated case management), sector-wide training is sorely needed to provide a foundation to this burgeoning service delivery. For example, while the **Common Risk Assessment Training** has been rolled out in Victoria over the past seven years, this implementation has unfortunately been inconsistent in its approach – particularly for new workers or staff in universal services or in the general community. A continuation of this training is required and a broadening to include universal services and specifically services that work with children and young people, including training regarding developmentally appropriate safety interventions.

Question five

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.

RAV staff has been involved in the development, provision and evaluation of a **High Risk Client Strategy Pilot 2008-2010** (2013). This evaluation involved Victoria Police, State Government of Victoria, and key organisations in the Western region providing specialist Family Violence women’s and men’s services. RAV was involved as one of the key providers of MBCPs in the region. Much can be said about the success of this model and the full findings warrant reading, however a brief summary is provided below.

The model involved a “rapid co-ordinated multi-agency and integrated response to assess and manage the immediate safety and welfare needs of women identified at high risk of lethality or serious harm because of extreme family violence in their lives” (*High Risk Client Strategy Pilot 2008-2010, p4*). The term “high risk” in this context is used to denote situations of extreme risk where lethality or severe harm is likely to occur unless a timely coordinated response occurs.

With this model (which continues to operate), the woman who is at extreme risk attends an Integrated Coordination and Response Conference (ICRC) with relevant service providers. Where RAV was involved in this model, the women reported to RAV staff that they felt empowered, heard and had solid safety strategies in place, and were confident to call the Police as all parties understood and agreed to the necessary strategies to keep the woman safe.

Notably, the evaluation involved interviews with those experiencing family violence (women who had been involved in the pilot and gave their consent to be involved), as well as the managers and staff of the organisations involved in the client 'journey'. This personalised model of service care provided a valuable insight into client need and the shaping of responses to meet those needs. Furthermore, as the ICRC is called when a woman who was potentially at high risk was identified, there were limited delays experienced in mapping suitable response(s) (as would result from scheduled dates for a case conference).

The strategy was found to be an effective response strategy for a particularly pressing service gap – as there was nothing available at the time for women at high risk. The most significant testament to this strategy's success was that all of the women involved in the pilot study continued to live and to live more safely despite their risk categorisation.

Question six

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

The findings derived from RAV family violence programs echo's those identified in the **Common Risk Assessment Framework** regarding women at high risk of violence.

The following circumstances were found to be causal variables in family violence:

- Regional and rural isolation
- Lack of (social, cultural, community) support networks
- familial or cultural shame
- Age
- Culture
- Disability.

Of note, a number of specific challenges exist for **rural communities** that have come to the attention of RAV programs operating in these areas.

- Services in rural areas are fewer in number, with access further undermined by the **greater distances that separate them** from clients. This lack of availability provides clients affected by family violence with significantly less service choice (times of delivery, programs and locations).

- Moreover, **considerations of confidentiality and anonymity** make it difficult for women and men to access services (highly visible transport options, small population and service practitioner base etc.).
- Service practitioners in rural areas also face issues regarding lack of anonymity – for example reporting an incidence of family violence is made more difficult when social connections exist with the individual/ family than occurs in metropolitan areas. This extends to the work of the police – with existing social relationships impacting upon family violence reporting and response.

As noted previously, clearer protocols around sharing of intelligence/ information are vital to support service delivery (impacting upon both clients and staff) – and this need is particularly perceptible in some rural areas.

- When police are reluctant to issue Safety Orders or the man/ family has a **prominent position in the local community**, women may also be less likely to report family violence to authorities.
- Infrastructure in rural areas also impacts upon family violence service delivery in rural areas - smaller courts for example are often unable to provide a suitable waiting room for women who are applying for an intervention order (separate from the perpetrator).
- **Limited resources and infrastructure** also impacts directly upon service delivery. The recent No to Violence costing model for MBCPs (2015) for example has shown that groups are more costly to run in rural regions than in metropolitan areas, which indicates a need for a variable and more responsive funding formula for rural areas – that better recognises the underlying operational environment and community characteristics.
- Leaving the family home for either party can be particularly difficult in rural areas, where the work of one or both parties is attached to the home. This is further exacerbated by a **dearth of alternative housing options** (emergency and longer term), which impacts upon the choices available for not only women (and children) but also for men seeking to leave the home after violence.
- There is also often a **lack of aligned support services and pathways** for women and children following immediate family violence response in rural areas.

Our experience working with **CALD clients** has shown that these communities (and in particular CALD women) also experience a unique set of circumstances associated with the occurrence and persistence of family violence.

- A lack of English literacy and spoken proficiency
- Isolation from community and mainstream services

- Particular living situations and familial relationships shaped by socio-cultural characteristics, such as women and children living within the extended family of the man, and the subsequent uncertainty of continued and safe residency.³

Question seven

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

RAV has provided Men's Behaviour Programs in metropolitan and regional RAV Centres for 20 years. During this time a specialised Family Violence Manual was developed to provide clear guidance for our work, which includes a number of processes and strategies to underpin positive outcomes for groups, and to address not only the presenting needs of clients (men) but also recognise, engage and support those families that are impacted by the behaviour:

The following circumstances and conditions have been found to strengthen service delivery, and reduce the occurrence of family violence:

- Men (and women) undergo a **stringent intake assessment** in order to identify all presenting issues and ensure a cohesive and aligned service response – that addresses all family violence and associated concerns.
- RAV practitioners receive **specialist training** in Family Violence Risk Assessment, Common Risk Assessment Training, Child Protection, trauma informed practice, cultural inclusion, mental health and child safe practice.
- **All staff undertake clinical supervision** in their Family Violence work, and the supervisors of this work receive external supervision to ensure client as well as staff wellbeing, service quality and continuous improvement.
- RAV practice staff and program/ centre/ senior managers are encouraged to join and remain **active on local and state family violence service networks**. Our senior managers sit on executive family violence committees across Victoria, and a Senior Manager currently sits as a Board Member of No To Violence.
- The importance of family violence services (e.g. MBCPs) in providing effective **partner contact for women** to become empowered to make their own decisions, to access support and to better protect themselves and their children has been widely acknowledged within the sector (*Howard, 2008*). Accordingly, the MBCP partner

³ Our work with the Indian community for example, has revealed the possibility for extensive control to be exerted over newly arrived wives by the husband and his extended family. RAV staff have contributed to the development of targeted resources for women in the Indian community, and also collaborated on a specific submission to the Royal Commission.

contact model should form an integral part of any men's (family violence) behaviour change program.

Moreover, the importance of specialist family violence counselling and women's family violence services (groups) in working with women to assist them to access support pathways, develop positive safety strategies and separate safely from abusive relationships cannot be overstated.

- In addition, RAV service evaluation and research has shown the importance of providing **tailored and integrated service delivery** for perpetrators of family violence and for their families – whereby Men's Behaviour Change Programs are not *stand alone* interventions but are integrated within a cohesive array of local services and support networks. Recent research from the UK reflects the importance of this approach (*Mirabel Final Report, 2015*).
- Indeed, an evaluation of the RAV Vietnamese MBCP (*Mclvor and Markwick, 2011*), indicates that the specifically designed program (which incorporates translated resources and assessment materials, and co-delivery with a Vietnamese facilitator) saw significant positive feedback from participants, and a reduction in family violence and/ or safe relationship separations.
- However, the development of Vietnamese, South Asian and Arabic speaking men's groups has only been possible through **sustained collaboration with local community groups and organisations**, most notably with inTouch Multicultural Centre Against Family Violence.

Similarly, RAV works collaboratively with Aboriginal communities, leaders and Aboriginal Controlled Community Organisations (ACCOs) and Indigenous Family Violence Regional Action Groups (IFVRAGs) in a number of regions to develop new and innovative strategies for community engagement and support.

This service integration, agency collaboration and coordination, and associated development of new family violence models for communities must become standard practice for all stakeholders working within the family violence sphere.

Question eight

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 or deficiencies or otherwise improve current responses.

Deficiencies evident in the family violence sector (some of which have already been noted herein), stem largely from a systemic inability to draw upon, and therefore benefit from an integrated and adaptive family service network – including information exchange, practical experience and knowledge sharing, evidence-informed best practice, and integration of service providers pathways.

In summary – family violence services must remain flexible, with outcomes for those involved directly correlated with the quality of response (i.e. capacity and resourcing) and the timeframe of response provided (i.e. integration and access).

For example, where police have been called to incidents of family violence in CALD communities, there has often been an inability to shift the response from a home visit to a telephone conversation with the woman – even when the Police were advised that such actions could increase the risk to the woman and children as they were living within the perpetrator’s extended family.

Accordingly, proposed improvements to the family violence system are as follows:

- The ability for all service providers to explore suitable responses in **Risk Assessment Management Panels** may go some way toward improving fragmented service delivery.

However, there is an associated and significant reliance on accurate client/ family information being passed between all stakeholders involved, including police and service staff who are directly responding to the outcomes of family violence.

As such, the **collaborative mechanisms and frameworks** underpinning these nascent synergies must be developed, strengthened and maintained.

- A **collaborative practice model** is therefore posed as an alternative model to traditional dispute resolution for providing an effective response in those family violence cases where the perpetrator demonstrates self-reflection and a desire to behave differently. This model recognises the need for the collaboration of specialists given the co-existence of a range of causal factors influencing family violence. Such factors include parenting practices, child development, finances and health (*Markwick 2015*).
- Such a collaborative practice model delivered alongside a **strong, trauma informed Risk Assessment and comprehensive case management/ coordination** may go some way toward addressing the service dichotomy noted earlier and the disjointed approach that can occur in traditional family violence work.

RAV is currently strengthening such a model of service delivery for families experiencing family violence – incorporating **enhanced intake assessment(s), a whole of family approach and therapeutic case management of families affected by family violence**.

Such a model must also recognise the need to take into consideration the socio-cultural, environmental and family factors that impact upon an individual’s (and family’s) experience of violence – and their capacity to recover.

Question nine

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

As stated in Question 2, the ‘siloeing’ of services for men, women and children (from both a theoretical vantage point as well as *in praxis* delivery) can significantly hinder the effective assessment of risk, and undermine the timeliness and effectiveness of an integrated family violence response – at any point of the continuum from early intervention to tertiary response.

Furthermore, some State and Federal Acts are at odds regarding sharing of intelligence, amplified by Family Violence Intervention Orders that are at times unclear. As a consequence, the accountability of perpetrators of family violence remains ambiguous, as is the understanding of various service providers of their responsibilities in the perpetrator (and those impacted) support ‘journey’.

As stated in Question 8, the effectiveness of a service provider’s response to a crisis situation may be less effective where there is not an opportunity for a seamless and coordinated response by a range of aligned family violence services – supported by effective information exchange mechanisms.

Regional Integration Coordinators and Regional Integrated Committees have gone a long way towards assisting service providers to work together on service integration and to understand the roles of diverse organisations that work with families affected by family violence. Also, and as noted in the Operational Context section and Question 5 above, the High Risk Client Strategy has greatly assisted such integration and the coordination of services working with woman and children at high risk of lethality.

However, pivotal to the effective delivery of family violence services that bridge these gaps is **a coordinated case management approach for all men entering the system, as well as women and children (and other impacted by violence)** – that ensures services, information exchange and outcomes across the sector are and remain aligned and integrated.

Question ten

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

Reiterating what has been discussed previously, there are a number of barriers to integration and coordination within the family violence service delivery sector that must be explored and addressed:

- The **inherent conflict between Federal and State legislation and funding models**
- **Variable service response protocols** between and within services – a consequence of the degree of knowledge and experience, capability and availability of resources
- **Significant (and increasing) demand for services** – intensified by long wait lists or closed/ limited intake capacity due to lack of resources and over-burdened providers (for example women’s crisis services).
- The **absence of clear process and guidelines for reporting** breaches to court orders
- Service provider reliance on multiple (and often incompatible) databases and the **lack of synergy between client data storage / reporting mechanisms** (provider – agency – government). This includes both physical and electronic records management systems and processes.
- A lack of a **secure electronic information/ intelligence exchange systems** between services and agencies (including email and client records management).

What is needed is a set of robust evaluation and assessment tools, more greatly aligned services and collaboration between stakeholders, and a comprehensive case management approach to service provision (integrating for example women’s and children’s programs, counselling, drug and alcohol services), embedded within a family violence system of wider support pathways for men to seek ongoing support following the completion of an MBCP.

Question eleven

What are some of the most promising and successful ways of supporting the ongoing safety of people affected by violence? Are there gaps or deficiencies in our approach to supporting ongoing safety and wellbeing? How could measures to reduce the impact of family violence be improved?

A number of specialised family violence strategies can ensure ongoing safety and effective, tailored support through family violence.

- RAV provides **specialist counselling for women experiencing family violence**. Women either self-identify or are referred through other programs, and access family violence practitioners who provide confidential, supportive counselling that seeks to:
 - Increase the safety of the woman and her children
 - Assist those impacted to work through the traumatic impacts of family violence

- Link to other counselling, relationship and specialist support services as required.

This model of counselling has been found to have a significant and positive impact on the lives of the women involved. Notably, feedback has revealed that alongside more dedicated women's services (that address for example specific aspects of crisis response, intervention and support), **clients also seek to access services that continue past the immediate crisis and explore a range of supportive options for themselves and their relationship with their partner.** For example, if assessed as safe to do so, the woman may attend counselling with her partner at an appropriate stage of the counselling work.

This is in line with our discussion previously regarding the value of a **whole of family approach to family violence.** Safety should always be the first issue explored with those family members impacted by family violence, however by engaging with a trained and experienced practitioner, families (women, children as well as the men themselves) are also able to link with aligned and integrated services through facilitated referrals and further embed change over time.

- In addition to individual counselling and support services, RAV has for a number of years run **women's support and recovery groups.** The Opening the Doors Women's Group for example combines trauma-informed art therapy, with targeted support strategies and information resources. The group parameters remain flexible to reflect participant's needs and commitments, and women can re-enter a group at any time. Facilitators work with participants to explore specific issues, and support referrals to other (internal and external) services including partner contact, counselling or family dispute resolution as required.

Notably, evaluation of the program has shown that its **success lies in its ability to remain flexible** – in particular allowing women to continue or re-enter the program as required. This recognises the specific safety issues and constraints that many women impacted by family violence may experience when seeking to access services. It also allows participants to develop trusting and positive relationships with other women and the group facilitators. Embedded within the wider service system, this reduces isolation and establishes a support system, enables referrals to other relevant services and empowers the woman to guide her own support 'journey'.

- Moreover, **work with children in specialised family violence counselling** is imperative in assisting children to begin to work through the trauma that they have experienced, and to develop strategies for resilience and safety in their peer and family relationships. Tools such as sand and play therapy, games, strength cards and books are useful to engage with children and assist with their learning and support.
- Service delivery that seeks to support the ongoing safety and well-being of those affected by family violence cannot be overly prescriptive – either in service modality

or timeframes/ delivery parameters. **While remaining founded in sound therapeutic principles, services must remain adaptive, responsive, integrated and flexible.** As mentioned earlier, longer term MBCP's enable men to sustain behavioural change and move toward long-lasting attitudinal change.

As such, further resources need to be allocated at service delivery points that assist families' ongoing safety and wellbeing. There are no quick fixes to the complexity of family violence for many of our clients, and bolstering services to ensure that they remain innovative and reflective of multi-faceted need 'on the ground' is vital.

This sentiment is also echoed by the need for different service models for CALD, Indigenous and newly arrived families affected by family violence. These services must **recognise and address the behaviour and trauma experienced within the boundaries of the social and cultural circumstances that exist for the individual, family and community group.**

- Following collaboration by RAV and Aboriginal community members and organisations in the Western Region of Melbourne, a protocol was established between mainstream providers of MBCPs and the Aboriginal service in the area. This protocol provides **guidance on L17 police referrals for Aboriginal men, and directs these referrals to the Aboriginal service** (if the man is in agreement).

This hugely significant step establishes firm support pathways for Aboriginal perpetrators of family violence to culturally specific service delivery. RAV has also collaborated with Aboriginal organisations to run Aboriginal fathers and children's groups to engage communities and build relationships, establish and strengthen sector pathways, and to provide positive and culturally safe spaces for the exploration and prevention of family violence.⁴

- Such **continued collaboration and innovation** is vital to the development and efficacy of family violence services and the safety of those impacted. For example, "BSafe" from Family Violence – a mobile unit with GPS tracking – has been trialed in the Hume region (by the Integrated Family Violence Network).

Evaluation findings reveal reduced breaches of intervention orders and significant improvement in feelings of safety for women. Furthermore, the majority of recipients are able to remain in their own home and community. These are significant elements in supporting women and children affected by family violence and RAV supports the extension to other regions of availability of this equipment.

⁴ RAV collaborated with the Aboriginal community on a response to the Royal Commission and endorses section 6.5 of the *Preventing Violence Together United* response. This response addresses specific strategies for prevention of family violence within Aboriginal communities in the western region of Melbourne

- A **comprehensive case management model that maps a client's service 'journey' – from intake through service delivery and referral, to longer term support** – for men, as well as women and children will ensure that services, information exchange and outcomes across the sector continue to improve. Such a model should also incorporate a strong evaluation component to benchmark and track improvements.
- Finally, **accountability of perpetrators** remains an area for greater involvement and development, with significant gaps persisting in our approach – particularly in the area of breached orders. Improved protocols are required for sharing information between services and clearer reporting mechanisms, which will greatly support family engagement and trust in service providers, thereby underpinning the ongoing safety and wellbeing of those affected.

Question twelve

If you, your partner or a relative have participated in a behaviour change program, tell us about the program and whether you found it effective? What aspects of the program worked best? Do you have criticisms of the program and ideas about how it should be improved?

RAV clients have provided permission for their feedback and voices to be included in this response, and will guide our response to this question.

- An evaluation of men attending RAV MBCP's in 2014 across the Melbourne metropolitan region indicated a significant level of support for the program, and highlighted a number of successful approaches for decreasing anger and abusive behaviour.

A high percentage of men reported being more respectful in their relationships (almost 95%), an improvement in the reduction of violent behaviours (over 90%), and taking a greater responsibility for their abusive behaviours (almost 85%). In addition, a significant number of men (80%) reported an improvement in their relationships with their children, and (almost 90%) reported that members of their family were safer.

What could be improved?

- Participants in RAV MBCP groups across all our centres – including our Vietnamese groups – most commonly observe that an improvement would be for the **MBCP to run for a greater number of weeks.**

A proposed improvement to format is the creation of an option for longer groups (over 15 sessions), as well as 'second stage groups' that go beyond behavioural change to sustained attitudinal change, and further men's specific trauma-informed

family violence counselling. Bolstering men's family violence programs in such a way would assist men who have started to move toward non-violent and respectful relationships to sustain this change over time.

In addition, **evaluation of how men who have attended MBC's successfully maintain their positive behavioural change and associated underlying attitudinal changes is sorely needed.** In those instances where RAV has provided an ongoing support group for men who have completed an MBCP, there has been significant and sustained changes in the man's behaviour. Furthermore, women have reported feeling safer in the relationship, and couples and families have engaged with counselling, Family Dispute Resolution and other RAV services to a greater degree.

Such conclusions are supported by research such as The Project Mirabel Report (*Kelly and Westmarland, 2015*), which indicates that the 'length and depth' of MBC groups "makes it possible to go beyond simple behavioural disruption to deeper changes that make a difference in the lives of women and children".

Indeed, men attending RAV's men's support group (for men who have completed a MBCP) indicated that in order to continue on the path to respectful, non-violent relationships and to maintain behavioural change, they needed a 'mentored third stage group' that engendered ongoing patience, respect, vigilance, listening, helping and sharing.

- Across all our family violence services, clients reveal that they wish **the man had accessed a program earlier.** This supports the need for more dedicated resourcing for MBCP's, a greater number of allocated spaces, heightened referral pathways into the groups, and stable and sustained funding.
- Moreover, RAV has found that when **men can be engaged at an early stage following initial contact,** they more readily enter a MBCP and remain for the duration of the process of change. Also, when men attend an entry group or counselling prior to attending an MBCP, we have found that they are more 'group ready', prepared to take responsibility for the process, and therefore able to work proactively on behavioural and attitudinal change, than if they are placed directly in a MBCP. Again adequate, consistent and committed funding is necessary.
- Many of the **men attending the MBCP's have complex needs** and require referral to other services such as drug and alcohol, gambling, family dispute resolution, and fathering programs. In order to facilitate these referral pathways, many men require individual meetings with group practitioners which explore more deeply the individual goals and needs of each man. **Funding that provides for coordinated case management** – that is aligned and integrated with the MBCP – would therefore greatly enhance MBCP service delivery and outcomes.
- **Enhancing the integration of the MBC group with other men's, women's and children's services** is a vital component of behavioural change work. RAV has found that situating MBCP groups in service centres that provide a range of support options is an extremely pragmatic and expedient means for managing this synergy

and addressing the range of family needs presented. Most notably, strong links with women's and children's specialist services is imperative top ease of referral and in terms of accountability.

What has worked?

- **Culturally specific groups are vital** to successfully engage men with poor English proficiency and where discussion of pre-migration experience or social and cultural circumstances is required. **Partner contact provided by a culturally appropriate worker or external organisation is also strongly recommended**, alongside comprehensive case management support for families (and children) where required.

The RAV evaluation of a pilot Vietnamese Men's Behaviour Change Program (2010) revealed that many partners reported positive changes in the men's behaviour toward themselves and their children, and the importance of effective partner contact in enabling them to access referral services, rebuild relationships or to safely leave abusive relationships.

The women were also very positive about the weekly telephone contact undertaken by the Vietnamese partner contact worker. This relationship, which provided education regarding family violence, Australian law and referral information, was invaluable to the women. The importance of excellent partner contact and integration of this role with the MBCP cannot be overstated.

- **Partner Contact funding and service parameters must be more clearly established** to ensure effective phone contact, family violence counselling, linking to other specialist services, children's family violence counselling and case management of partners and children is undertaken where required. Contact with women who are/have been in a relationship with the men attending our MBCPs, is an intrinsic component of MBCP work, and keeping women and children safe is a key objective of the program (the safety and support of the mother is strongly linked to children's safety).
- It is worth noting that a large proportion of the men attending MBCP are referred from Corrections and/or the Courts, either mandated or on a Corrections Order. The **unsuitability of a one size fits all service delivery model** is therefore evident when recognising levels of criminality and criminogenic profiles of men in a group (for example for men who are on Corrections Orders).

It would be useful to examine whether it is more appropriate to have men who are attending voluntarily in a separate group to those who are not. Further training of those facilitators working with men who have criminal charges against them may also be required, alongside strengthened support and clinical supervision for group facilitators.

- Further **evaluation of partner's and children's immediate and longer term experience of family violence** is required to ensure an informed and effective, whole of family approach is established. Research would need to consider the safety

of women and children, the risk of reinvoking previous trauma and the willingness of these parties to be involved.

In our work with **children who have experienced family violence we have found that there are long-term social, emotional and developmental impacts on their lives**. This trauma requires a specialised response from trained staff, and services having capacity for children to be provided with support over a sustained period of time.

Question thirteen

If you, your partner or a relative have been violent and changed their behaviour, tell us what motivated that change. Was a particular relationship, program, process or experience (or combination of these) a key part of the change? What did you learn about what caused the violent behaviour?

As above, this section will be informed by the experiences of our clients garnered through evaluation and feedback activities.

RAV undertook an audit of its DHHS funded family violence services in 2015 and several men were interviewed to explore their client journey and service delivery. These interviewees noted that key to their participation and successful completion of the MBCP groups was a lack of judgemental attitudes shown by administration, program and management staff, and the delivery of the program in a safe space for self-reflection and healing to occur.

In addition, a 2014 evaluation of MBCP participants across RAV identified a number of processes and experiences that were key to the realisation of change:

- Being in a group format was helpful in exploring, identifying and sharing experiences. Indeed, RAV facilitators have found that **the group can challenge the participants' language, attitude and behaviour toward women**, in an environment where collectively 'trying out' alternative and more respectful responses is supported.
- **Strategies for developing self-awareness**, and understanding physical and emotional changes when angry – prior to behavioural manifestation of violence and abuse – alongside practical techniques to manage escalation.
- Developing **an understanding of the cycle of violence**, informed by theory regarding violence and abuse, and learning how words and deed will affect others.
- **Techniques for reducing and controlling anger**, and for managing situations without resorting to anger.

Furthermore, a Vietnamese man who attended a MBCP in 2014 was interviewed regarding the changes that he had made as a result of the group – his response is provided below with his permission:

From the group I learnt “to be more understanding and patient and was able to take this back to my family”. The benefits of the group being held in Vietnamese mean that “everyone was able to share each other’s experiences and thoughts through the common culture, there was no language barrier”... even after a few months I am still using the skills developed, “I feel much less stressful, and I still use the skills I learnt from the program regularly. It is much easier to speak to my family and I feel that I am living more positively, I also care for my family much more.”

- RAV has found that specific cultural and language speaking groups are pivotal for men from CALD communities to attend, engage and make changes in their behaviour, and to serve as a platform for themselves and their families to link to appropriate referral points. **RAV strongly recommends the need for sustained, programmatically embedded funding to develop programs, train facilitators and implement the groups for CALD communities across Victoria.**

Moreover, our experience has shown that there is a stage of **community development work required to engage members of CALD communities** around the issue of family violence, necessary prior to any program delivery. This should be considered when funding and resourcing this specific family violence work.

Engaging with community leaders is a vital component to this work, as is associated early intervention and awareness raising activities. Our experience in working with the Indian community shows that early intervention and education is hugely beneficial for couples entering a relationship. Such targeted intervention should also extend to the wider family (with the woman often entering into the man’s family unit), to address underlying attitudes and behaviours that can perpetuate the man’s control and abuse in the relationship.

Question fourteen

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

While some men participate in MBCPs voluntarily, a significant proportion do so under Corrections, Magistrate, Family and Children’s Court Orders, and through referral from Victoria police and other service providers.

As such, **the level of accountability is frequently unclear for the man and for the family violence service provider.** This has been discussed previously, however it is important to emphasis at this point that the requirements of the statutory body and the referring organisation needs to be made clear, and have a realistic understanding of what service providers can deliver.

Moreover, attendance and participation is not necessarily a measure of behaviour change, and attention should be paid to establishing a **more stringent and standardised assessment of the man’s behaviour and attitude toward his partner and children.** Such

assessment (short and longer term by both the referral agencies and service providers) will allow **quantifiable benchmarks to be assigned to the man that track sustained change**. Accordingly, attendance at a MBCP may only be one part or ‘step’ in the requirements placed on a man to fully address instances of family violence.

In addition, clear processes need to be established for reporting breaches of these court orders, that establish to whom and how information should be exchanged between parties. Any breaches must also be followed up by statutory bodies without delay, thereby bolstering the safety of women and children.

Question fifteen

If you or your organisation has offered a behaviour change program, tell us about the program, including any evaluation of its effectiveness which has been conducted.

RAV facilitates a large number of MBCPs and women’s support services in metropolitan and regional Victoria – evaluations of which have been drawn upon throughout this response.

Our groups include a comprehensive client assessment process, and operate under a set of policies and procedures that seek to recognise client rights and responsibilities, and address the safety concerns of those impacted by family violence. RAV has undertaken a large body of work to align and document its family violence processes with sector best practice as well as legislative and contractual obligations, which are maintained in the RAV Procedure for Family Violence Services and Family Violence Service Manual (updated 2015).

MBCP facilitators have a high level of expertise and training, and all are required to undertake regular supervision and ongoing professional development activities. The programs may be open or closed depending on the needs of the locality and resources available.

Integral to the program, a partner contact worker is located within the specialist family violence team and meets regularly with the group facilitators – bringing to the work a lens that recognises the safety of all family members, and bridging services gaps for all members.

Evaluation of the MBCP includes evaluation from all parties involved in the service (both men and partners), and exploring the goals/ objectives and outcomes for each man at beginning, middle and end of the program. A questionnaire based on eliciting responses to violent and non-violent behaviours and attitudes is also completed at program end.

Several areas of learning from these evaluations have emerged that are noteworthy:

- There is a need for specific CALD programs which address pre-migration experiences and behavioural change, and that recognise the circumstances of both men and their partners, and inherent wider family dynamics.
- Mainstream MBCP’s require further funding to enable prompt engagement of men and their families.

- Options for ongoing support are required for men and women after a MBCP is completed, and for concurrent services that address the complexity of issues that surround the existence of family violence.

Question sixteen

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 the research indicate about the relative effectiveness of early intervention in producing positive outcomes?

The Project Mirabel Report (*Kelly and Westmarland, 2015*) incorporates an assessment of approaches to behavioural change, and contends that group work is a core element in strategies to assist men to change. Variance in the level of change that occurs is however dependent upon ‘the length and depth’ of the program, what techniques are provided that enable men to be self-reflective and to question gendered assumptions of masculinity and parenting, and the co-location of the program with other services and within an integrated and innovative service sector.

These findings mirror the stories of RAV clients noted throughout this report.

Question seventeen

Are there 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?

RAV’s experience(s) with the Vietnamese community, and those men and women that have attended our family violence services indicates that **language and culture are primary barriers to accessing mainstream services (MBCP’s)**.

Culture is no excuse for the occurrence of family violence, however our experience with members of CALD communities accessing services (MBCP and others) reveals that it **allows clients an opportunity to engage with and learn about the civic and legal system in Australia, and be empowered to access support pathways**. This engagement can then be used as a ‘spring-board’ to address specific needs that may present, including family violence, relationships and parenting children in a different country/ culture. Indeed, at its most basic level the notion of ‘respectful’ relationships has different meanings in different cultures, and such considerations must be explored through a cultural lens that enables diverse multi-cultural relationships *without* violence.

For the women we have worked with from CALD backgrounds, the following factors have been found to exacerbate family violence:

- Uncertainty about permanent residency, legal and personal rights

- Reliance on the man's extended family
- Lower status of women in society
- Collusion with the man from the extended family.

Question eighteen

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

A number of specific barriers exist that impede communities to access and benefit from family violence services:

- Language
- Legal and service system knowledge
- The impact of trauma
- Associated mental health issues
- Homelessness, isolation through place or disability
- An understanding of what forms family violence may take, and that help is available.

The use of interpreters, bilingual and multi-cultural staff and community facilitators are useful tools to building service outcomes, however specific training is required (for example recognising client privacy and safety when working with culturally embedded interpreters or community facilitators), as well as appropriate risk assessments and communication strategies for talking about family violence in a culturally sensitive manner.

- Specialised, regular culturally inclusive family violence training and techniques for working with the potential barriers noted above is required for all service providers working with people affected by family violence.
- The use of SMS, phone, email, Skype and video-conferencing in particular has reduced barriers for socially or geographically isolated women who are impacted by family violence.

Question nineteen

How can family violence in these groups and communities be improved? What approaches have been found to be the most effective?

RAV has found specifically developed CALD MBCPs to be highly effective. The development and continuation of CALD MBCPs has been enabled through a number of factors:

- Service provider commitment towards CALD MBCP's, and similar engagement/commitment demonstrated by other community agencies – for example inTouch

- Mentoring of CALD facilitators by managers and specialist family violence staff
- Strong, collaborative relationships between stakeholders through dedicated Reference and Working Groups – where sharing of resources, experience and information, and a genuine desire to make a difference to CALD communities experiencing family violence are at the basis of the relationship
- Accountability of all stakeholders to the multi-party Reference Group (including CALD organisations)
- The learning that is garnered by strong evaluative components to programs
- The readiness of particular CALD communities to acknowledge the existence of family violence and to move toward respectful relationships
- The continued development, review and improvement of the model of work.

Question twenty

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

In summation, RAV proposes a number of strategies to address family violence within Australian communities:

- Proposed whole of government responsibility for family violence
- Sustained funding of services
- A whole of family, coordinated case management approach to family violence
- Improved systems for sharing of information
- Strong integrated protocols between services, and at all levels of intervention from prevention to response
- Strengthened immediate crisis response as well as longer term response initiatives.

Question twenty one

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

Policy and practice at all levels of Government, and changes in legislation need to lead and promote changes in community attitude, to move Australia to a place where there is no acceptance of any form of family violence, where gender equity is the norm and where there is recognition of the power imbalance between those who perpetrate family violence, (primarily men) and those experiencing family violence (primarily women and children).

While timely action is paramount, prevention and early intervention at key developmental stages in an individual and family's lifecycle are also likely to impact in the next generation of Australians, recognition that must be underpinned by an associated and coordinated case management approach. These are changes to impact in the long-term.

Australian leaders – regardless of party or level of government – should critically review patriarchal attitudes and behaviour, and commit to promoting gender equity and ceasing any form of family violence. An example of this is Parliamentarians against Family Violence in 2014.

The Royal Commission in itself is also likely to increase community awareness of the existence of Family Violence and to encourage people affected by this to come forward.

Sustained, guaranteed funding is needed for Family Violence service providers, particularly services that offer longer term engagement opportunities for those who are affected by family violence and those who perpetrate it, and services that provide a specialised response to communities most at risk, such as CALD, Indigenous and rural.

References

- Wise, S., Adams, R., Berlyn, C., Cheney, H., and Oke, N. 2008. *The Fathers Utilising Networks for Kids (FUN for Kids) program: External Evaluation*. Australian Institute of Family Studies, Melbourne.
- Family Violence Coordination Unit Department for Victorian Communities, 2007. Supporting an integrated family violence service system, *Family Violence Risk Assessment and Risk Management*, Melbourne, VIC.
- Howard, J., 2008. Listening to what matters: responding to the voices of women affected by family violence. *Australian Domestic and Family Violence Clearinghouse Newsletter*, no. 32, pp 9-11.
- Kelly, L. and Westmarland, N. 2015. Domestic Violence Perpetrator Programmes: Steps Towards Change. *Project Mirabal Final Report*. London and Durham: London Metropolitan University and Durham University.
- Markwick, K. 2015. Appropriate dispute resolution in cases of family violence and the collaborative practice model, *Family Law review*, 2015 vol. 5, pg. 4-12.
- McIvor, R., & Markwick, K. 2011. Developing a Vietnamese Men's Behaviour Change Program, Victoria. For Relationships Australia Victoria.
- Kneale, J., 2015. *Running a Men's Behaviour Change Program in Australia – A Financial Cost Analysis*. No To Violence Male Family Violence Prevention Association Inc. Victoria
- Perry, A. 2006. Safety first? Contact and family violence in New Zealand: an evaluation of the presumption against supervised contact. *Child and Family Law Quarterly*, Vol 18, No 1, 2006
- Preventing Violence Together United, 2015. Royal Commission into Family Violence Submission from the Preventing Violence Together Partnership.
- Relationships Australia Victoria, (2015). Procedure for Family Violence Services, Camberwell, Vic.
- Relationships Australia Victoria, (2015). Family Violence Service Manual. Camberwell, Vic.
- Relationships Australia, Wulgunggo Ngala Learning Place & East Gippsland Indigenous Family Violence Regional Action Group, 2013. *Evaluation Report Brutha's Day Out - V4* April 2013.
- Victoria Police et al. 2013. *High Risk Client Strategy Pilot 2008-2010*, Victoria.
- Women's Health Goulburn NorthEast, 2014. *B Safe from Family Violence*, Women's Health Goulburn North East, viewed 21 May 2015, <http://www.whealth.com.au/work_bsafe.html>.