# - *No Place for Violence* -

## Berry Street Submission to the Victorian Royal Commission into Family Violence

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**Acknowledgements:**

Berry Street would like to acknowledge, first, Victorian women who have experienced family violence. Over the years, this diverse and remarkable population of women, about half of whom are mothers, have drawn on their own courage and faith in the system to report the violence of their partner, ex-partner and/or fathers of their children in growing numbers. They deserve to be honoured for their courage, willingness to seek help and determination to change their relationships and their lives despite direct physical risk, likely poverty and possible protracted legal process. Enhancing the rights of these women and children to a life free of violence or fear of violence must be central to ongoing reform.

Secondly, Berry Street acknowledges the specialist family violence practitioners working within our organisation who have liaised with women and their children and who have informed this submission and recommendations.

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## DEFINITIONS AND TERMINOLOGY

In this document, family violence is defined as a pattern of behaviour by an intimate partner or ex-partner and/or family member that is violent, coercive and controlling that serves to assert power over another person and incurs in that person fear for their safety and safety of others.

As outlined in Section 5 of the *Family Violence Protection Act 2008* (Victoria) family violence includes:

a) behaviour that is –
   i) physically or sexually abusive; or
   ii) emotionally or psychologically abusive; or
   iii) economically abusive; or
   iv) threatening; or
   v) coercive; or
   vi) In any other way controls or dominates the family member and causes that family member to feel fear for the safety and wellbeing of that family member or another person; or

(b) behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to in (a).

Berry Street acknowledges that family violence is a gendered phenomenon. Most family violence continues to be perpetrated by men towards women and children. It affects women disproportionately. More Australian women than men are affected and more severely by family violence (ABS 2011). Women are more likely to be killed, sexually or physically assaulted and feel fear (ANROWs 2012, ABS 2012). According to the Australian Domestic Violence Clearinghouse for men who experience family violence, a significant proportion are assaulted not by a female intimate partner, but by another man e.g. father, step father or son-in-law, sometimes due to supporting a women family member/victim e.g. mother, daughter or sister.

It is acknowledged that there is a low rate of women who use violence and are identified perpetrators of family violence, sometimes due to difficulties in determining primary aggressor and primary victim. It is also acknowledged, that since the *Family Violence Protection Act (Vic) 2008* broadened the definition of family, there has been an increase in the range of family relationships subject to police intervention and referral in relation to family violence. For example, many of the women perpetrators referred to our service are adolescent or young adult women perpetrating verbal or other violence towards their mothers or siblings. In the main, this submission will focus on intimate partner violence (IPV) between adults where 80% of the violence is perpetrated by men towards women (Vic Police 2014).

Family violence occurs and is abhorred in all communities, cultures, races and socio-economic groups and it affects a range of women including those with disabilities, the elderly and same sex couples. It represents a violation of the universal human right of all people, including children, to be free from violence and fear of violence.

In this document, in recognition of this client base and the gendered nature of family violence (in which violence is predominantly perpetrated by men towards woman), the phrase 'women who have experienced family violence' will be used interchangeably with women or mothers. The phrase, 'men or fathers who have used violence' will be used to represent people who use violence. As Berry Street family violence services frequently work collaboratively with police and courts to advocate on behalf of women and children, the terms, 'affected family member' (afm) or 'victim' may also at times be used and will be gendered 'she'; likewise 'perpetrator' of violence may be used and be gendered 'he'.

## ABBREVIATIONS

AFM affected family member

CRAF common risk assessment framework

CYFA Children, Youth and Families (Vic) Act 2005

DHHS Department of Health and Human Services

DoJ Department of Justice

DV Vic Domestic Violence Victoria

DVRVC Domestic Violence Resource Centre Victoria

EFT effective full time hours

FVIO Family Violence Intervention Order

FVSN Family Violence Safety Notice

FLA Family Law (Cth) Act 1974

FVPA Family Violence Protection (Vic) Act 2008

FVU Family Violence Unit with Victoria Police

FVLO Family Violence Liaison Officer police officer with family violence speciality within Police Stations

FVA Family Violence Advisor senior police officer within Police Divisions

GFVS Grampians Family Violence Service Berry Street specialist women's family violence programs (rural)

GIFVC Grampians Integrated Family Violence Committee: health promotion, networking & strategic coordination organisation & site of Grampians RIC

IPV Intimate partner violence

L17 Police Family Violence referral form sent to community agencies subsequent to family violence report

LINK LINK Outreach service, legal advice service provided via Skype by Women's Legal Service Victoria

NFDVS Northern Family and Domestic Violence Service, Berry St Specialist women's family violence programs (metropolitan)

NJC Neighbourhood Justice Centre Abbotsford – hears family violence IO applications

NIFVS Northern Integrated Family Violence Services – coordinating alliance of services in the northern metropolitan region related to family violence based at Women's Health in the North (WHIN)

MARS Men's Active Referral Service

MBC Men's Behaviour Change

SS Safe Steps 24 hours women's family violence service portal for refuge referral (previously Women's Domestic Violence Crisis Service)

SOCAT Sexual Offences and Child Abuse Team – Victoria Police

RIC Regional Integration Coordinators for family violence based WHIN

RAMP Risk Assessment and Management Panels –multi-agency high risk response to family violence – co-chaired by police and funded agency

VACCA Victorian Aboriginal Child Care Association

WHIN Women's Health in the North – health promotion, networking, strategic coordination organisation & site of RIC and NIFVS

WLSV Women's Legal Service Victoria

## BACKGROUND AND INTRODUCTION

Berry Street is an independent non-government, not-for-profit agency providing a range services to children and families. In Victoria, Berry Street is:

- the largest provider of out-of-home care (OOHC) for children and young people. requiring protective support;
- the specialist provider of therapeutic services for children in child protection through our Take Two service, a partnership with the Victorian Aboriginal Child Care Agency, LaTrobe University and Mindful;
- among the largest providers of family violence services for women and children who have experienced family violence, operating in two regions through our Northern Family and Domestic Violence Services (NFDVS), based in Eaglemont, and the Grampians Family Violence Services (GFVS) based in Ballarat; and
- a significant provider of family support services in the Department of Health and Human Services' (DHHS) Northern Region.

Berry Street's specialist family violence services are gender-specific and work with women and their children. These two services have an equal opportunity exemption to employ all women practitioners. Berry Street's specialist family violence services receive police referrals for all women in their respective catchment areas whether women are identified as 'affected family member' or 'perpetrator'.

Our family violence, OOHC, family support and therapeutic services are all confronted with unprecedented demand increases, but nowhere is this more acute than in our family violence services. For a number of years, family violence services – ours and others – have seen rapidly escalating demand and a near stagnant level of resourcing from government. This means that while family violence is far more likely to be detected, women, children and other people referred to a family violence service are far *less* likely to receive the full assistance they need.

It is rare to find a single organisation offering OOHC, therapeutic, family support and family violence services. It presents Berry Street with opportunities for integration, cross-sectoral practice development and improved service responses. Despite funding and system requirement obstacles, Berry Street pursues a coordinated approach. We still have a lot to do to better integrate our own service and practice, and to embed specialist family violence knowledge across all Berry Street programs. We know we need to do better. We believe it is essential to bring all service domains within Berry Street to respond effectively to family violence. And we believe this endeavour must be replicated, coordinated and accelerated across the service system. Specialist family violence services will never be able to do all the work, and nor should they be expected to.

Through our family violence services, Berry Street has fostered innovation and cross-sector integration and partnerships to strengthen responses to family violence across the service system. Berry Street has leveraged its expertise to better service families through the development of ***differentiated responses*** such as high risk panels, secondary consultations to local government, early years partnerships, therapeutic responses for children, service partnerships with Aboriginal agencies, infant mental health responses, safe at home initiatives, co-ordinated intake and referral systems; and ***service and practice integration*** through

embedding specialist family violence practitioners within other service platforms such as Maternal and Child Health. This dual approach to reform of differentiated responses and service and practice integration should form the central plank of ongoing service system reform.

**Berry Street 2027 Strategic Directions**

In 2010, Berry Street developed our 2027 Strategic Directions strategy, including a long-term Public Policy Agenda that identifies five key areas – requiring societal and systemic reform – of concern to the organisation. One of these key five areas is called ' No Place for Violence,' and is about responding to, and preventing, violence. Hence we welcome the opportunity to contribute to the Victorian Royal Commission into Family Violence and commend the Victorian Government for its initiative.

Our Public Policy Agenda statement on violence frames this submission.

***No Place for Violence***

> *The prevalence of violence within our community is of increasing concern to Berry Street. There is no place for violence in our community – not in our families or homes, not on our streets or in our neighbourhoods, not in our workplace or services, or our sporting fields – and not in the lives of our children.*
>
> *Violence is seeping its way into the lives of children and young people through their exposure to violent images in a variety of media. Normalising violence and portraying violence as the means to resolve issues undermines future relationships and erodes social cohesion. Racial violence and violence perpetrated against women and children are of particular concern to Berry Street. As a community we are failing boys and young men by not showing them non-violent ways to deal with the conflicts and stress that inevitably form part of every human life. Strong male role models that reject violence are all too often missing from the lives of young boys. Equally we fail girls and women if we don't show them that violence perpetrated against them in their family, their networks or community is not acceptable and not something they should ever endure.*
>
> *Through our local services, we see firsthand that family violence is at the heart of most child protection cases. We see the trauma it creates and the harm it does to children. We see women repeatedly being harmed and victimised through family violence and then neglected by inadequate legal and service responses. We know that the trauma of this violence can cause lifelong damage and create intergenerational cycles of violence. There is no place for violence and Berry Street is committed to using our influence to take a stand against violence in all areas of our work.*

In 2010, we identified the following key areas for advocacy, action and attention from government, community and other stakeholders. They remain as relevant and important today, and we are pleased that the terms of reference for the Royal Commission are sufficiently broad to consider advice and to make recommendations in these and other areas.

> ***No Place for Violence - Key Areas of Advocacy and Action:***
>
> - *Therapeutic programs and support are needed for children and young people who have experienced family violence, including support for boys, to develop into strong healthy men and fathers who reject the use of violence*
> - *A long term public health approach should be developed to prevent violence in all its forms and in all places*
> - *Public and supported housing options for women, children and families who have been affected by family violence need to be expanded*
> - *Comprehensive sexual health and relationship education programs for children, young people and parents through schools and community based programs should be implemented*

- *Family violence, family law and child protection reforms need to ensure that the rights of women to raise their children are not compromised by family violence or child protection interventions.*

Quite deliberately, Berry Street staff acknowledge the gendered nature of family violence, and we address it across every service we provide – not just our family violence services. Driven by this understanding, the interests of women and children remain our primary concern, but not our sole concern.

Every family is unique and, as a unit, families continue to diversify. At the core of family violence is the determination to control and harm others. Women and children remain most likely to be the victims of that harm and men remain most likely to be the perpetrators of harm. Acknowledging this is not a denial of the reality that men are also victims of family violence. As well, intimate partner violence accounts for most but not all family violence; childhood is not a time that is free of violence; increasingly some young people are using violence in their relationships with their parents and carers; Aboriginal women and children are disproportionately impacted by violence and Aboriginal communities have over generations been subjected to the violence of colonisation, dispossession, racism, social and economic marginalisation and cultural abuse. These are the antecedents of the disproportionate violence that Aboriginal families endure.

## LIST OF RECOMMENDATIONS

The following is a complete list of the recommendations provided in this submission.

**Recommendation 1 – Resource Specialist Family Violence Services commensurate with demand**

That as an urgent priority significant ongoing additional investment be provided to specialist family violence services, commensurate with demand increases in Police (L17) and community referrals, to enable those services to provide an immediate safety response, case management and recovery from traumatic impact for affected family members.

**Recommendation 2 – OOHC family violence, prevention, early intervention and response strategy**

That the State Government in partnership with the non-government sector develop and resource an OOHC family violence prevention, early intervention and response strategy to address the needs of children and young people in OOHC and the levels of violence occurring within the OOHC system.

**Recommendation 3 – Development of whole of community reform agenda**

The Royal Commission must develop a whole-of-community and whole-of-government reform agenda that:

- enlists human rights and applies the universal human right to freedom from violence and fear and other human rights instruments including the UN Declaration on the Rights of Indigenous Peoples; and
- prioritises the rights, safety and agency of people directly affected by family violence, in particular women and children given the gendered nature of family violence.

**Recommendation 4 – Revise the Common Risk Assessment Framework 'Aide-mémoire'**

The Common Risk Assessment Framework 'Aide-mémoire' should be amended to include:

- perpetrator behaviours such as attempt to kill, electronic stalking, online and digital abuse (distribution of humiliating or abusive film, images or threats) with these items marked as high risk behaviours; and
- perpetrator behaviours towards children such as physical assault of child, sexual assault of child, child injury due to attempt to intervene, threats to kill child, threat to abduct child, references to murder/suicide, sexual grooming of child, child exposed to pornography, child present during a violent incident.

**Recommendation 5 – CRAF training and support strategy**

A comprehensive strategy for the effective application and implementation of the CRAF should be developed, including:

- to invest in ongoing face-to-face training and support in the application of CRAF;
- to complete of DVRCV four-day accredited CRAF family violence training for designated professions;
- to incorporate units on family violence in undergraduate qualifications such as social work, youth work, psychology and within Victoria Police training; and
- to resource specialist family violence services to participate in training to provide up-to-date operational advice, secondary consultations and where appropriate secondments.

**Recommendation 6 – Strengthened legislative provisions for children**

The Royal Commission should consider whether the Children, Youth and Families Act, Family Violence Protection Act and other Victorian legislation can be strengthened to:

- more effectively acknowledge, assess and respond to cumulative harm associated with family violence; and
- place onus on police, courts and parole boards to ensure any children potentially affected by family violence are protected by routinely including children and their interests on FVSN or FVIO and parole conditions.

**Recommendation 7 – Integration of Federal and State powers relating to contact and parenting arrangements for children**

The Royal Commission should consider the merits of extending certain functions and powers of the Family Law Court and Federal Registry to Victorian Magistrates hearing FVIO applications to enhance children's immediate safety and wellbeing and include the following options:

- suspend or vary parenting orders beyond 21 days;
- place onus on any perpetrator seeking a variation to suspended parenting orders to provide evidence to the court of ongoing engagement with services;
- apply passport watch restrictions;
- issue re-location orders; and
- institute measures to secure the immediate financial support needs of women and children.

**Recommendation 8 – Family Violence Safety Notices to extend to all children in family**

The FVSN's should routinely include all children who live in a home where a family violence incident has occurred.

**Recommendation 9 – Information and communication strategy (FVSN's and FVIO's)**

A comprehensive information and communication strategy should be developed and implemented in relation to FVSN's and FVIO's including:

- accessible material for the affected family members outlining the conditions of FVSN's to enable them to inform schools and other services of these conditions and details of any affected children;
- explanatory information on FVSN's and court dates to be routinely provided to all parties in community languages; and
- public education and awareness information on the purpose and function of FVSN's and FVIO's.

**Recommendation 10 – Strengthen legislative provisions for FVIO's**

The Royal Commission should develop legislative and other systemic reforms to enhance the effectiveness of FVIO's including:

- arrangements for the alterative servicing of FVIO's including different methods for servicing orders and servicing of orders by dedicated or prescribed service officers in addition to Victoria Police;
- placing onus on the perpetrator/respondent to make themselves aware of court outcomes and remove the incentive to fail to attend court;
- enabling docketing systems and greater oversight powers for magistrates, so they can see all family violence matters related to the same perpetrator;
- modifying standard clauses on FVIO's regarding negotiating time with children to make clear that the safety of children is paramount;
- FVIO (and application for FVIO) to include more options for standard conditions that increase children's safety, for example, conditions that prohibit perpetrators having time with children if substance-affected or time with children unless arranged in writing;
- mandated counselling options for people using violence to be extended beyond the family violence magistrate courts to all magistrate courts; and
- applicant, respondent workers and specialist family violence support workers to be available at all courts on all days when there is a family violence protection list.

**Recommendation 11 – Revise Victoria Police L17 Code of Practice to better reflect children's interests**

That Victoria Police L17 code of practice and form the L17 form can be revised and updated to reflect family violence towards, or involving, children by:

- including any children who live at home on the L17 form;
- providing additional incident codes to record violence direct towards children;
- recording the age of the child where a child has perpetrated violence against another family member; and
- including the source of the report to the police that precipitated police attendance.

**Recommendation 12 – Resource Specialist Family Violence Services commensurate with demand**

Significant ongoing additional investment should be provided urgently to specialist family violence services commensurate with demand increases in L17s and community referrals. This will help to ensure immediate safety, case management and recovery from traumatic impact for affected family members.

**Recommendation 13 – Improve information sharing between men's and women's services**

The Royal Commission is urged to consider:

- the merits of the male perpetrator details from each L17 referral being routinely provided to specialist family violence services accepting L17 referrals; and
- more coordinated responses between men's and women's specialist family violence services that respond to L17 referrals – including improved information sharing, co-location and joint triage.

**Recommendation 14 – Develop system wide evaluation strategy**

A long-term system-wide evaluation framework could be established and resourced across family violence services systems, taking account of relevant national and international evaluation frameworks that include the evaluation of the UK *Safety in Numbers* program.

**Recommendation 15 – A public health approach to prevention and early intervention**

A Public Health approach needs to be taken to prevent family violence and to offer early intervention. All public education and awareness programs should have arrangements in place for the management of disclosures of family violence.

**Recommendation 16 – Continue and extend support for sector governance bodies**

The Royal Commission should affirm the leadership roles of State level bodies such as Domestic Violence Victoria (DV Vic), Domestic Violence Resource Centre (DVRCV) and No to Violence (NTV) and consider how these agencies can be further resourced and assisted to support implementation of the Royal Commission's final report.

**Recommendation 17 – Exemplars of service integration and collaborative practice**

The Royal Commission may examine innovative multiagency projects locally, nationally and internationally to identify exemplars of service integration and collaborative practice.

**Recommendation 18 – Joint Triage of L17 reports involving children**

Joint triage arrangements should be established across the State between Child Protection, Child FIRST, specialist family violence services including Aboriginal agencies; all agencies should be resourced for their participation and all partners be able to list L17 reports for consideration.

**Recommendation 19 – Support the full implementation of the Risk Assessment Management Panels (RAMP)**

The Royal Commission needs to review the proposed operation of the Risk Assessment Management Panels (RAMP) against the independent evaluation of the RAMP pilots and make urgent recommendation in relation to:

- what authorisation will be necessary – legislative or policy – to ensure that RAMP has necessary representation and contribution from key sectors and agencies including police, child protection, corrections, parole board and family violence services;
- adequate case work provision for women and children at time of immediate risk and for ongoing support;
- adequate brokerage levels so practical safety can be offered in terms of security, lock changes, damages, transport to court, disability needs, etc.; and
- consideration of whether collaborating agencies on RAMP should provide government agencies with capacity to provide practical assistance, such as the Office of Housing.

**Recommendation 20 – Police and family violence early first response**

The Royal Commission may consider models to improve the immediate response for women and children experiencing violence:

- that co-locate specialist family violence case workers with police; and
- where a family violence and/or children specialist can be available for early first response to family violence.

**Recommendation 21 – Co-location of family violence practitioners in universal services**

The Royal Commission should consider early intervention for women and children experiencing family violence by co-locating specialist family violence practitioners within a range of universal services.

**Recommendation 22 – Family violence and child protection practice**

The Department of Health and Human Services may review and consider incorporating the following into child protection initial investigation interview practice guides and other practice guides/instructions:

- directions on identifying the primary aggressor and primary victim as in police code of practice;
- require routine safe CRAF assessment of family violence with protective parent;
- provide clear guidance to child protection practitioners about management of family violence disclosure, including explaining to women and children how their disclosure will be protected and NOT be shared with the person using violence;
- CRAF evidence-based checklist expanded to include violent behaviours of fathers/male partner posing risk to child as disclosed by mother;
- investigate identification or development of a 'aide-mémoire' for father/men who use violence against women, including indicators of parenting capacity assessment (e.g. uses physical discipline, criticises maternal parenting);
- where family violence risk is determined, guidelines need to pose clear directives regarding a father's time with children including the option of no contact (the guidelines for suspected sexual offence to children could be used as a guide), and guidelines for supervised contact which prioritises the child's safety and best interest as well as the mother's safety;
- consideration and guidelines of traumatic impact for child(ren) of contact with fathers who use violence and to orientate objectives to children's needs; and
- where supervised contact is allowed with the extended family of the person using violence, a safety assessment for the child's mother/protective parent needs to be considered.

**Recommendation 23 – Comprehensive housing assistance and support**

The Royal Commission needs to develop a comprehensive housing assistance and support strategy incorporating:

- immediate access to Victims of Crime funding for safety and security measures such as prompt lock changes and installation of security systems;
- improved access to Office of Housing accommodation;
- a simplified process for OOH transfer;
- an OOH representative on RAMP with the necessary authority to organise timely OOH transfers and/or priority OOH access;
- more sustainable investment in NGO-managed emergency housing;
- action for women and children's share of joint assets to be better protected by timely information or aid to ensure caveats are in place;
- extended legal aid funding to property matters where women and children have experienced family violence;
- review refuge models to ensure:
    - security infrastructure is at a level that enables safety and evidence collection for FVIO breaches;
    - range of supportive crisis housing options that can meet the diverse needs of women experiencing family violence (e.g. women with disabilities, Aboriginal and Torres Strait Islander women, women with poor mental health);
    - funding to enable 24-hour staff support for highly vulnerable women; and
    - maximise the therapeutic potential of residential programs for women and children recovering from violence.

**Recommendation 24 – Improved access to legal assistance**

The Royal Commission should develop proposals to improve access to justice and legal advice for women, children and others affected by family violence including:

- continuing and extending the LINK Outreach program;
- extending duty lawyer services at all courts on all days when family violence matters are heard;
- extending community legal services and specialist legal services capacity to support women who have experienced family violence, by having more lawyers and/or paralegals;
- extending eligibility for legal aid, in particular to cover property matters for women who have experienced family violence;
- determining measures to retain family violence competent private lawyers and barristers conducting legally aided matters related to family violence.

## SECTION ONE: KEY PRIORITY AREAS FOR BERRY STREET

The following section identifies key priority areas for reform in relation to family violence that Berry Street seeks to highlight.

### 1.1 Resourcing specialist family violence services commensurate with demand

Victoria Police data has indicated that reporting of family violence incidents to police has increased by 83% from 2009-10 to 2013-14.[1] The Magistrates Courts have stated that finalised Family Violence Intervention orders (FVIO) have increased by 49% from 2009-10 to 2013-14[2]. For Berry Street's Northern Family and Domestic Violence Service, in the same time period, the police referral rate has increased by 259%.[3]

In addition Berry Street receives, each month, around 300 calls from women or agencies regarding family violence. Berry Street, like all other specialist women's family violence services responding to police referrals, has not been funded for the exponential increase in this work. Adequate ongoing resourcing urgently needs to be addressed (See references for: Women's Health in the North (WHIN) and appendices, which include a detailed breakdown of services, projects and related data).

Berry Street's Specialist Family Violence Services have extensive service and practice expertise in the engagement and support of women and children in their local areas. This capability is being significantly undermined by escalating demand, and is a key to our capacity to respond to the steadily increasing volume of police referrals.

Effective family violence responses for women and children invariably involve collaborative practice and partnerships with Victoria Police and DHHS Child Protection. While two stakeholders in that partnership have had significant increases in their staffing and resourcing over the past decade, partly in response to increased reporting of family violence, non-government specialist family violence services have not. The most recent State Budget provided increased funding for the employment of DHHS Child Protection workers. This is welcomed.

*Where, though, is the commitment to significantly increase funding for specialist family violence services to reflect increasing demand for intervention, support and assistance?*

Without increased staffing and other resources, the emphasis shifts to in-take, triage and rationing a diminishing service to an expanding number of women and children living with family violence. Opportunities for earlier intervention are lost as resources and intervention necessarily focus predominantly on the highest risk cases.

**Recommendation 1 – Resource Specialist Family Violence Services commensurate with demand**

That as an urgent priority significant ongoing additional investment be provided to specialist family violence services, commensurate with demand increases in Police (L17) and community referrals, to

[1] See Police Crime data at Victoria Police - Crime Statistics
[2] See Magistrate Court of Victoria data at http://www.magistratescourt.vic.gov.au/sites/default/files/Default/141126%20family violence%20Strategic%20Objectives%20Overview%202015-17%20%28final%29.pdf
[3] See Women's Health in the North (WHIN) (and appendices which include detail breakdown of services, projects & related data) at http://www.whin.org.au/images/PDFs/NIfamily violenceS/FundThefamilyviolenceSystem-NIfamilyviolence_FacthSheet_2014.pdf

enable those services to provide an immediate safety response, case management and recovery from traumatic impact for affected family members

## 1.2 Responses for children and young people

The ABS Safety Survey 2012, has confirmed that most mothers who have experienced violence (61%) had children at home. It is widely understood that direct violence toward children including physical and sexual assault frequently occurs in the context of family violence, usually perpetrated by fathers or male partners towards the children's mothers (Tomison 2000, Laing 2000, Broomfield 2010). The *Family Violence Protection Act (Vic) 2008*, (FVPA), The *Children Youth & Families (Vic) Act 2005* (CYFA) and Family *Law (Cth) Act 1974* (FLA) all enshrine the principle that the safety of children is paramount and that family violence is a form of child abuse.

An urgent priority for the Royal Commission is to design systemic responses to offer safety to children, immediately, when family violence occurs. As well, it must create therapeutic options to aid children's recovery from any traumatic impact of family violence. The child's relationships with their mother and siblings must be protected.

International evidence has shown the most effective therapeutic interventions work when protecting mother/child pairings (Lieberman, et al., 2005). These findings are reinforced by an Australian Institute of Family Studies study which states: "There is a need for further development and evaluation of programs that work therapeutically with the non-offending care-giver and child" (Campo et al., 2014, p ix). Active and tailored support needs to be offered to the child(ren)'s protective parent, most often their mother. This will address both immediate safety and long-term recovery.

Family violence is often inter-generational. For this reason, resourcing of therapeutic responses for children and young people is essential to prevent future family violence.

Berry Street recommends that particular attention be paid to:

- children and young people in child protection and out-of-home care (OOHC); and
- infants and children living at home where there is escalating family violence risk, but the risk is below the threshold for statutory intervention.

### 1.2.1 Infants and children living at home with escalating family violence risk

To assist the Royal Commission Berry Street has prepared and included an accompanying paper, *Therapeutic responses for infants and children at escalating risk of family violence* (see Appendix 1). The paper is focused on three sub-populations of infants and children living with an escalating risk of family violence due to a significant family stressor or transition such as parent separation.

This paper highlights the need to integrate adult and child-focused crisis responses for families bearing in mind this population of children, the threats to their development, and the current lack of appropriate services.

The paper includes a recommendation that:

The State Government in partnership with key stakeholders including specialist family violence and infant and child mental health practitioners develop best practice models of intervention that focus on the individual child and their recovery after family violence with features that include:

- Integrated family violence risk assessment with child-parent relationship assessments of a child's needs and the parent's capacities for change and reflection.
- Therapeutic supports and interventions that safely enhance the child's relationship with both parents without escalating family violence risk for any affected family members

### 1.2.2 Children and young people in Child Protection and OOHC

Family violence is one of the predominant contributing factors driving statutory child protection intervention, and the removal of children from family and placement in OOHC.

Children and young people's experiences of family violence prior to entering OOHC extend across the spectrum of family violence and through all stages of child and adolescent development – from pregnancy. Within the OOHC environment, experiences of trauma vary greatly and includes, but is not limited to, the following:

- Hyper-vigilance;
- Aggression – verbal and physical;
- Challenging behaviours, including controlling their environment and people in it;
- Emotional abuse;
- Parentification;
- Poor social/ relationship skills;
- Poor self esteem; and
- Poor attachments (ambivalent, disorganised or insecure).

Within OOHC, there are many challenges in working with children and young people who have experienced family violence. Typically, too little is known about the presence of family violence or how this has impacted children and young people. Child protection risk assessment focuses predominantly on parental capacity and deficits, and less on the assessment of children's needs arising from the cumulative impact of family violence or other causes of harm. Often, not a lot is known about the trauma history of children and young people entering care or the extent of family violence in their childhoods. While children entering care may have some limited health assessment upon entering care, comprehensive health assessments are not embedded practice across the OOHC sector.

In a recent and typical example, a young person came into residential care with Berry Street for the first time, having previously been living with one of her parents. The child's parents had been separated for some time and the father had re-partnered and had more children. According to the referral information provided to Berry Street, neither parent was able to have the child reside with them as she refused to return to their care. Approximately six months later, the family came to the attention of the police for family violence. It was revealed that significant high-risk family violence had been occurring throughout this child's life. No family violence assessment had been done prior to the girl entering care to ascertain if family violence was a factor in her disconnection from her family. This example is not uncommon.

Against this backdrop, the OOHC system is experiencing unprecedented demand arising from escalating child protection interventions. It is rare to find placement-matching where a child's needs are comprehensively assessed and a specific kinship, foster or residential care solution is found. As a consequence, we see many children and young people placed wherever a placement is available rather than where placement is *suitable*.

Once young people are in out-of-home care, the ongoing issues of family violence – whether historical or current – are generally poorly managed.

*There are no specific therapeutic responses for children and young people who have experienced family violence. This is a significant gap in the system.*

Child protection has limited capacity to undertake risk assessment and safety planning in a family violence context. When young people have been removed, the risk can often remain quite high and children and young people fret about their parents and/or siblings left behind. In our experience, children and young people have very strong and often confused feelings about the family violence they have experienced because of their relationships and alliances within their family. Whilst the immediacy of risk for an individual child might be managed by removing that child, the follow-up work with the parents, and other or subsequent children is limited, and the ongoing work required to break ingrained patterns of violent behaviour is not addressed.

*Children and young people who have experienced family violence are at higher risk of perpetrating violence within their own relationships or ending up in violent relationships themselves.*

Given the high prevalence of children and young people in OOHC having experienced family violence, the State, as their parent, has a responsibility to implement strategies to support young people to recover from their experiences and to make healthier choices to reduce the incidence of violence and break the intergenerational patterns.

A range of interventions for children and young people in OOHC is required, attuned to their experiences of family violence. They should include:

- tailored therapeutic support for children and young people in child protection and OOHC who have experienced family violence;
- enhanced capacity and resources for Aboriginal Community Controlled Organisations to develop and implement family violence prevention and early intervention programs and assistance for Aboriginal children and young people in OOHC;
- education, training and support for children and young people and their carers on respectful non-violent relationships with clearly defined practices with regards to gender stereotypes, gendered responses to violence and healthy relationships;
- purposeful interventions to interrupt violent or exploitative relationships that vulnerable young people in OOHC form either with other young people in OOHC or with others from outside the immediate OOHC environment;
- A concerted focus on boys and young people in OOHC who have experienced family violence and are at risk of or are using violence within their relationships[4]; and

[4] The Berry Street Childhood Institute commissioned and published and international literature review, *Helping Boys to Break the Cycle of Family Violence (Baim, C., & Guthrie, L., 2008)*. This report focuses on research about programs

- access to specialist adolescent family violence workers for young women who have experienced violence in their own relationships, noting that family violence services focus on adult women and child protection services cannot seek orders for a person over 16.

**Recommendation 2 – OOHC family violence, prevention, early intervention and response strategy**

That the State Government in partnership with the non-government sector develop and resource an OOHC family violence prevention, early intervention and response strategy to address the needs of children and young people in OOHC and the levels of violence occurring within the OOHC system

### 1.3 Service and practice Integration

Women, children and all those affected by family violence should receive an evidence-informed, consistent and family-safe response from universal, secondary or tertiary services.

*Fully integrating specialist family violence knowledge and practice into police, child protection, health and community service systems is a major reform priority.*

There are already a number of examples of specialist knowledge being embedded into service systems through the co-location or embedding of family violence practitioners. Berry Street notes and welcomes the May State budget initiative to fund flexible responses to child protection clients including co-location of specialist family violence practitioners and hopes the material gathered by the Royal Commission will aid the development of those models.

Berry Street, the Northern Family and Domestic Violence Service, has been at the forefront of integration and capacity sharing with mainstream or universal services such as police, courts, maternal child health nurses, and hospitals. In Berry Street's experience, more effective than networking or training, has been embedding experienced specialist family violence practitioners within other service systems. This submission will outline some projects that Berry Street is piloting, and provides evidence for the effectiveness of these models from interstate and overseas (Hooker et al 2015, Laing et al 2010). Berry Street's experience suggests that 'on the ground' collaborative and direct work with clients is integral to universal and mainstream (not specialist family violence) services being ready and able to incorporate women and child-centred, safe family violence practice.

In the projects the Northern Family and Domestic Violence Service (NFDVS) has trialled, the specialist family violence practitioners are regularly accessible for co-work with clients, training, co-facilitation of groups, secondary consultation and modelling via joint risk assessment and safety planning (for example, Taft et al 2012, Hooker et al 2015). It is vital that these workers are supervised and employed by the specialist family violence service, as they are the conduit to the wider family violence specialist information such as the database of family violence history, up-to-date referral networks and links to high risk programs. Our NFDVS family violence team has stated, and research has shown, the resilience of family violence practitioners is

for boys between the ages of 8 and 18, with emphasis on group work approaches. The report emphasises programs for boys who have direct or indirect experience of violence in the home, and/or boys who show signs of developing violent behaviour themselves. The report explores and makes recommendations regarding options for developing interventions to prevent and reduce violence amongst boys aged between 8 and 18 years of age. Can be retrieved from: http://www.childhoodinstitute.org.au/Resources

enhanced by the peer support and supervision provided by a specialised family violence home base (Robinson 2009).

Berry Street believes resourcing women's specialist family violence services to collaboratively work within other services with clients, will bring the objectives of integration "out of policy reports" and "into the direct practice". The relationships and practice generated from multi-disciplinary face-to-face co-work with clients can also expedite cultural change within organisations (Robinson 2009) and lateral learning across disciplines about roles, responsibilities and capabilities. Most importantly, it brings the service system as a whole to the task of responding to family violence.

## SECTION TWO: RESPONSE TO ROYAL COMMISSION ISSUES PAPER

Berry Street has reviewed the Royal Commission Issues Paper and has provided a response to questions as set out below. While all areas outlined in the issues paper are of strong interest to Berry Street, we have focused our responses on areas where we have particular service delivery and practice expertise.

### 2.1 Royal Commission Goals (Issues paper question 1)

Berry Street considers that the terms of reference for the Royal Commission are well framed and enable a comprehensive exploration of all aspects of family violence to be considered by the Commission. There are two particular areas relating to the goals and all aspects of the work of the Royal Commission we believe demand particular emphasis to build on reforms achieved over the past decade:

- to affirm the universal human right to freedom from violence and fear while enlisting human rights within a whole of community response to family violence; and
- to prioritise the rights, safety and agency of people directly affected by family violence, in particular women and their children, given the gendered nature of family violence.

It is appropriate that 'fostering a violence-free society' is the first of the Royal Commission's goals. In framing its work and eventual report and recommendations, Berry Street encourages the Commission to view the whole Victorian community as the audience for its work. Women, children and all those affected by family violence are undoubtedly looking to the Royal Commission to play a strong leadership and public education role. The Royal Commission can and should highlight the gendered nature of family violence, the disproportionate impact on women and children and the need for men at all levels of the community to confront and own the truth that collectively their violence represents the greatest threat to the safety of women and children in Victoria.

The gendered nature of family violence needs to be acknowledged, as it is significant to how violence is enacted, often in ways that are discriminatory, sexist and racist. Understanding rights, gender and the unethical use of power is necessary in order to analyse how structural inequality remains entrenched and to frame a reform agenda that addresses those inequalities.

It is vital that the rights, agency, lived experience and needs of victims of family violence, who are in the main women and children, be prioritised within any reform agenda. Supporting the safety and wellbeing of the most vulnerable is the first task in any family violence intervention. Berry Street's observation is that poorly conceived child protection and family violence interventions can, in seeking to achieve protection for a child, diminish the agency of the protective parent – usually the mother – with harmful and immediate and long-term consequences. The protective parent's (mother) relationship and role in supporting the child's safety and development will endure long after child protection or family violence interventions have been withdrawn. Resourcing that mother and nurturing that relationship is critical.

In the pursuit of perpetrator accountability, women's right to agency and choice must be respected. For example, women's and children's safety and wellbeing can be compromised due to hasty or poorly-timed actions that have not attempted to understand her knowledge about potential risks to herself and any children. Without prioritising the victim/survivor's rights and knowledge of her own experience, the service is in danger of 'powering over' her, effectively robbing her of informed choice – reflecting the powerlessness inflicted through family violence. For women at very high risk, a lack of awareness of the

pressures she may be experiencing from the person using violence, her community and systemic pressure can unwittingly force women's (and children's) disclosure of serious violence deeper 'underground'.

For women who are highly traumatised, or who have complex needs, their ability to recognise risk – Including the danger to their children – can be compromised. Berry Street acknowledges that even in the context of 'rights to safety' there needs to be a hierarchy, where the rights of the most vulnerable to safety is a priority (Burke 1999 in Humphreys 2007: p7).

*When workers are able to ask mothers, respectfully and carefully, about the mother's observations of the impact of violence on their children, mothers are most often highly motivated to accept assistance (Silke 2010).*

Where a mother is not able to access help herself, the child's right to safety, may need to be prioritised. The service system needs to be capable to do this effectively and respectfully without resorting to punitive child protection interventions that sever the mother-child relationship while ignoring perpetrator accountability.

As discussed, children's safety is usually secured through engagement with their protective parent, usually a mother, who is provided with options based on her own knowledge, agency and choices. But if a parent's actions may jeopardise the child's safety, the rights of the most vulnerable, the child, must be the first priority.

Respecting and building the agency of those affected by family violence needs to include the agency of individuals, but also communities and groups, particularly Aboriginal and Torres Strait Islander communities. Aboriginal and Torres Strait Islander families have experienced and are surviving the intergenerational trauma of colonisation. Violence is the predominant instrument of colonisation. State-authorised violence was deployed here in Victoria to forcibly remove Aboriginal people from their lands, language, communities and culture. Aboriginal children were taken from their families.

Articles 7 and 8 of the United Nations Declaration on the Rights of Indigenous Peoples, to which Australia is a signatory, make clear that the act of forcibly removing children of an Indigenous group to another group is an act of genocide and violence.

> Article 7
>
> 1. Indigenous individuals have the rights to life, physical and mental integrity, liberty and security of person.
>
> 2. Indigenous peoples have the collective right to live in freedom, peace and security as distinct peoples and shall not be subjected to any act of genocide or any other act of violence, including forcibly removing children of the group to another group.
>
> Article 8
>
> 1. Indigenous peoples and individuals have the right not to be subjected to forced assimilation or destruction of their culture.
>
> 2. States shall provide effective mechanisms for prevention of, and redress for:
>
> a. Any action which has the aim or effect of depriving them of their integrity as distinct peoples, or of their cultural values or ethnic identities;

b. Any action which has the aim or effect of dispossessing them of their lands, territories or resources;
c. Any form of forced population transfer which has the aim or effect of violating or undermining any of their rights;
d. Any form of forced assimilation or integration;
e. Any form of propaganda designed to promote or incite racial or ethnic discrimination directed against them.

Aboriginal community-controlled organisations and families must have authority and agency within Victoria's child welfare and protection, police, family violence and law and justice systems. They must be trustworthy and safe for Aboriginal and Torres Strait Islander people. Doing so is a measure of self-determination and a necessary precursor to significantly reduce family violence within Aboriginal and Torres Strait Islander families.

Redesign of the service system needs to take place and be measured against a gendered, culturally-sensitive, historically informed and violence-aware rights framework.

**Recommendation 3 – Development of whole of community reform agenda**

The Royal Commission must develop a whole-of-community and whole-of-government reform agenda that:

- enlists human rights and applies the universal human right to freedom from violence and fear and other human rights instruments including the UN Declaration on the Rights of Indigenous Peoples; and
- prioritises the rights, safety and agency of people directly affected by family violence, in particular women and children given the gendered nature of family violence.

## 2.2 Building on recent reforms (Issues paper questions 2 & 3)

Berry Street agrees with the Royal Commission's Issues Paper that there have been 'sustained and ground breaking efforts' over the last three decades to address family violence (2015, p.5).

We would particularly highlight the introduction of *The Family Violence Protection (Vic) Act 2008* and reforms that impact on the operational response to women and children at immediate risk due to family violence. Our experience is that reform in this area has, overall, been positive and effective and has achieved the initial objective of coordinated integrated practice between police, family violence and courts. There has also been greater integration of criminal justice and child protection.

Below, we have outlined how specific reform measures introduced in the past decade can be improved to ensure the safety of women and children affected by family violence.

### *Common Risk Assessment Framework CRAF*

The Victorian Family Violence Risk Assessment and Risk Management Framework (known as the Common Risk Assessment Framework or CRAF) – originally released in 2007 and revised in 2013 – is among the landmark documents and policy measures of the last decade. The framework drew on the expertise of the

women's family violence sector and those working in the space over many decades. In particular, it relied on the leadership of the Domestic Violence Resource Centre Victoria (DVRCV).

It has been invaluable to have a common risk assessment framework of practice and a common risk assessment form with common evidence-based risk factors to assess risk and safety and as a tool to aid discussion with clients and other service systems. The CRAF framework provides a very clear directive that risk assessment is not implemented as a 'checklist form' but rather, a gender aware, culturally sensitive, trauma-informed engagement is necessary. When assessing a client's risk and protective factors, we need to ask questions and collaboratively find solutions. The expertise of the women experiencing violence is central to the CRAF; however, the risk factors and professional judgement of the practitioner making the assessment are all equally weighted elements. It is stressed that risk assessment is an ongoing process. The CRAF document cannot be underestimated for its significance and effectiveness.

Berry Street Specialist Family Violence Services routinely use CRAF. It is particularly notable that police also routinely use the CRAF as it is incorporated in the L17 police referral form. Like many women's family violence services, Berry Street Family Violence Services have included some additional items to reflect common violent behaviours of perpetrators. These include a series of items on electronic stalking and online and digital abuse as well as violence towards children. Berry Street recommends that common risk assessment 'aide de memoir' evidence-based risk factors be extended to cover these two areas.

A copy of the Berry Street version of CRAF can be provided upon request.

**Recommendation 4 – Revise the Common Risk Assessment Framework 'Aide-mémoire'**

The Common Risk Assessment Framework 'Aide-mémoire' should be amended to include:

- perpetrator behaviours such as attempt to kill, electronic stalking, online and digital abuse (distribution of humiliating or abusive film, images or threats) with these items marked as high risk behaviours; and
- perpetrator behaviours towards children such as physical assault of child, sexual assault of child, child injury due to attempt to intervene, threats to kill child, threat to abduct child, references to murder/suicide, sexual grooming of child, child exposed to pornography, child present during a violent incident.

Fully realising the benefits of the CRAF requires a comprehensive training strategy and investment to ensure that the workforce across human services is properly trained and supported in the ongoing application of the framework. The Domestic Violence Resource Centre has developed excellent training programs and resources, however additional investment is required to ensure this training is accessible across the human services sector.

In Berry Street's experience, it is not realistic to expect that workers from mainstream services, who are not specialists in family violence, will be able to apply the CRAF after a single day's training. For a number of years, the Berry Street Family Violence Service has been providing some internal training to the services sector in the north of Melbourne – to child protection, health, disability and early years services. In our experience, the CRAF one-day training has not been universally undertaken by all relevant services as originally envisaged. A commitment to funding ongoing face-to-face training for the community services

sector is necessary along with online training resources provided through DVRC and access to specialist family violence practitioners to embed knowledge.

Maternal and child health nurses have been required for some time to routinely screen for family violence. Our experience through the work of our NFDVS experience and the *Hume Early Years Network Family Violence Project* (see appendices) is that co-working and secondary consultation is essential to support professionals to confidently apply new knowledge and skills. The importance of training, complemented by access to specialist family violence practitioner knowledge and co-working, has been highlighted through recent evaluations of family violence screening and referrals by maternal and child health nurses (Hooker et al 2015, Taft et al 2013).

Victoria Police is committed to effective CRAF training for members and routinely applies the CRAF in practice with the 'aide-mémoire' of risk factors embedded into the L17 report. The Police Family Violence Unit, where all police spend three months intensively doing family violence work, should be looked to as a model for other organisations.

Alongside additional training in the framework, those seconded to do intensive family violence work alongside experienced family violence practitioners significantly improve practice, collaboration and organisational empathy (Laing & Humphreys 2013, Greenbook National Evaluation 2008).

Likewise, there is a need for training in key qualifications such as social work, counselling, psychology and youth work to include units on working with family violence within the curriculum. RMIT University has been a leader in this area, providing a comprehensive elective on violence against women for their social work students for some time. Since 2014, Berry Street's Family Violence Service and Take Two program have been providing an elective to the LaTrobe University Social Work program, providing specialist contemporary knowledge on family violence and trauma.

**Recommendation 5 – CRAF training and support strategy**

A comprehensive strategy for the effective application and implementation of the CRAF should be developed, including:

- to invest in ongoing face-to-face training and support in the application of CRAF;
- to complete of DVRCV four-day accredited CRAF family violence training for designated professions;
- to incorporate units on family violence in undergraduate qualifications such as social work, youth work, psychology and within Victoria Police training; and
- to resource specialist family violence services to participate in training to provide up-to-date operational advice, secondary consultations and where appropriate secondments.

### *The Family Violence Protection Act*

The *Family Violence Protection (Vic) Act 2008* has been effective and accessible. In particular, the definition of family violence clearly lists the range of behaviours that constitute family violence as well as the inclusion of children's experience of family violence. It reflects international best practice. The fact the Act is in plain English and includes examples of what children's experience of family violence can be has been helpful in translating the intent of the Act into policy and practice.

Importantly, the Act has enabled more children to be afforded immediate protection, along with their mothers, both through Family Violence Safety Notices (FVSN) and Family Violence Intervention Orders (FVIO). According to Court data, children are now the largest group of protected people in Victoria (VSA 2012).

Despite these necessary and promising trends, Berry Street Family Violence Services continue to come across circumstances where police or magistrates appear unaware that children should be included as protected persons if they have experienced family violence. This raises the question whether greater education about this provision is needed for courts or magistrates.

Given the high risk of cumulative harm from family violence for infants, children and young people the Royal Commission should examine how the cumulative harm associated with family violence can be directly referenced in Victorian legislation including the *Children, Youth and Families (Vic) Act 2005* and the *Family Violence Protection (Vic) Act 2008*. Legislation could be strengthened to automatically include children on FVSN, FVIO and parole conditions if they or their mother are likely to be at ongoing risk. Ensuring children are protected, on FVSN and interim FVIO could reduce the risk of abduction, applications for recovery orders and related court pressures. The inclusion of children in this way is of great assistance to children's services and schools, who often need clear authorisation to ensure the safety of children in their care, and provides clarity for professionals working with children.

**Recommendation 6 – Strengthened legislative provisions for children**

The Royal Commission should consider whether the Children, Youth and Families Act, Family Violence Protection Act and other Victorian legislation can be strengthened to:

- more effectively acknowledge, assess and respond to cumulative harm associated with family violence; and
- place onus on police, courts and parole boards to ensure any children potentially affected by family violence are protected by routinely including children and their interests on FVSN or FVIO and parole conditions.

The *Family Violence Protection (Vic) Act 2008* allows for magistrates to suspend family law parenting orders when children's 'time with' their father could incur risk to the child or their mother. The suspension time is currently 21 days. Despite this provision, Berry Street court support workers have noted reluctance by courts to apply this provision where risks of family violence remain apparent. Paradoxically, we have noted a tendency for informally arranged child contact and parenting for children as a part of FVIO applications where family law parenting orders do not exist.

As stated earlier, children's and their mother's safety needs to be the paramount consideration in these matters. In addition, women require family law advice before parenting orders are negotiated or devised. The unequal power, fear and risk for children when intimate partner violence is a feature of separation means additional care is needed in negotiating parenting arrangements.

*Greater clarity is required between Federal and State jurisdictions regarding the contact and parenting arrangements for children where there is a history or risk of family violence.*

A case could be made that some Federal family law functions, directly related to immediate safety of children (such as location orders or passport watch) could be utilised at the Victorian Magistrate's Court

level. It is also worth considering in the context of Federal and State shared jurisdiction for determining contact and parenting arrangements, how immediate financial security for women and children can be secured given the importance of economic security for women affected by family violence. For example, ensuring Family Tax Benefit is directed to the person who has children in their care and placing caveats on assessment and income.

**Recommendation 7 – Integration of Federal and State powers relating to contact and parenting arrangements for children**

The Royal Commission should consider the merits of extending certain functions and powers of the Family Law Court and Federal Registry to Victorian Magistrates hearing FVIO applications to enhance children's immediate safety and wellbeing and include the following options:

- suspend or vary parenting orders beyond 21 days;
- place onus on any perpetrator seeking a variation to suspended parenting orders to provide evidence to the court of ongoing engagement with services;
- apply passport watch restrictions;
- issue re-location orders; and
- institute measures to secure the immediate financial support needs of women and children.

### *Family Violence Safety Notices (FVSN)*

Police issuing of Family Violence Safety Notices (FVSN's) significantly increases safety for family members affected by violence by shifting the onus from the victim to the initiation of a justice response on the perpetrator. By issuing a FVSN, the Police implement a process in which the respondent/perpetrator is answerable for their violent behaviour.

It is vital in our view that children be routinely included on the FVSN to ensure the safety of all affected family members. While Berry Street has noticed a greater inclusion of children on safety notices, this needs to extend to children even if they were not present at the time of the particular incident that gave rise to the FVSN. Current legislation is framed to offer protection to children present at the time of the incident; however children who may not have been present at the time of the incident can also be at risk and require protection.

**Recommendation 8 – Family Violence Safety Notices to extend to all children in family**

The FVSN should routinely include all children who live in a home where a family violence incident has occurred.

For women and children to safely continue their daily activities – such as accessing child-care and taking children to school – it would help if they had documentation outlining all the conditions of a FVSN. This would include the names of all children so she can inform relevant institutions that her children are also protected persons.

Information about FVSN's needs to be more widely available in a variety of formats and languages. Newly arrived communities can find it difficult to access accredited interpreters and in small communities there can be additional complexities and sometimes risks for interpreters. Written materials or voice recordings

in community languages explaining the FVSN's, FVIO's and related processes should be readily available including via a 1800 number and web page.

**Recommendation 9 – Information and communication strategy (FVSN's and FVIO's)**

A comprehensive information and communication strategy should be developed and implemented in relation to FVSN's and FVIO's including:

- accessible material for the affected family members outlining the conditions of FVSN's to enable them to inform schools and other services of these conditions and details of any affected children;
- explanatory information on FVSN's and court dates to be routinely provided to all parties in community languages; and
- public education and awareness information on the purpose and function of FVSN's and FVIO's.

### *Family Violence Intervention Orders (FVIO)*

FVIO's are, in most cases, an effective intervention to provide greater protection to women and children experiencing, or at risk of, family violence. Berry Street's experience is that FVSN's and FVIO's have enabled women and children to be safer and stay in their homes. However, often the person using violence continues to be violent in different ways, sometimes forcing women to re-locate multiple times (Diemer et al 2013). Extremely high risk men, with high risk behaviours, criminal or drug connections may not be deterred by intervention orders and women's assessment of risk in these circumstances is vital. Berry Street welcomes the extension of High Risk Assessment Management Panels (RAMPs) to assist with multi-agency responses in these situations.

Provisions of the *Family Violence Protection (Vic) Act* could be reviewed to enable magistrates to take a greater role in oversight and response to any breach or variation of the FVIO's for the same perpetrator, for example by adopting a docketing system (CIJ 2015). Such measures could enable magistrates to be better informed when considering length of orders or conditions that may address particular patterns of violent behaviour (for example, prohibiting time with children if using alcohol). This mechanism may also enable the court system to recognise men who have perpetrated violence against a number of women. The court could also more assertively monitor compliance with the conditions on orders such as mandated counselling orders.

The *Family Violence Protection (Vic) Act* contains provisions enabling the alternative service of FVIO's. Police are currently responsible for servicing orders. Significant systemic problems with the servicing of orders are a serious impediment to orders providing the intended protection. Demands on police resources can delay the servicing of orders, service is not possible because the perpetrator has deliberately not attended court, or is evading police. Women are often unprotected when the service is not provided quickly. For women in rural and remote locations, the risk and the anxiety can be acute when orders cannot be served. Berry Street clients frequently report breaches to unserved orders for which criminal charges are not possible.

Where police have attended a family violence incident and issue a FVSN's, there is an opportunity to confirm ways of contacting the perpetrator – by collecting an email address, for example. To ensure that

FVIO's can have their full and intended effect, options for alternative service and placing onus on perpetrators to attend or make themselves aware of court outcomes should be examined.

Conditions routinely placed on FVIO's that allow parents to make arrangements for contact with children are, in Berry Street's experience, poorly worded in the absence of legal advice or explanatory material on children's paramount rights to safety. This can lead to women entering into, and then complying with, arrangements that are unsafe for them and for their children.

For some fathers who are using violence, time with children can be an opportunity to inflict further threats, to intimidate and perpetrate violence against women and children. It would be helpful if there was greater clarity in the wording of FVIO conditions relating to contact and time with children, including the stipulation that parenting arrangements are made in writing.

Greater clarity in the conditions on orders would assist respondents to comply with court and justice requirements, to take responsibility and arrange their own referral to support services, behaviour change programs, family mediation or family law support services and to comply with agreed parenting arrangements.

The range of standard order conditions for the FVIO's should be extended to encourage fathers to more assertively alter their behaviour, for example, by not seeing their children or ex-partner if substance affected or to compel engagement with services they may benefit from such as men's behaviour change, post-separation parenting courses or drug treatment programs.

The respondent worker could promote voluntary engagement or, as a condition on the order, compel men to seek more help. If a greater range of therapeutic jurisprudence models was implemented, time with children or type of contact with children could be adapted, conditional on the father's participation in men's behaviour change, parenting after separation courses and/or engagement with mental health or alcohol/other drug (AOD) services. Our experience with the Neighbourhood Justice Centre (NJC) has seen some evidence that men find having clinical services on site at the court helpful to their engagement. Berry Street's work in care teams with families has also seen greater safety for women and children created by multi-disciplinary focus on safety and support for both parents and trauma-informed practice assisting with risk management and safety planning.

Berry Street specialist family violence practitioners have noted that there are circumstances where women seek to report FVIO breaches and where formal statements are not taken. This occurs sometimes because police focus on whether the incident meets a threshold as evidence, rather than recognising that a pattern of violent behaviour is common with family violence, and that pattern may be lost if breach reports are not routinely collected.

*It should be routine police practice that when women report any breach of* FVIO*, the option for a formal statement should be offered, or some recording of her attempt to make a report be made.*

**Recommendation 10 – Strengthen legislative provisions for FVIO's**

The Royal Commission should develop legislative and other systemic reforms to enhance the effectiveness of FVIO's including:

- arrangements for the alterative servicing of FVIO's including different methods for servicing orders and servicing of orders by dedicated or prescribed service officers in addition to Victoria Police;

- placing onus on the perpetrator/respondent to make themselves aware of court outcomes and remove the incentive to fail to attend court;
- enabling docketing systems and greater oversight powers for magistrates, so they can see all family violence matters related to the same perpetrator;
- modifying standard clauses on FVIO's regarding negotiating time with children to make clear that the safety of children is paramount;
- FVIO's (and application for FVIO's) to include more options for standard conditions that increase children's safety, for example, conditions that prohibit perpetrators having time with children if substance-affected or time with children unless arranged in writing;
- mandated counselling options for people using violence to be extended beyond the family violence magistrate courts to all magistrate courts; and
- applicant, respondent workers and specialist family violence support workers to be available at all courts on all days when there is a family violence protection list.

### *Police Code of Practice, L17 form and L17 Reporting*

The Victorian Police Code of Practice clearly outlines police process and practice in relation to family violence and has been a landmark document. The Code of Practice has outlined three overarching responses to family violence for police: criminal action, civil action and community referral. In addition, the code of practice outlines how police should conduct themselves when responding to family violence and gives guidance in relation to complex issues, for example, it contains clear guidelines for assessing the primary victim and the primary aggressor, to avoid cross applications.

The police have consistently been collaborative in reviewing the Code of Practice and the L17 police referral forms. Berry Street recently provided feedback to Oakton Consulting Company, engaged by Victoria Police, to review the L17 report form. Berry Street would like to highlight a number of key issues raised as part of that review, including routinely capturing violence towards children on L17 forms.

The current L17 form includes 20 incident codes, provides a clear delineation of criminal and non-criminal family violence, captures a summary of the incident and is included in the CRAF form (see DHS 2013 p76). Berry Street recommends that the L17 incident codes be extended to include incident codes for specific risks to children, such as physical assault to child (indictable), physical assault to child (summary), child sexual assault, threats to abduct, threats to harm or kill or reference to murder or suicide.

*Where a child has intervened to stop violence towards their mother or siblings, or has been hurt when intervening, this information should be captured.*

The L17 form and code of practice also needs to cover the range of family relationships consistent with the updated definition of 'family' in the FVPA. The current L17 form does provide a data field to record if the relationship between an affected family member and perpetrator is child-to-parent violence. It would assist agencies like Berry Street to provide appropriate support and referral if the approximate age of the child or young person who is using violence could be recorded e.g. adolescents (12-18), children under 12 years , so tailored therapeutic responses for children can be provided.

It would be helpful if a tick box section could be added to indicate who has reported to the police, i.e. the affected family member, a neighbour, child, other family member. This can assist in terms of understanding

the risk and effective intervention. It may also indicate possible witnesses for the violence, where a FVIO breach has occurred.

It is very helpful if court dates are routinely provided on the L17, as specialist family violence services can involve either face-to-face support at court or contact for women before court to make them aware of justice options and how their safety can be enhanced on court day.

**Recommendation 11 – Revise Victoria Police L17 Code of Practice to better reflect children's interests**

That Victoria Police L17 code of practice and form the L17 form can be revised and updated to reflect family violence towards, or involving, children by:

- including any children who live at home on the L17 form;
- providing additional incident codes to record violence direct towards children;
- recording the age of the child where a child has perpetrated violence against another family member; and
- including the source of the report to the police that precipitated police attendance.

### *Resourcing Specialist Family Violence Services to respond to L17 referrals*

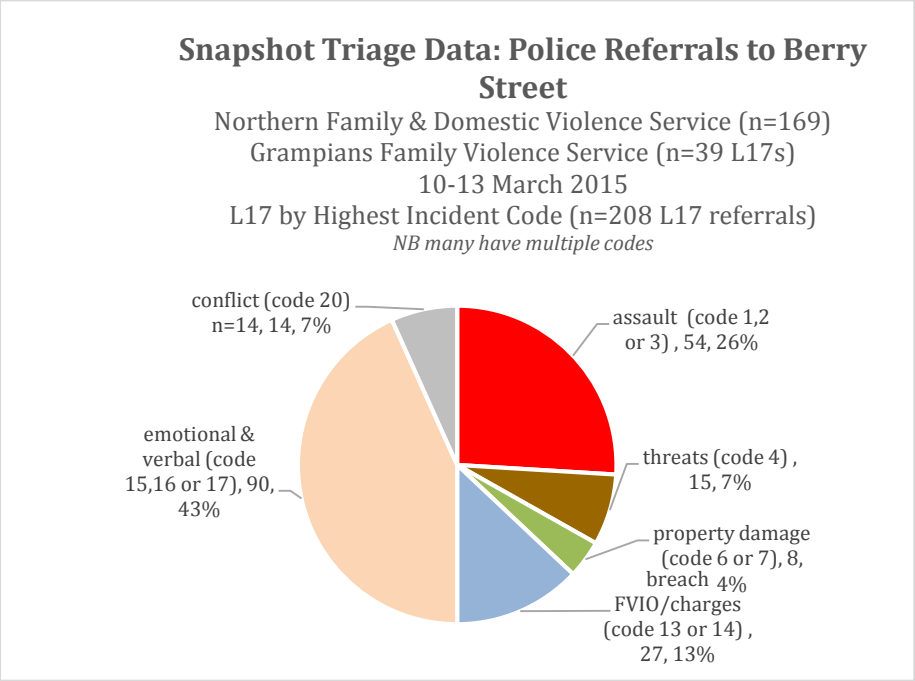
Berry Street's NFDVS and other specialist family violence services have been managing an unprecedented increase in police referrals, an increase of 259% from 2009-10 to 2013-14. In March 2014, NFDVS reached a new high of 927 L17 referrals in a single month. In addition to police referrals, the Berry Street NFDVS receives up to 300 calls a month from women or services seeking assistance.

In Victoria, women are actively seeking specialist help from family violence services, for themselves and their children. This willingness to report violence to police and seek help, at greater levels than women's family violence services are resourced to provide, needs to be acknowledged and addressed as a significant 'gap'. As community attitudes change and people feel more confident to report family violence as a crime, there is a real risk to the success of recent reforms if the sector does not have sufficient capacity to meet additional demand.

A recent snapshot of the police referrals in a four day week after the Labour Day weekend, showed that Berry Street family violence services received over 200 police referrals, which involved 124 single women, 84 mothers and 116 children. According to the police L17 data, in 40% of incidents police attended children were present.

An analysis of the highest incident code, showed the following 'on the paper' level of risk: 26% physical assault, 7% threats, 4% property damage, 13% breach of FVIO's. Some 50% of incidents were recorded as criminal family violence and 50% as non-criminal violence, e.g. emotional abuse, verbal abuse (see Figure 1, below).

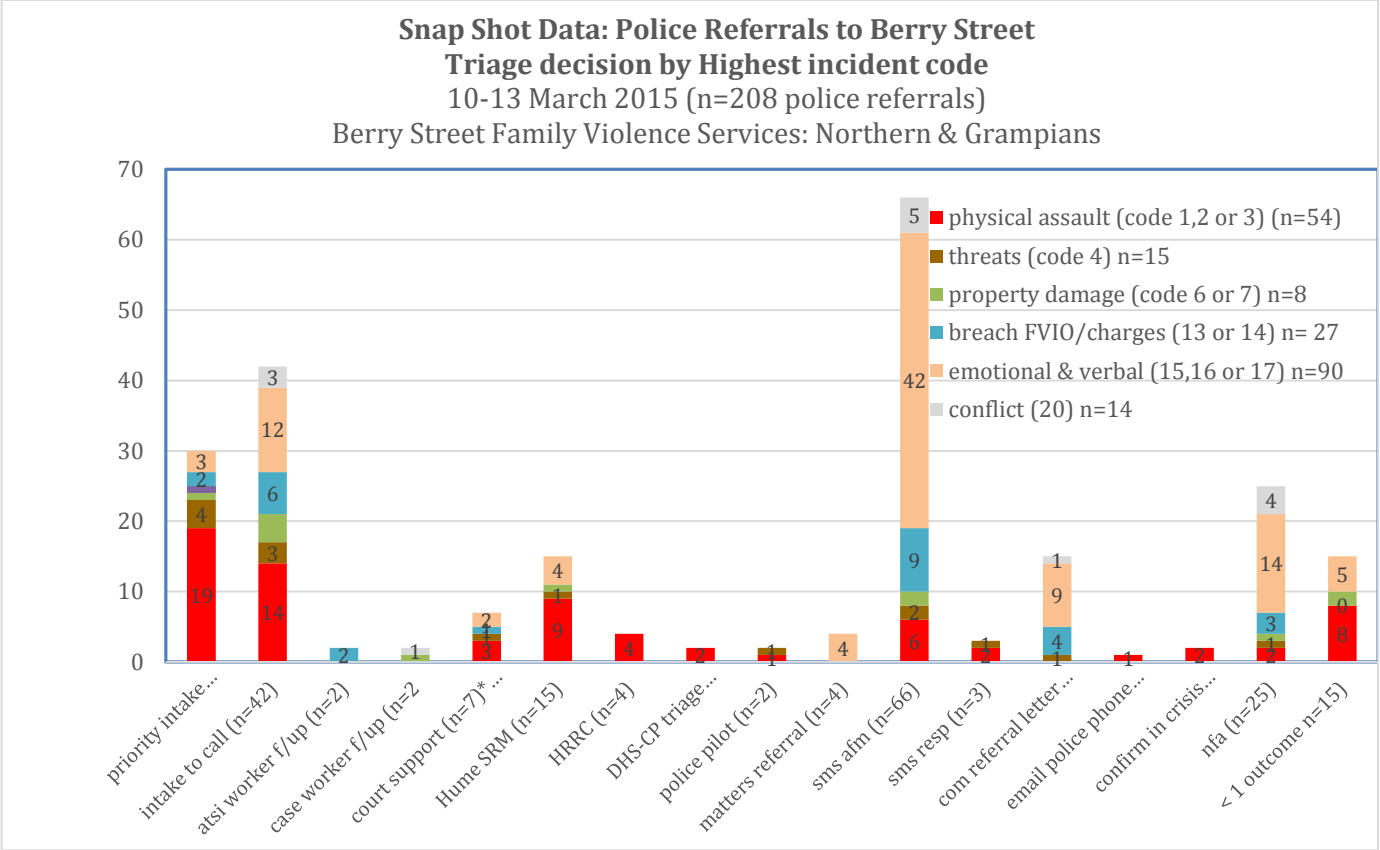
Figure 1. Snapshot of L17 referral received by Berry Street family violence services in four days:




In response to escalating demand, Berry Street has implemented a triage process. A group of senior practitioners review the police referrals by assessing the most recent referral from the database of service history with the client. From this assessment, they determine an immediate response, ranging from: priority intake call, intake call, text message or letter. In addition, cases may be referred to multi-agency responses – either the High Risk Assessment Management Panels (RAMPs) teams or in the north, if children are at high risk, to the DHHS Child Protection triage. Berry Street also has a partnership with the Victorian Aboriginal Child Care Agency (VACCA) women's family violence team. Police referrals may indicate if women and children are of Aboriginal or Torres Strait Islander (ATSI) descent and whether an affected family member prefers referral to a mainstream or ATSI family violence service.

Figure 2 below is a snapshot of L17 referrals triage decisions by highest incident code. It demonstrates the highest incident code alone cannot indicate which response ought to be applied. Each triage worker considers not only codes, but also the whole L17 report, including narrative as well as family violence service history with the client.

Figure 2. Snapshot of L17 referrals triage decisions




As can be seen in Figure 2, the triage decision-making process provides a differential response, drawing on a range of programmatic options. A 'priority intake call' demands an immediate response, ideally that day or within 48 hours. The court support rate in this snapshot is very low due to the public holiday on the Monday of the week. The highest response rate is sending a text message, which can occur within 24 hours. This option was implemented as a way to reach women quickly and allow them to call in at time that suits them. It is often used when the L17 indicates the violence is from an ex-partner who no longer lives with her, where an adult child is using violence or where our service knows the client. There is also a range of collaborative or multi-agency response options including referral to VACCA triage team or high-risk programs.

Berry Street maintains logbooks of calls received and made by the intake phone team and this enables monitoring of the response provided to police referrals, women and agencies. Around 22% of women referred by police are spoken to by phone by the intake team.

After telephone risk assessment and safety planning, women can be offered face-to-face assessment and support either at the four courts with a family violence list in our regions or they can meet a practitioner in their local area within a safe mainstream service. Over 130 women were supported face-to-face in March 2015. Berry Street has also been piloting embedding workers within two local police stations, where another 40 women were met face-to-face in joint visits in March 2015.

From the range of assessments made over the week, women at highest need and risk are identified and allocated for ongoing case management. In March 2015, 80 women and 170 children, 40% of whom were born outside Australia, were being case managed.

Where there is high risk and more complex needs, caseloads per worker need to be lower. Only women experiencing high immediate family violence risk who have other complex needs are allocated to ongoing casework. The recommended caseload for intensive casework funding was five clients for a 0.6 EFT worker. As all our case workers work in a range of interventions, including court work, intake phone, site based assessments, triaging, networking, after hours on call, as well as case work, their caseloads, given risk and needs, already exceed this.

Berry Street's Family Violence Services have diversified their caseworker roles and duties from traditional outreach style casework to also include embedded specialist practitioners to provide support at courts and within universal services. This change has enabled more women to be reached – safely, locally, and at the most crucial times – to aid them and any children to gain safety and to navigate service systems. Feedback from clients has shown that our expertise as knowledgeable advocates with established links with police, courts and local services is key to engaging an integrated system around the women and her children in a timely way. However, this is only possible due to the professional rapport and trust built by specialist family workers, due to culturally sensitive, trauma and gender informed practice and capability in comprehensive risk assessment and safety planning.

**Recommendation 12 – Resource Specialist Family Violence Services commensurate with demand**

Significant ongoing additional investment should be provided urgently to specialist family violence services commensurate with demand increases in L17s and community referrals. This will help to ensure immediate safety, case management and recovery from traumatic impact for affected family members.

### *L17 Referral and Information sharing*

Berry Street Family Violence Services currently receive L17s for women (affected family member or perpetrator); however, the information related to the male perpetrator is not provided to our service. This information is relevant to the risk posed to women and children. Triaging and response to both parties by the community services could be more effectively and safely conducted if the men's response was coordinated alongside the women and children's response, as occurs in other services, (for example, the Centre for Non Violence Bendigo).

Berry Street has been involved in a range of cross agency triaging processes, including with DHHS Child Protection. Berry Street has sought to establish information sharing with the local men's services; however, this process is hampered by not having routine access to information on male perpetrators on L17 referrals. A recent review of men's services canvassed these issues and Berry Street recommends that the Royal Commission consider this report and information (see Cathy Wilson Consulting 2013).

**Recommendation 13 – Improve information sharing between men's and women's services**

The Royal Commission is urged to consider:

- the merits of the male perpetrator details from each L17 referral being routinely provided to specialist family violence services accepting L17 referrals; and
- more coordinated responses between men's and women's specialist family violence services that respond to L17 referrals – including improved information sharing, co-location and joint triage.

### *Service and practice innovation*

In relation to identifying what is currently working well in the service system, Berry Street would highlight the casework and advocacy provided by women's specialist family violence services. At Appendices 2 and 3 have listed a range of projects that Berry Street has been involved with that have been evaluated and shown to provide effective innovative services and practice. As is often the case, taking service innovations to scale and embedding specialist practice across a range of service settings is a challenge.

We have had a central role in a number of projects, ranging from the Hume High Risk Assessment Management Demonstration project, to the recent evaluation of LINK Outreach project where women can access legal advice from Women's Legal Service via Skype. All demonstrate the positive role Berry Street Family Violence Service has played in both direct practice with clients and collaboration with other systems.

The Berry Street Board has established service innovation and evaluation as a major organisational priority. While Berry Street and other agencies have been able to initiate or participate in a number of evaluations of service and practice innovations there is a need for a strategic approach to service and program evaluation across the family violence services sector. This requires dedicated resourcing and support.

Berry Street encourages the Royal Commission to consider the development of a system-wide evaluation framework that includes capacity for feedback to be assertively sought from service users, including marginalised populations. A qualitative component to the evaluative framework is essential as outcomes must be related to women and children's lived experience. Given that ongoing risk of family violence may be present, evaluation models must be designed with capacity to ethically manage a disclosure of current violence.

A model that may offer learnings for Victoria is the UK multi-site evaluation, 'Safety in Numbers' (Howarth, et al., 2009). The evaluation used a mixed methods methodology including 'point in time' risk assessment data collection at point of referral and 'at case closure' (or four months) as well as follow up interviews with clients. This process enabled change to risk and safety to be assessed. The UK research team tracked risk to children against wellbeing indicators, including their sense of safety. Their findings based on 2500 women, 3600 children across seven sites over two years demonstrate that women's and children's risk from a range of violent behaviours (including physical assault, stalking, obsessive and controlling behaviour) stopped completely for 65-75% of their client base. The most significant changes occurred where intensive support was provided to women by independent domestic violence advocates (IDVA).

The IDVA role is similar to that of specialist family violence practitioners and deploys similar interventions such as risk assessment, casework, organising secure housing and court support and advocacy. Types of violence inflicted on women declined over the two points in time, with a 75% drop in physical and sexual violence and 66% drop in stalking. Importantly, women reported declined fear of injury (from 85% to 22%) and a fear of being killed (from 48% to 7%). Of the total women, some 83% described themselves as frightened at intake, but this dropped to 17%. (Howarth, et al., 2009, 9).

**Recommendation 14 – Develop system wide evaluation strategy**

A long-term system-wide evaluation framework could be established and resourced across family violence services systems, taking account of relevant national and international evaluation frameworks that include the evaluation of the UK *Safety in Numbers* program.

## 2.3 Prevention of family violence (Issues paper questions 4, 5, 6 & 7)

Sustained community-wide education and awareness campaign initiatives are essential for attitudinal change to occur. Berry Street is not in a position to provide comprehensive advice on prevention. We support the public health model of prevention and early intervention that the Royal Commission's issues paper presented. The response to family violence in public health model of prevention includes a sustained and balanced primary, secondary and tertiary response with significant and sufficient investment at each point of this continuum.

It is critical to note that public education and awareness (at the broadest community level or tailored and targeted to particular services and settings such as schools) has the potential to elicit disclosure of current family violence risk. It is essential therefore to ensure that additional resourcing of specialist family violence responses is available to support people making those disclosures, noting that this will likely include children and young people.

For this reason, Berry Street recommends that all funded activities of this nature should be coordinated by specialist services with the capacity to respond. For example, Berry Street has been involved in the Whittlesea Community Connections CALD Family Violence Initiatives and has been associated with an increase in disclosures of family violence. Provision has been made for on-site assistance for the management of disclosures.

The *Solving the Jigsaw* Project, an education project provided to primary schools that is provided by the Centre for Non Violence, is another primary prevention model that has effectively planned for the management of disclosures in partnership with specialist family violence services. Having specialist family violence support arranged *before* embarking on education initiatives is particularly important for any endeavours in schools.

**Recommendation 15 – A public health approach to prevention and early intervention**

A Public Health approach needs to be taken to prevent family violence and to offer early intervention. All public education and awareness programs should have arrangements in place for the management of disclosures of family violence.

## 2.4 Ensuring safety of those affected by family violence (Issues paper question 9)

Berry Street is strongly committed to, and supportive of, service and practice integration and coordination as a major reform priority. We are involved in a number of service and practice initiatives directed towards collaborative practice, co-location and embedding of specialist family violence practitioners within universal and other service systems. Each of these initiatives is aimed at improving family violence

responses across service domains and professions such that women, children and others affected by family violence receive an evidence-informed and timely response.

A range of evaluated international and interstate projects have found collaborative practice endeavours enhance cross-organisational capacity to implement competent and safe family violence practice (Greenbook Initative, 2008; Laing & Hefferman, 2010; Robinson 2008).

Berry Street believes that there needs to be greater and prioritised integration between specialist women's family violence services with child protection services, child and family services (Child FIRST), maternal and child health services, child protection and police.

Areas where Berry Street is pursuing integration and playing a leading role include:

- joint triaging of police L17 referrals that include children with DHHS Child Protection, Child FIRST VACCA and Berry Street Family Violence Service;
- High Risk Assessment and Management Project (RAMP)s; and
- embedding specialist family violence practitioners within universal services or within local service systems including:
    - Neighbourhood Justice Centre Clinical Services team;
    - Family Violence Police Partnerships Pilot Projects; and
    - Hume Early Years Family Violence (HEY Family Violence) project.

These initiatives do generate a significant additional workload for our specialist family violence services, for whom operational responses to immediate risk must take priority. For example, over the last two years, Berry Street has formally presented to one or two community forums or networks every month. This participation is in addition to local monthly LGA family violence network meetings and quarterly strategic network meetings, and as well as a range of population-focused networks for children or specific communities, such as the Whittlesea Family Violence CALD steering committee. As Hague and Malos (1999) have noted,

> *"in resourcing multi-agency work, individuals could be seen to be contributing a great deal of time and energy… … but without specific resourcing of some sort, initiatives may flounder as time goes on and initial good will and commitment can become strained…" (*Hague & Malos, 1999).

Hague & Malos (1999) also note other challenges for integration, such as unequal power relationships, competitive tendering and lack of distinctive expertise or responsibility for each of the parties within the collaborative project. In relation to best practice in collaboration, Humphrey and Laing (2013) have identified the following essential elements:

- spirit of collaboration which is fair and inclusive between partners;
- shared understanding of the problem being addressed and purpose of collaboration;
- institutional empathy or appreciation of each organisation's or professional discipline's role, and parameters; and
- adequate resourcing (Humphrey and Laing 2013, 122) .

Our collaborations in relation to family violence have been built on a shared understanding and commitment to place the safety of women and children at the centre of policy and practice. The safety of children needs to be understood as being linked with the protective parent, usually the mother. An

understanding of how the violence can undermine mothering is vital, so she can be assisted to support her children with any traumatic impact and rebuild their relationship. Once safety is established, supporting and strengthening the protective parent's relationship with her children needs to be prioritised with children's rights to safety paramount. Systems and services also need to keep the person using violence in view, recognising the role his behaviour has had on the dynamics within the family. Research has shown that statutory and justice responses are most successful in compelling men who use violence to change behaviour and to engage with support in a timely and predictable way (CIJ 2015). Ideally the system should be removing from the victim/mother the burden of monitoring the behaviour of the perpetrator and ensuring accountability for that behaviour.

Berry Street would be happy to provide further details on each of the above initiatives if that would assist the Royal Commission.

### *Leading and coordinating service and practice integration*

Service and practice integration needs to be supported at all levels including the policy and program level and with the coordinating support and assistance from sector peak bodies and resource agencies. At a state level, peak bodies such as Domestic Violence Victoria (DV Vic) and Domestic Violence Resource Centre (DVRCV) and No to Violence (NTV) have joined with local networks to tirelessly organise regional and statewide meetings, contributing to policy, action plans, forums and campaigns. Berry Street endorses the submissions from these organisations, and the essential role these organisations play to coordinate the sector and maintain the focus on family violence in the wider community, including health promotion efforts, such as the extremely useful 'help cards' for men and women in community languages.

**Recommendation 16 – Continue and extend support for sector governance bodies**

The Royal Commission should affirm the leadership roles of State level bodies such as Domestic Violence Victoria (DV Vic), Domestic Violence Resource Centre (DVRCV) and No to Violence (NTV) and consider how these agencies can be further resourced and assisted to support implementation of the Royal Commission's final report.

### *Service integration and collaborative practice*

There is a significant body of research that provides evidence in support of service integration and collaborative practice. Research from USA, in particular the Greenbook Project, to address co-occurrence of domestic violence and child abuse, has stressed the importance of domestic violence practice specialists, as valued change agents in both justice and child protective systems (Laing & Humpreys, 2013; Greenbook National Evaluation Team, 2008).

In the Greenbook projects, domestic violence practitioners performed collaborative functions within child welfare services, including altering policy and procedures to improve language, screening and assessment in relation to family violence, providing training to child welfare services teams and attending case reviews as specialists. This work was done by specialist domestic violence positions for the project and contracted into child welfare services from domestic violence agencies (Greenbook National Evaluation 2008 vi).

Evaluation showed that child welfare workers developed greater empathy for mothers experiencing violence, greater capability to screen for family violence and better collaboration between systems. Domestic violence practitioners on the ground were seen as key to 'bridging the gap'.

Berry Street has created opportunities for these types of 'system bridging' projects, mostly with the support of donors, philanthropists or small government grants. For example, in 2010, Berry Street piloted a family violence secondary consultation within the clinical mental health services (Fernbacher et al 2010) inspired by a NSW project (Laing et al 2010). In 2010-11, Berry Street provided a family violence practitioner to the maternity section of Austin Health, providing half-day training and weekly co-location to enable secondary consultation and patient assessments. The Turtle Mother/Child Project has been providing secondary consultation on impact of family violence on children's behaviour and parenting as well as working with mothers and children in the community.

These projects have all shown promise, have been valued as effective, but remain temporary. There are high levels of commitment and goodwill to pursue the service and practice integration, but ongoing secure resourcing is required to fully capitalise on that goodwill.

**Recommendation 17 – Exemplars of service integration and collaborative practice**

The Royal Commission may examine innovative multiagency projects locally, nationally and internationally to identify exemplars of service integration and collaborative practice.

### *Integration: Joint Triage of L17 reports involving children*

In the Northern region of Melbourne, where Berry Street provides the specialist family violence service for women and children, a joint triage process has been established between Berry Street Family Violence Service, the Victorian Aboriginal Child Care Agency (VACCA), Child FIRST and Child Protection. This process enables an allocation of each case, considering whether the family already has an engagement with one of the services as well as an enhanced assessment of risk, based on shared information between all agencies. Each participating agency has been funded to participate, except for VACCA. Currently all clients who police indicate on L17 are Aboriginal or Torres Strait Islander are prioritised and considered at this forum. The mandatory referral of all L17s involving Aboriginal and Torres Strait Islander families has had unintended consequences in that it screens in all Aboriginal and Torres Strait Islander families regardless of the assessed level of risk.

Currently, DHHS Child Protection, as the lead agency, determines which L17 reports are listed for consideration. Overall, the L17 joint triage has provided an effective process. Berry Street would recommend that this process be replicated in other areas with some modification, including that all participating agencies must be resourced to participate and all agencies should be able to list L17 reports for consideration.

**Recommendation 18 - Joint Triage of L17 reports involving children**

Joint triage arrangements should be established across the State between Child Protection, Child FIRST, specialist family violence services including Aboriginal agencies; all agencies should be resourced for their participation and all partners be able to list L17 reports for consideration.

### *Integration: Risk Assessment and Management Panels (RAMPs)*

Berry Street was the site of a demonstration project – the Hume Strengthening Risk Management Project – that established the first Risk Assessment Management Panel. The project established a multi-disciplinary integrated response to identify and respond to women and children at high risk of extreme violence. The project was independently evaluated by Thomson Goodall and Associates and the evaluation report is noted in the appendices.

Berry Street welcomes the funding announced in 2014 for the 'roll out' of RAMPs across the state. This acknowledges the importance of a multi-disciplinary response to prioritise the safety of women and children at highest risk due to the behaviour of their partners, ex-partners, fathers or other family members.

However, in extending the model across the state, the model has been substantively modified, which will in all likelihood diminish its impact. Pathways for ongoing case management for women and children beyond RAMP have not been clearly articulated in the new guidelines, despite this issue being raised in evaluation reports (Thomson Goodall Associates 2013).

*RAMP funding announced in 2014 only allows for a single caseworker to manage a caseload solely of women and children who have experienced potentially lethal risk, with no clearly articulated exit plan to ongoing support. This is a significant dilution of the model.*

The complexity of these women's needs and experiences requires intensive, flexible trauma-informed assistance for months or years. Berry Street holds concerns regarding the potential for vicarious traumatisation for workers and small teams particularly when the agency funded to provide RAMP is based in a mainstream service, without a specialist family violence service expertise, or in rural areas where options for referral are even more limited.

**Recommendation 19 – Support the full implementation of the Risk Assessment Management Panels (RAMP)**

The Royal Commission needs to review the proposed operation of the Risk Assessment Management Panels (RAMP) against the independent evaluation of the RAMP pilots and make urgent recommendation in relation to:

- what authorisation will be necessary – legislative or policy – to ensure that RAMP has necessary representation and contribution from key sectors and agencies including police, child protection, corrections, parole board and family violence services;
- adequate case work provision for women and children at time of immediate risk and for ongoing support;
- adequate brokerage levels so practical safety can be offered in terms of security, lock changes, damages, transport to court, disability needs, etc.; and
- consideration of whether collaborating agencies on RAMP should provide government agencies with capacity to provide practical assistance, such as the Office of Housing.

### *Integration: Family violence police partnership pilots*

Berry Street has been involved in the police-led, High Risk Response Conference in Whittlesea Police Division, which has trialled a 48-hour after incident police visit to victims of family violence. This 48-hour meeting offers an opportunity to further establish safety and rapport, and explain justice processes and services. Berry Street has been piloting regular co-location of specialist family violence workers at police stations, as a strategy to reach women in a safe, timely way, by attending joint visits with police.

The Family Violence Police Partnership pilots have been inspired in part by the Scottish Asista program. Participants of the Strengthening High Risk Management demonstration project visited in 2010. The first response women receive is often the key to whether they will engage with supports or seek help in the future.

For many women, authorities such as police and child protection services are daunting. Men who use violence frequently threaten women and children that they will not be believed if they seek help or that authorities will remove their children. For Aboriginal women, their family and cultural history can make police intervention, and the prospect of incarceration of a family member, or involvement of child protection with the prospect of child removal, an insurmountable barrier to disclosure of the true risk and violence she and her children may endure. In consultations with Aboriginal specialist family violence teams, practitioners stated that for many women, the system response is not perceived as safe. For these reasons, a non-statutory advocate, ideally from Aboriginal or women's specialist service can be invaluable at early post crisis intervention points. There is also interest in the recruitment of more Aboriginal staff and more Aboriginal community liaison positions within the police force.

Women from recently arrived communities sometimes carry negative experiences of police or other government authorities in their own country. This makes them very reluctant to seek help from Australian police or government institutions. A women's family violence specialist, as an independent advisor, can help women to build trust with the service system and make informed choices about her and her children's safety within the parameters of the service system. As discussed, access to accredited female interpreters and information in community language is essential.

There is evidence that where a child specialist is able to discuss with mothers the impact of family violence on children in the early days, subsequent to police intervention, women's help-seeking increases and is inspired by a desire to serve her children's best interests. It is also possible that her confidence as a mother can be enhanced. The Hume Strengthening Risk Management demonstration project, the pre-cursor of RAMP, included a children' specialist component. Having a children's specialist as a secondary consultant to police, who are first responders, enhanced the RAMP model.

Berry Street is interested in the combined SOCIT and child protection models and believes some of the processes in relation to sexual offences for children, within child protection practice, could be reviewed and extended for children subjected to high-risk family violent behaviour. The Police Ambulance Clinical Early Response (PACER) team, where specialist mental health workers are 'contracted in' by police to provide a specialist response in relation to mental health, is another model that may assist the Royal Commission's deliberations in how to enhance immediate responses to family violence; for example, by contracting specialist women's family violence practitioners to work with police.

**Recommendation 20 - Police and family violence early first response**

The Royal Commission may consider models to improve the immediate response for women and children experiencing violence:

- that co-locate specialist family violence case workers with police; and
- where a family violence and/or children specialist can be available for early first response to family violence.

### *Integration: co-location or embedding specialist family violence services in universal services*

Often the women most at risk of family violence are highly isolated, marginalised, and unaware of services. An objective of the Victorian Family Violence Reforms is that whenever a woman presents with indicators of family violence, a consistent response and referral is provided. However, as discussed earlier, CRAF training has not reached all service systems or all professionals, including those within universal services. It is Berry Street's view that a single day of CRAF training is insufficient to build capability and change direct practice. Berry Street finds it is more effective to extend and embed learning by co-locating women's specialist family violence practitioners who work along-side key workers.

The MOVE project (Taft et al 2012; Hooker et a.,l 2012) implemented a screening tool and guidelines to aid maternal and child health nurses (MCHN) to routinely screen mothers in relation to family violence. An important feature of the project was the provision of a family violence specialist practitioner, to work alongside the nurse, providing joint assessment, debriefing, training, and referral. Berry Street NFDVS and Women's Health West provided these specialist workers. Subsequent to this project, Berry Street has replicated the model with the Hume Early Years Family Violence (HEY Family Violence) project. Both projects enabled NFDVS and MCHN services an opportunity to develop a deeper understanding of each other's language, assessment and direct practice.

This type of cross-discipline, relationship-building, at a direct practice level, requires the family violence practitioner to have professional maturity, an appreciation of multi-disciplinary practice as well as awareness of, and respect for, the cultural and institutional demands of the host service. The family violence practitioner has to operate as an 'outsider/insider' in a host service, while also undertaking the significant task of collaboratively addressing the ramifications of any family violence uncovered.

The MOVE research project and evaluation of the Hume Project have shown that women and children are better supported and that a professional's capacity to respond effectively to family violence is enhanced by these models.

*Hume MCHNs evaluated as part of the project recently stated that co-working with the family violence specialist had greatly enhanced their confidence to screen for family violence and respond to family violence disclosure, and increased their commitment to the important of this work.*

These results reflect the finding in Cardiff (Robinson, 2008) and the finding in USA of the five-year demonstration project addressing the co-occurrence of child maltreatment and family violence known as the Greenbook Initiative (Greenbook National Evaluation Team, 2008, also cited in Humphreys and Laing, 2013)

**Recommendation 21 - Co-location of family violence practitioners in universal services**

The Royal Commission should consider early intervention for women and children experiencing family violence by co-locating specialist family violence practitioners within a range of universal services.

### *Integration and co-location with child protection services*

In the context of the co-occurrence of child abuse and family violence, an unbalanced and sometimes unreasonable systemic focus can emerge in child protection practice on assessing whether the mother (usually) is 'acting protectively', while minimal focus is placed on the how the behaviour of the person using family violence (usually the father) is controlling the family dynamics (Humphreys, 2007; McDonald et al., 2009; DHS 2013:19). Humphreys notes that

> simply grafting domestic violence onto the child protection system without making the necessary accommodation to adequately address the issue…raises the question whether it is effective, efficient, efficacious or ethical to refer thousands of children and their families into a system that is neither designed to meet the needs of both a child and adult victim, nor has a history of an appropriate response to male perpetrators of violence (Humphreys, 2007, 8.)

Effective family violence screening is dependent on the development of rapport with the person experiencing violence. In the context of assessing family violence risk towards children, a mother affirming approach is vital. Research has shown that not only do men/fathers who use violence frequently attack the mother/child relationship (see Humphries 2007; Mullender & Morley, 1994; Hester et al., 2007), but where authorities lack a shared understanding of gender awareness or family violence safe practice, the result can be 'mother blaming' or gender-biased practice (Liepere, 2010; Frederico et al., 2014).

These issues have been acknowledged by DHHS Child Protection Services in their recent *Best Interest Practice Manual, Working with families where an adult is violent,* which quotes a review of child protection death inquiries, which concluded:

> '...that a pattern of scrutinising women and failing to include men was so pronounced that it was suggestive of gender bias in the cases studied.' (Frederico et al., 2014. in DHS 2014, 18)

It is Berry Street's view that gender-biased, mother blaming practices in the child protection system may stem from an overly simplistic interpretation of provisions of the *Children, Youth and Families (Vic) Act 2005 (CYFA)* relating to children's parents acting protectively:

> *"Belief on reasonable ground that the child has suffered, or is likely to suffer, significant harm as a result of physical injury or sexual abuse and the child's parents have* ***not protected or are unlikely to protect*** *the child from harm of that type."*

Child Protection Service systems experience high pressure due to the high reporting of child abuse, and legislative imperatives investigate or close cases within KPI deadlines. These dual pressures can conspire to shape practice towards a seemingly 'faster solution' of evidence of a protective parent, in order to close the child protection cases rather than assessing fathering capacity, even where the father or partner presents a clear risk to the children and their mother. These trends can also result in child protection

services placing unrealistic expectations upon mothers who cannot control the behaviour of the person using violence.

These gender-biased practice trends are not isolated to Victorian Child Protection Services, but have been observed internationally and been critiqued in USA, Canada and UK (Humpreys 2007; Fish et al., 2009; Laing & Humphreys 2013; Liepere 2008; 2010, Mullender & Morley 1994; Hester et al., 2007). The gendered contradictions can be magnified when family law comes into play. Marion Hester, a UK academic, likened the situation for mothers to being buffeted between three such starkly different legislative contexts that each is like a different planet. In Hester's analogy, there is a civil law 'planet' where acts of family violence can be criminal and the mother and child are victims. On the child protection 'planet', mothers can be deemed as unfit if they fail to protect child. In the family law universe, the child has a right to a meaningful relationship with both parents, so a mother is at risk of being perceived as an 'unfriendly parent' if she attempts to raise protective concerns, despite recent legislative changes at a Federal level. For mothers who have experienced family violence, each system can be completely incongruent.

*It is hoped that the Royal Commission is able to progress systemic change that practically makes the safety of children paramount and where the importance of the attachment relationship between the child and protective parent is prioritised for the resilience and healing it can provide, post trauma.*

The Royal Commission affords a unique opportunity for the Victorian child protection system to draw from international research and contemplate reform at legislative and practice level to increase children's safety by affirming protective parenting and by addressing systemic gender bias.

Berry Street would like to note the positive influence of the role of the Chief Practitioner and the Office of the Professional Practice and the important leadership role of the leading child protection practitioners. Berry Street notes the recent family violence training and release of practice guides for child protection workers, on *Working with families where an adult is violent* (see references under Department of Human Services). However, as stated earlier, Berry Street holds the view that prevalence of co-occurrence of family violence and child abuse requires a whole of organisation re-configuration, on a the same scale as the changes made by Victoria Police. If such a commitment was to be made, not only will family violence be better addressed, child protection notifications and re-notifications may decrease.

Some areas the Commission may wish to consider as part of this reform agenda in the short term could include reviewing policy and practice directives to ensure direct practice and procedure account for the fact that where there is suspected child abuse, family violence is likely to occur (Laing and Humphreys, 2013; Humphreys and Stanley, 2006; DHS 2015). The new DHHS practice guide, Berry Street suggests, requires the incorporation of directions for child protection workers, for example, when undertaking first interview. For example, the protective interview directions need to advise protective workers to routinely assume family violence to be a co-occurring factor, interview each party separately in a confidential space, and require routine CRAF assessment as part of an initial interview. It would be vital that practice guidance includes how to explain to mothers the management of any disclosure of family violence, in particular clearly explaining that it will not be shared with the person using violence. A level of safety planning and service referral should be routine, whether family violence is disclosed or not.

It could be worth Child Protection looking into what 'aide-mémoire' checklists are available to systematically assess a father's parenting capacity. No to Violence co-presented with Child Protection

Principal Practitioner in launching the *Best Practice Guide on Working with Families where an Adult is violent.* NTV perhaps could assist with identifying local and international tools.

In addition, assessment impact of violence on children may need to be reviewed. Berry Street is aware of the DHS 2012 *Assessing children and young people who have experience family violence practice guide for family violence practitioners*. It our view that the suggestions in this document are best applied at case allocation level. For immediate risk to children, key high-risk behaviours towards children need to be added to and amended to the CRAF 'aide-mémoire' as already suggested.

**Recommendation 22 - Family violence and child protection practice**

The Department of Health and Human Services may review and consider incorporating the following into child protection initial investigation interview practice guides and other practice guides/instructions:

- directions on identifying the primary aggressor and primary victim as in police code of practice;
- require routine safe CRAF assessment of family violence with protective parent;
- provide clear guidance to child protection practitioners about management of family violence disclosure, including explaining to women and children how their disclosure will be protected and NOT be shared with the person using violence;
- CRAF evidence-based checklist expanded to include violent behaviours of fathers/male partner posing risk to child as disclosed by mother;
- investigate identification or development of a 'aide-mémoire' for father/men who use violence against women, including indicators of parenting capacity assessment (e.g. uses physical discipline, criticises maternal parenting);
- where family violence risk is determined, guidelines need to pose clear directives regarding a father's time with children including the option of no contact (the guidelines for suspected sexual offence to children could be used as a guide), and guidelines for supervised contact which prioritises the child's safety and best interest as well as the mother's safety;
- consideration and guidelines of traumatic impact for child(ren) of contact with fathers who use violence and to orientate objectives to children's needs; and
- where supervised contact is allowed with the extended family of the person using violence, a safety assessment for the child's mother/protective parent needs to be considered.

## 2.5 Ongoing support and assistance (Issues paper question 11)

Berry Street has provided some responses in relation to ongoing support and assistance with a particular focus on access to housing and legal assistance.

### *Housing assistance*

The women's family violence sector grew out of the women's refuge movement, which initially had the objective of providing 'somewhere safe for women and children to flee to' (Southwell, 2002). Recent reforms have been directed towards women and children staying safely at home, while the person using violence leaves. A justice response is used when possible to enforce this outcome. The underlying principle of this re-orientation is sound but to be effective will rely on more active measures to keep the "perpetrator in view" (CIJ 2015) and women and children safe.

Berry Street Family Violence Services have contributed significantly to implementation of this reform by explaining to women their legal rights, safety planning and assisting practically with immediate safety by arranging lock changes and other practical assistance. In the northern metropolitan region, the Victims of Crime funding for immediate safety is not able to be accessed quickly, as the court requires quotes or receipts to enable reimbursement, undermining the immediacy usually necessary. In Berry Street's experience, very few women access these funds. It may be more effective if these funds were released as brokerage to the family violence sector to provide these services quickly and effectively.

For women renting privately, legislative changes that have allowed for leases to be changed so that the affected family member on a final FVIO can be the lessee and the person who has been excluded by the FVIO can be removed from the lease have enabled lock changes to be implemented and have been helpful.

In the face of unrelenting demand and inadequate emergency beds, there has been a tendency to firstly encourage women in crisis to rely on their own support networks. For many women, this results in the 'couch surfing' and overcrowding as they are left relying on family and friends. Where risk is too high or this is not possible, women and their children can be placed in hotels. Berry Street wonders if a more sustainable crisis housing investment could be pursued rather than effectively giving government funding to private hoteliers. For example, we admire a model like the YWCA rooming housing for women in Richmond, where a block of flats has been converted for social housing, with support services and security based on-site.

Berry Street would like to acknowledge the work of Safe Steps, previously Women's Domestic Violence Crisis Service, for their work organising crisis referrals across the state 24 hours a day, seven days a week. For many women and children, refuge accommodation is a supported and safe alternative to remaining at home or with family or friends; however, due to the scarcity of beds, the access criterion has become increasingly narrow. Sometimes women who are at extreme risk, are rendered ineligible, because the most recent incident of violence was more than a week ago. The criteria can prevent the use of preventative placement, for example, when a person who has used violence is about to be released from remand or jail. Scarcity of beds can result in women with disabilities or mental health issues or mothers with older sons being unable to access refuge due to insufficient vacancies in tailored models that can adequately support them.

Many refuges have undergone considerable structural and model changes, moving away from collective living models to cluster models, where each family unit is separately housed. Elizabeth Morgan House provides an excellent example of an improved refuge model. The cluster model refuges are welcome as it can enable more opportunity for women to feel safe, recover and re-establish their own parenting patterns. Traditionally, refuges have had quite strict address confidentiality rules aiming to keep households safe, which in some circumstances prevented women and children from being able to see family or friends, prevented children from attending school and women from working. It could be argued that instead of these restrictions being placed on women, infrastructure investment is warranted to up-grade refuges so they have garages and quality security systems, including cameras to record any stalking behaviour. For some communities, refuges have been modelled as a respite option, where women and children can self-refer when they sense their partner/father's violence is escalating. Across all models, provision for staffing, including stand-up shifts, can be required. In some communities 'time out' accommodation for men who use violence has been created so they can choose to stay away from their families if they feel unable to

contain their risky or violent behaviours. It would be interesting for the Commission to assess if these models are effective.

Refuge can provide an opportunity for intensive support and women often find their stay to be a healing and supportive experience. Refuge workers can provide intensive assistance to women on many practical aspects of their life, such as securing income support, applying for housing, tending to medical needs, addressing isolation, fear and related trauma and linking women and children to a range of services. Berry Street is also aware of refuges that are incorporating mother/child interventions to strengthen mother/child bonds, which are so often undermined by family violence (Bunstan, 2013).

Berry Street is supporting many women and children who have been in transitional housing for months and years waiting permanent placement in Office of Housing (OOH). One effective program has been the 'A Place to Call Home', a Federal initiative that has provided brokerage to help families recover from violence and enable their transitional housing to be converted into their permanent OOH home.

For women and children who experience family violence when living in transitional housing or Office of Housing, ideally FVIO and lock changes can increase their safety. Berry Street, in partnership with NJC, has provided training to security guards at OOH high rise flats in the City of Yarra and, as a result, has set up processes to incorporate OOH housing security in women's safety planning when they have finalised FVIO's. These measures have resulted in greater safety for some women in OOH high-rise accommodation.

However, for women and children experiencing high risk violence from men with no concern for justice measures, who are in OOH accommodation without on-site security (i.e. not high-rise), the OOH waiting lists can mean they have to choose between staying where they are with a risk of severe violence or becoming homeless (again). The OOH transfer and mutual swap process is inordinately difficult. In the UK, representatives from housing departments attend the multi-agency high-risk panels (MARACs) and have the authority to organise transfers in a timely fashion to create immediate and ongoing safety. The RAMP model in Victoria has included OOH representatives; however, during the pilot, the OOH representatives have not been given the authority to enable transfers to expedite safety.

More affordable public housing is needed. The current waiting list for permanent housing is up to eight years. Community and cooperative housing has been a positive program in Victoria, enabling cooperative members to organise maintenance, and mutual swaps as family needs alter over time. The Commission may want to consider if more housing co-operative ventures could be considered to provide long-term affordable housing for women and children recovering from family violence.

**Recommendation 23 - Comprehensive housing assistance and support**

The Royal Commission needs to develop a comprehensive housing assistance and support strategy incorporating:

- immediate access to Victims of Crime funding for safety and security measures such as prompt lock changes and installation of security systems;
- improved access to Office of Housing accommodation;
- a simplified process for OOH transfer;

- an OOH representative on RAMP with the necessary authority to organise timely OOH transfers and/or priority OOH access;
- more sustainable investment in NGO-managed emergency housing;
- action for women and children's share of joint assets to be better protected by timely information or aid to ensure caveats are in place;
- extended legal aid funding to property matters where women and children have experienced family violence;
- review refuge models to ensure:
    - security infrastructure is at a level that enables safety and evidence collection for FVIO breaches;
    - range of supportive crisis housing options that can meet the diverse needs of women experiencing family violence (e.g. women with disabilities, Aboriginal and Torres Strait Islander women, women with poor mental health);
    - funding to enable 24-hour staff support for highly vulnerable women; and
    - maximise the therapeutic potential of residential programs for women and children recovering from violence.

### *Access to legal assistance*

For women experiencing family violence, legal issues can cross a range of legislation and jurisdictions. In addition to the complexity of multiple laws and courts, women who have experienced violence are faced with a range of systems that may give them mixed messages regarding how to arrange care arrangements with the children's father.

These complex legal and institutional pressures, combined with a history of family violence, can undermine women's sense of their and their children's right to safety. Competent legal advice is essential in order for women to make informed decisions.

**Link Outreach**

Berry Street has been involved in Women's Lawyer's Workers Project, funded by the Legal Services Board, now run by Women's Legal Service Victoria (WLSV), called *LINK Outreach*. The Link Outreach project enables women to access a WLSV lawyer via SKYPE to enable her to gain initial legal advice and referral. Importantly, this project was designed so a family violence case worker, with the women's permission, could attend the appointment to assist the women to understand and access her legal rights.

This project facilitated specialist family violence workers learning about legal options on a case-by-case basis, and was supplemented by formal training by WLSV and a resource called 'critical legal issues map'. The project has been externally evaluated and is effective in reaching and supporting women who have experienced family violence in rural and metropolitan areas, as well as increasing the capacity of specialist family violence practitioners to support women to navigate legal systems. Another important outcome has been that for rural women or women with children, Skype has enabled easy access to expert specialist legal advice. For rural women, where they have been 'conflicted out' of the only legal practice in their area, the Link Outreach service has been vital.

**Community legal centres, duty lawyers and Legal Aid**

For many women, the duty lawyer services at Magistrate's courts, provided by community legal services and Legal Aid are their first contact with legal advice. Women's Legal Service Victoria provides a duty lawyer at the Family Law Courts. These services are essential and need to be extended. However for women who have experienced violence, ongoing legal support often will be needed. If she has property or children, it is likely family law matters need to be explored. Immigrant women who have experienced family violence can need migration law help, which can be complex.

It is Berry Street's experience that Legal Aid is increasingly difficult for women to access, particularly for family law matters. Property matters are not legally aided. Berry Street is aware that our clients frequently have complex and time consuming legal issues. In addition, if interpreters are needed, legal aid also needs to be applied. Many local family law firms, despite their commitment to social justice, have found they have to limit or stop taking legal aid cases. The current rate of $250 hour for family law services, not to mention barrister fees, is clearly prohibitive for most women subsequent to separation. A concerning outcome of these barriers to legal advice and guidance is that women are unable to set up safe parenting arrangements for their children and are relinquishing their right to joint assets.

Because of the complexity of women's circumstances, Berry Street has found that specialist legal services such as Women's Legal Service Victoria or the Aboriginal Family Violence Prevention Legal Service are better placed to manage the range of legal challenges women face. The Aboriginal Family Violence Prevention Legal Service has built into its model a paralegal support component. The paralegal assists the client with documentation, reports to police, attending court, etc., which is key to the efficient use of lawyer and client's time. In the interest of more women being able to access precious legal expertise, either more resourcing of case work in specialist family violence services or creation of paralegal positions in legal services could be advantageous.

**Recommendation 24 - Improved access to legal assistance**

The Royal Commission should develop proposals to improve access to justice and legal advice for women, children and others affected by family violence including:

- continuing and extending the LINK Outreach program;
- extending duty lawyer services at all courts on all days when family violence matters are heard;
- extending community legal services and specialist legal services capacity to support women who have experienced family violence, by having more lawyers and/or paralegals;
- extending eligibility for legal aid, in particular to cover property matters for women who have experienced family violence;
- determining measures to retain family violence competent private lawyers and barristers conducting legally aided matters related to family violence.

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## APPENDICES

**Appendix 1: Supplementary submission: Therapeutic responses for infants and children at escalating risk of family violence**

# Therapeutic responses for infants and children at escalating risk of family violence

## Berry Street supplementary submission to the Victorian Royal Commission into Family Violence

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## Introduction

This paper is written on the assumption that the Victorian Royal Commission into Family Violence will receive a plethora of responses from women and children's safety advocates arguing for coordinating and streamlining domestic and family violence safety, justice, family law, financial, housing responses to support women and their children to safely exit violent intimate partner relationships. This paper also assumes that many services will argue for healthy relationships and gender equality education in schools.

This paper aims to complement these arguments from an infant and child mental health perspective, identifying the gaps in services targeting children in their relationships where there has been, or is, the presence of family violence in families. In particular, the paper is written recognising the limitations to psycho-educational models of intervention for children and parents impacted by current, historical and intergenerational trauma. For this population, learning is possible only after the impact of trauma is recognised and addressed, to teach children to learn self-regulation through supporting the quality of children's care giving relationships (Perry 2006, Lieberman 2011, Schore 2014).

Repeated experiences of safety in relationships is a prerequisite for normal child development and for recovery from the trauma of family violence. The current paper identifies three target groups of children affected by violence who receive limited and in some cases no service responses that target their relationships. An initial literature review regarding the prevalence of family violence for these sub-populations is provided and a description of current service model responses and the limitations of these responses. The paper then goes on to recommend a way forward, identifying key model elements that would better address the problem, based on the evidence available, providing examples of local and international models which have demonstrated positive outcomes for these client groups.

## The problem

This paper is concerned with three sub-populations of children affected by violence in Australia. These sub-populations will be defined by their residential arrangements within the following family constellations:

1. Infants and children residing in two-parent families in the perinatal period, where there is substantial risk of intimate partner violence occurring for the first time or escalating (e.g. during pregnancy).
2. Infants and children residing in recently separated families, with one residential parent, where there is immediate high risk of lethality from the non-residential parent toward the other parent and child (e.g. recent L17 assessed as high risk). This group are often in acute circumstances of changes in housing, schools, and as yet family law arrangements may not have been instigated.
3. Infants and children residing in post-separation families, having contact with a non-residential parent with a history of using violence and who are below the threshold for statutory intervention.

Many of these children do not feel safe in their relationships with their parents (Bagshaw et al., 2010) and the harms they may face will now be discussed.

## Impact of family violence on child development; evidence-based treatment

The pervasive negative impacts of family violence exposure upon children have been conclusively established (Humphreys 2014). These include poor psychosocial and health outcomes and associated depression, anxiety, trauma symptoms, aggression, lower social competence, low self-esteem, fear and loneliness (Bedi & Goddard, 2007; Heugten & Wilson, 2008; Holt et al., 2008; Howell, 2011; Jaffe et al., 2012; Klitzman, Gaylord, Holt, & Kenny, 2003; Margolin & Vickerman, 2011; Spilsbury et al., 2008) (as cited

in Campo et al. 2014). Family violence exposure in childhood also tends to distort children's development. It may leave children in states of prolonged fear and dissociation (Perry 2006), compromising their cognitive functioning, academic outcomes, and peer relationships (Klitzman et al., 2003; Tuyen & Larsen, 2012) (as cited in Campo et al., 2014). Such children may in turn have significant difficulty in forming and maintaining relationships into adulthood (Lieberman et al. 2005).

Children's caregiving relationships are the primary resource for their development. These too are adversely affected by exposure to family violence (Lieberman et al. 2011, Humphreys et al. 2011). For example, a mother's representations of her child (the way she 'sees' her child) underlie her capacity to form a healthy attachment to her child, and these representations may be permanently distorted by family violence (Lannert, Levendosky, & Bogat, 2013). Less is currently known of the impact of family violence upon father-child relationships, however it would appear that these too are a vital resource for development (Edleson, 2007; Stover 2013; Fletcher 2011). Post-separation, it is also known that child wellbeing is compromised by ongoing conflict and the presence of fear within family relationships (Kaspiew et. Al., 2009; Kaspiew & Qu, 2013).

These factors would therefore need to be addressed by any intervention. Research has shown for instance, that dyadic mother-child interventions can be particularly effective in promoting children's recovery from trauma from family violence (Lieberman, Van Horn & Ippen, 2005; Lieberman & Van Horn 2009; Lieberman, Diaz, & Van Horn, 2011). Further discussion of these interventions will be provided below. There is as yet less evidence for dyadic father-child approaches. Indeed there are only minimal programs using assessment tools to allow us to predict the efficacy and even safety of such interventions (Groves et al., 2006; Stover 2013).

### Prevalence

The current paper is concerned with the substantial proportion of children in Victoria, where historical, current or future violence risks exist in family relationships and who are below the threshold for statutory intervention. These children often do not feel safe in their relationships with their parents (Bagshaw et al., 2010) however interestingly it appears there is no specific data set for the numbers of children in Victoria living in these circumstances (Jenkin, 2015).

What we do know is that by conservative estimates, up to 23% of Australian children experience violence in their families (CFCA, 2013b) (as cited by Campo et al., 2014). In Victoria, 24,180 police incident responses to domestic and family violence between 2009–10 involved children (Victims Support Agency, 2011) (as cited in Campo et al., 2014).

Although in principle all children living with family violence are referred to Child Protective Services (CP), in fact if one of the parents (often the mother) separates from the parent in the home using violence (often the father), she is assessed as a protective parent and only 20% of referrals proceed past child protection intake (Stanley et al. 2011, Wood 2008, Irwin et al., 2012) (as cited in Humphreys, 2014). That is to say, if there is a protective parent, CP usually will not engage with family violence.

The ABS Personal Safety Survey (2012) found that one in four women experiencing family violence in their intimate partner relationships from adolescence onwards reported that they experienced violence for the first time during pregnancy. Emotional family violence is also common before, during and following family separation, although prevalence of physical family violence tends to diminish post-separation (Kaspiew et al., 2009). Many children living in separated families continue to be exposed to family violence post-

separation (Humphreys 2014, Kaspiew et al., 2009, Kaspiew & Qu, 2013). One in five parents hold safety concerns relating to their child's contact with the other parent (Kaspiew et al., 2009; Kaspiew & Qu, 2013). Furthermore even several years post-separation, a tenth of parents indicate that their relationship with their ex-parter is characterised by fear and high conflict (Kaspiew et. al 2009; Kaspiew & Qu, 2013). One study found that 39% of children with a history of family violence stated that they currently feel unsafe when in contact with their father and just under 10% did not feel safe with their mother (Bagshaw et al., 2010). The evidence suggests that whether arrangements are decided through court or mediation, most children will continue to have contact with both parents regardless of the presence of continuing family violence or safety concerns (Kaspiew et al. 2009; Qu & Weston, 2011).

### Limitations of current service models

All children live in a matrix of interlocking relationships. This is significant for children exposed to family violence for two reasons:

- The harms alluded to above are embedded within these relationships. A comprehensive assessment of these relationships is needed to understand how these harms are unfolding.
- If the relationships can be understood and strengthened, the harms can be treated.

Currently there is no such comprehensive service delivery in Victoria. In fact services can at best deliver a fragmented assessment. An example of this fragmentation is that services are divided into responses for women, men, adults, or children (Morris et al., 2010; Humphreys, 2014). The effect of this fragmentation becomes even more apparent when child deaths are examined. A key finding in an analysis of child death reviews in Victoria (Frederico et al. 2014) is that when children are exposed to family violence, barriers to the sharing of case data across service sectors compromise assessment including that of risk. For example, adult psychiatrists may not be able to provide expert opinion on parenting capacity (Duncan & Reder 2003) (as cited in Frederico et al.2014). Also, child-trained practitioners may be unable to assess family violence risk, and may lack confidence and skill in working with mother-child and father-child relationships where there is family violence (Frederico et al., 2014).

In recognition of this fragmentation recent large scale reviews have recommended a broadening of service focus. The National Plan to Reduce Violence against Women and their Children and the Protecting Victoria's Vulnerable Children Inquiry both recommend that adult-focused services need to increase their capacity to respond to the needs of children at risk and that child-focused services also need to improve their capacity to identify women and children at high risk from family violence.

There are various services and programs already attempting to integrate adult and child-focused crisis responses for families where there is family violence, such as the Risk Assessment Management Panels (RAMP) piloted by Berry Street Northern Domestic & Family Violence Service and currently being rolled-out across Victoria (Hunter & Price-Roberston, 2014). RAMP very appropriately assesses the needs of the highest risk population and coordinates an appropriate crisis response. However clinical interventions targeting children living in families where there is pregnancy, high risk incidents and post-separation violence are lacking.

There are currently several candidate services to address this population:

Sexual Abuse Services such as Gatehouse or Children's Protection Society, however their focus is upon sexual abuse and they do not have a comprehensive approach to assessing family violence.

Berry Street Northern Domestic Violence Service Turtle Program and other equivalent programs at the Australian Childhood Foundation, Anglicare and Women's Health West. They are funded to work with women and children affected by family violence but not funded to work with fathers. This omission is important because the child's relationship with the father does affect development but cannot be addressed.

Infant, Child and Youth Mental Health Services, who are reluctant to address the mental health of children whilst contact with a violent parent is still occurring, and who usually advise that child protection or legal avenues would be more appropriate. This therefore excludes the population under consideration.

Berry Street Take Two, who are funded only to work with children who are statutory clients. These children may be at risk from family violence in out of home care, but not from their parents, therefore Take Two cannot address the (non-statutory) population we are considering.

Berry Street family services programs, youth services and child contact centres. These services are already engaging with children, women and men who use violence, however they currently lack expertise in conducting comprehensive assessments of family violence.

### A way forward

Bearing in mind this population of children, the threats to their development, and the current lack of appropriate services, the question is how a best practice model might be developed.

Models of intervention that focus on the individual child and their recovery after family violence are needed. The required features of these models are:

- Models that integrate family violence risk assessment with child-parent relationship assessment. In regards to the latter, this would look at a child's needs and the parent's capacities for change and reflection.
- Models that aim to safely enhance the child's relationship with both parents without escalating family violence risk.

These models must focus on windows for clinical intervention in the life cycle of violence in families. We turn to considering three such windows for three sub-populations of children affected by violence in Australia, below.

**Children being born into families where there is risk of intimate partner violence occurring for the first time, or where violence is escalating during the perinatal period.**

A recent review of family violence prevention, early intervention and response services found that in Australia there is limited evidence for the efficacy of programs for children under 8 years (Campo et al. 2014). There is also a dearth of literature in general documenting perinatal treatments for women subjected to trauma or family violence (Lavi et al., 2015). However there is a growing body of infant mental health literature providing evidence that persuasively argues for the clinical effectiveness of targeting the mother-child relationship in the perinatal period, during infancy and early childhood with families (Emde & Leuzinger-Bohleber, 2014). Where the mother is the primary caregiver, her relationship with her child is the single most important developmental resource for the child throughout childhood (Zeanah, 2009). The quality of this attachment relationship predicts children's IQ at entry to preschool (Busch & Lieberman

2010, Levendosky et al., 2011). Family violence during pregnancy is particularly associated with negatively impacting the quality of the mother-child attachment relationship (Lannert & Levendosky, 2013).

Studies suggest that brief attachment interventions (three to six-months in duration) with mothers and children exposed to family violence can be effective in enhancing the quality of mother-child attachment relationships and child development outcomes (Lieberman et al. 2011, Bunston et al., 2014, Lavi et al., 2015). We will briefly discuss two models of intervention specifically targeted for families in the perinatal period where there has been IPV, with promising outcomes.

Two recent pilot studies examined the potential impact of a perinatal adaptation to Child-Parent Psychotherapy (CPP), an evidence-based treatment for mothers and children affected by family violence, on maternal functioning, the gateway to the quality of the parent-child relationship (Lieberman et al. 2011, Lavi et al., 2015). These models are of particular interest due to the fact that they are informed by clinical interventions targeted for mother—preschooler dyads who have experienced family violence demonstrating efficacy in reducing PTSD symptoms in both mothers and children, and decreased behavioural difficulties in the child at the conclusion of treatment (Lieberman & VanHorn, 2008).

The focus of Perinatal CPP is to focus on redressing the negative impact of family violence on parent-child attachment relationships, through focussing on linking family violence risk assessment and management, concrete assistance with the problems of living, and targeted clinical intervention with mothers and their babies beginning when women are approximately 30-weeks pregnant until the baby is aged up to 6-months. If mothers wish for fathers to be involved in treatment, fathers need to participate in an assessment which ascertains his capacity for "self-reflection and remorse, potential for violence and lethality, and commitment to parenting" (Lieberman et al., 2011, p. 57). The goal of the intervention is to enhance mother-child relationships impacted by family violence and curtailing the intergenerational transmission of trauma and maladaptive developmental responses in children (Lieberman et al., 2011, 49).

This is achieved through therapeutic modalities such as the provision of reflective developmental guidance and insight-orientated interpretations delivered by trained clinicians. The clinician also administers psychometric instruments in collaboration with the mother, in order to measure the stresses she has been subjected to and the impact these stresses have had upon her capacity for maternal reflection. The Perinatal CPP intervention reflected the results of prior studies on CPP (Lieberman & VanHorn, 2008); decreased PTSD and maternal depression symptoms in a brief time-frame (6-9 -months). The study demonstrates the promise of a dyadic, attachment-based intervention in healing the distorting impact of family violence on mother-child relationships in the perinatal period among an at-risk and underserved population (Lavi et al., 2015).

It is noteworthy that from an international perspective, Melbourne is viewed as one of the leading centres in the world for the development of infant-parent psychotherapy interventions (Paul & Salo, 2013). At the recent 2014 World Association for Infant Mental Health in Edinburgh, there were more Australian registrants than any other country, including the host country (Goodfellow & Toone, 2014). There is much interest in infant mental health, in part because infant mental health training equips clinicians to work with trauma in children and adults. In fact, one child-trauma clinician and researcher from the USA, Dr Bruce Perry, has designed a model of assessment (the Neurodevelopment Model of Therapeutics) based on clinical interventions delivered by infant mental health practitioners over the past three decades (Perry 2006). Melbourne is also a training centre for the Newborn Observation Training at the Royal Women's Hospital in Melbourne, this is one of the assessment instruments used in the above Perinatal CPP process

to assess the newborns and simultaneously promote the mother's understanding and joy in their baby's capacities (Nugent et al., 2007). In fact, a brief, attachment intervention drawing on the NBO and delivered by non-therapists to adolescent mothers (many with histories of statutory intervention) as part of routine maternity care has been trialled at the Royal Women's Hospital with promising results (Nicholson et al., 2013). This intervention in itself may be a model which can be adapted for high risk adolescent mothers who have experienced family violence and reside in residential care and post-care populations.

The above section discussed an evidence based intervention that is documented to provide positive change in mother-child relationships after family violence, decreasing trauma symptoms in mothers and children, and promoting early childhood development. The model is unique to an Australian context because it integrates family violence risk assessment with parent-child relational assessment and intervention with mothers, with clear inclusion and exclusion criteria for working with fathers. The section above also further suggests that due to the level of expertise in infant mental health in Victoria, such an intervention may be highly transferrable to the Australian context and it would be argued, warrants further consideration as a way forward for supporting at-risk mother-child relationships during the perinatal period.

**Children residing in recently separated families, with one residential parent, where there is immediate high risk of lethality from the non-residential parent toward the other parent and child (e.g. recent L17 assessed as high risk).** This group are often in acute circumstances of changes in housing, schools, and as yet family law arrangements may not have been instigated.

It is argued that there is an urgent need for effective interventions to decrease the risk of post traumatic stress disorders developing in children and youth after experiencing or witnessing physical assaults (Berkowitz et. al 2011). The current paper also argues that such interventions are urgently required for mothers, given they are often the primary caregiver and protective parent for the child in the majority of family violence situations in Australia (Humphreys 2014). Berkovitz et al., (2011) define "secondary prevention as an intervention introduced when there are early distressing symptoms that indicate risk for subsequent psychiatric disorder" (p. 676).

In preparing for the current paper and submission, the author communicated with colleague from the UK, Dr David Trickey, Consultant Clinical Psychologist and Manager, Specialist Assessment and Treatment Services at the Anna Freud Centre (Trickey, 2015). Tricky is one of UK's leading researchers and clinician in responding to children who have witnessed or experienced a recent, serious physical assault or traumatic bereavement, where for example a father has killed the child's mother. Tricky has recently undertaken a Churchill Fellowship, the report of which is yet to be published, but has communicated that he will be recommending that the following model of intervention - the Child and Family Traumatic Stress Initiative (CFTSI) should be employed for children and parents after a potentially traumatic event (PTE) as a matter of routine (Berkowitz et al., 2011). The focus of the CFTSI is informed by findings that indicate the role of family support as a primary protective factor for children exposed to a PTE, and delivers a brief (four session) parent-child intervention within 30 days of exposure to a potentially traumatic event (PTE). This intervention targets an older age-group of children (7-17-years), with a focus on adolescence and youth at risk of developing PTSD. Youth who received the CFTSI intervention had significantly lower posttraumatic and anxiety scores than comparison group and were 65% less likely to meet criteria for PTSD at the 3-month follow-up.

Drawing on the evidence referred to in the above section on dyadic and perinatal clinical interventions, and paralleling the findings immediately referred to in the CFTSI, the Berry Street Northern Family & Domestic

Violence service has previously trialled some brief child-parent psychotherapeutic interventions (one to three sessions) within a family violence risk management framework, for mothers and children who are at high risk of lethality and may have witnessed a recent serious physical assault (O'Halloran & Toone, 2013). This intervention was achieved by embedding a psychoanalytically-trained infant mental health clinician and child psychotherapist within a family violence service, with the capacity to offer secondary consultation to specialist family violence practitioners with a focus on child development and mother-child attachment, and brief dyadic intervention directly to mothers and children as indicated. This service was aimed at complementing the Risk Assessment Management Panel pilot, and whilst anecdotally suggesting positive results, has yet to be evaluated.

Bunston (2014) is currently researching the effectiveness of brief therapeutic interventions in refuge settings and it is understood that she will be submitting a separate submission to the Royal Commission detailing this work.

In summary, there is a lack in current service delivery specifically targeting populations of children and youth at risk of developing symptoms of PTSD after a potentially traumatic event. The application of brief models of dyadic intervention with mothers and children after violence have demonstrated clinical effectiveness and it would be argued warrant further consideration as a way forward to intervene with children, youth and their mothers to support the mother-child relationship as a resource of safety for children after frightening events.

**Children residing in post-separation families, having contact with a non-residential parent with a history of using violence and who are below the threshold for statutory intervention.**

This population is another particularly hard to reach population, due to the fact that these children are often in contact with both parents and currently no single clinical service is able to assess and deliver an intervention which promotes the child's relationship with both parents, whilst assessing and managing family violence risk. The Child-Parent Psychotherapy (CPP) model of intervention has been previously mentioned above, when considering the Perinatal CPP intervention. There is evidence that the CPP intervention, a psychotherapeutic approaches of 12-months duration can be particularly effective in promoting the quality of the attachment relationships between mothers and children who have experienced family violence (Lieberman, Van Horn & Ippen, 2005; Lieberman & Van Horn, 2009).

It is worth considering a recently published pilot study trialling an intervention for fathers called 'Fathers for Change' (Stover, 2013). This study recognises the high percentages of men who are mandated to intervention programs for family violence who are fathers, echoing the previously mentioned situation in Australia where regardless of whether child contact arrangements in separated families are decided through court or mediation, most children will continue to have contact with both parents regardless of the presence of continuing family violence or safety concerns (Kaspiew et al., 2009; Qu & Weston, 2011). Stover is trained and has contributed to the development of both the CPP and CFTSI treatment models for children and their mothers who have experienced family violence (Stover 2013; Berkowitz et al., 2011).

Identifying that "there are currently no evidence-based treatments that address co-morbid substance abuse and domestic violence perpetration with emphasis on paternal parenting for fathers" (p. 65) the Fathers for Change Intervention combines what in Australia we would refer to as Men's Behavioural Change models, with child-parent attachment models to focus on three phases of intervention: abstinence from aggression and substance abuse, co-parenting, and forming a parenting and father-child relationship.

Treatment is dictated by the mother's level of comfort and her consent for the involvement of her child before an assessment is undertaken, with the child and father-child relationship assessed to determine the father's capacity for reflection and the child's sense of safety. The intervention which comprises of 16 sessions delivered within a 3-4-month period, demonstrated that all participants non-violence sustained by all participants throughout the treatment period and 80% becoming abstinent to substance abuse. The limitation of this intervention is that is does not measure outcomes for the child, as against Lieberman's Perinatal

CPP and CPP models which measure child behaviour, mood and post-traumatic stress symptoms at the end of treatment. It is known that men's roles as fathers may be a potent motivator for change (Stover 2013), and this intervention, focussing largely on post-separation populations of fathers combines a family violence risk assessment with parent-child relational assessment, and recognises the need in future studies to link specific clinical interventions for children and women to men's behaviour change models of intervention.

Post-separation, it is also known that child wellbeing is compromised by ongoing conflict and the presence of fear within family relationships (Kaspiew et al., 2009; Kaspiew & Qu, 2013). It is argued that further clinical interventions specifically targeting children in post-separation populations, drawing on the best features of Lieberman's CPP model and Stover's Fathers for Change Models of intervention, must be investigated and implemented in Australia to safely assess and enhance these children's relationships with both parents without escalating risk and in so doing, support children's recovery from the impact of family violence and development into adulthood.

### Recommendation

That the State Government, in partnership with key stakeholders including specialist family violence and infant and child mental health practitioners, develop best practice models of intervention that focus on the individual child and their recovery after family violence with features that include:

- Integrated family violence risk assessment and child-parent relationship assessments of a child's needs and the parent's capacities for change and reflection
- Therapeutic supports and interventions that safely enhance the child's relationship with both parents without escalating family violence risk for any affected family members

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## Appendix 2: Berry Street innovative family violence initiatives

Berry Street has a strong track record of adapting to the increasingly complex needs of women, increasing demands and system challenges through innovation. Some significant advances, driven by our specialist family violence services in recent years, include the following:

**Triage process for police referrals (L17s)**

- Berry Street Northern Family and Domestic Violence Service has developed a triage process to provide a timely differential response to police referral – up to 100 referrals are triaged each day.
- We use community referral letters and computer-based text messaging so women can "opt in" to seek support when it is safe or suits them to do so.
- We ensure the referral of high risk incidents receive priority treatment and a multi-agency, risk management response.

**Multi-agency risk management**

- We have partnered with the Hume Strengthening Risk Management (SRM) pilot. This has been successful, leading to refunding and extension to Moreland LGA.
- Berry Street has received funding for additional high risk management projects in:
    - the North, linked to the police division covering Whittlesea, Banyule Darebin, Nillumbik and Yarra; and
    - the Grampian region, linked to the police division in the family violence 9-5 catchment.
- Berry Street is a key partner in the Department of Health and Human Services Child Protection Triage meetings with Child First.

**Local face-to-face response and capacity building in universal services**

Berry Street specialist family violence practitioners have been embedded within universal services to better enable women to access support locally and safely, and to increase capacity of mainstream services to respond more effectively to family violence. These include:

- Courts:
    - Heidelberg and Broadmeadows, and the Neighbourhood Justice Centre (NJC), Abbotsford. NJC combines court support with community development and local support
    - Ballarat Magistrate court;
- Universal services (e.g. Community Centres, Hospital, Centrelink, etc.);
- Hume Communities for Children: Early years services and adult-focused services; and
- Police Partnership Project, Yarra and Whittlesea. A Berry Street specialist family violence worker is embedded in a police station, with the role of conducting joint visits with police to enable timely risk assessment and safety planning with women subsequent to police attendance at family violence incidents.

**Collaborative projects**

- A partnership with the Women's Legal Service has enabled women to gain legal advice via LINK Virtual Outreach, using Skype from the Berry Street Eaglemont office; and
- Berry Street is consistently requested to present to agencies and community on our family violence services and approach to working with women and children (this has included, for instance, the Royal Children's Hospital, playgroup providers, Aboriginal Family Violence Prevention Legal Service, Disability Service Forum, and Street Pastors). Over the course of 2013 and 2014 such presentations have been provided to over 1000 community workers.

## Appendix 3: Recent evaluation reports – Innovative Family Violence Practice


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