

ACT Domestic Violence Service System

Final Gap Analysis Report

Community Services Directorate

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Office for Women

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#

# ACKNOWLEDGEMENT OF COUNTRY

The Australian Capital Territory is Ngunnawal Country.

The Office for Women acknowledges the Ngunnawal people as the traditional custodians of the Canberra region. The region was also an important meeting place and significant to other Aboriginal groups.

The Office for Women acknowledges the historical dispossession and its continuing legacy for Aboriginal and Torres Strait Islander peoples and also acknowledges their vital ongoing contribution to the ACT community.

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# INTRODUCTION

## Background

The need to achieve an integrated and collaborative single service system for women and children experiencing domestic violence, and to respond to men who perpetrate violence, was a key recommendation of the 2015 ACT *Domestic Violence Prevention Council (DVPC).* It is also an area of focus under the *National Plan to Reduce Violence against Women and their Children 2010-2022* (the National Plan) and the *ACT Prevention of Violence Against Women and Children Strategy 2011-2017* (the ACT Strategy).

This renewed focus on integration arose in part from a number of domestic homicides in early 2015 and as more research has been undertaken that indicates that integrated service delivery is best practice in the area of domestic violence.

Throughout the literature, interagency collaboration is regarded as the requirement of good practice (Cussen & Lyneham, 2012:13).

In 2015, the ACT Government agreed to undertake a gap analysis of the domestic violence service system in the ACT to look at current service delivery against best practice, with a focus on integration and collaboration.

The project took into account and is consistent with the *Human Services Blueprint* (the Blueprint), which sets out the ACT Government’s commitment to improve the way that human services are delivered in Canberra. Under the Blueprint, Government aims to provide ‘joined-up’ support for people and families by delivering government and community services that:

* are easy to understand, navigate and access;
* work in collaboration and partnership across the system; and
* respond early to reduce future demand for higher cost services.

# THE GAP ANALYSIS PROJECT

The primary intent of a gap analysis is to identify the steps required to bridge the gap between where a system currently is and where people ideally want or need it to be. In this Gap Analysis Project the ‘ideal’ state is the provision of an effective integrated response to domestic, family and sexual violence in the ACT context.

#

# METHOD

## Literature Review

The Literature Review included local research wherever it was available and utilised reviews and evaluations of integrated models nationally and internationally to ensure practice learning was included with more academic research. The Literature Review included a number of pieces of research that are clearly coming to be regarded as ‘source’ materials for research and implementation of integrated models.[[1]](#footnote-1) A full reference list is included in the Literature Review.

## Service mapping

This component of the project utilised a number of sources to obtain information about the range of services working in the area of domestic violence in the ACT, including questions to interview and survey respondents about the range of services they knew of and utilised in their work with victims or perpetrators of domestic violence.

## Consultation

The project conducted:

* 29 targeted face to face consultations with key stakeholders;
* an extensive online survey to which 83 workers responded; and
* three workshops (with approximately 70 participants in total).

One of these workshops utilised a Better Services tool known as client journeying, to help delineate the ‘ideal’ service system from a client’s perspective.

A wide range of representatives from across the broad services system participated in face to face consultations and the survey for the project, including: domestic violence sector; legal sector (government and community based); mainstream services (including youth, Culturally and Linguistically Diverse and Aboriginal and Torres Strait services); courts; health, disability; housing; care and protection; and Corrections.

## Clients’ voices

Clients were included through a range of means: feedback from the 40 victim interviews conducted as part of the 2012 review of the Family Violence Intervention Program; feedback from victims to inform the 2015 DVPC paper; 18 women responded to a short client survey developed for the project; and early verbal advice on the findings of the Women’s Centre for Health Matters research into women’s decision making points.

# PROJECT REPORTS

The findings from the three methods used in this project are presented in detail in three separate reports: a Literature Review, a Mapping Report and a Consultation Report. The key findings across all three have been triangulated and analysed in this final report.

# STRUCTURE OF THIS REPORT

As a Gap Analysis Project seeks to identify the ‘ideal’ (system or structure), compare that to the existing system and then propose steps to bridge the gap between the two, this final report is laid out in that same way.

**Section One** uses the findings from the Literature Review and the consultations to identify what the ‘ideal’ system is and contains.

**Section Two** uses the mapping and consultations to compare that ideal to the current service system in the ACT.

**Section Three** uses the Literature Review and the consultations to identify strategies (including resources) to move toward achieving the ‘ideal’ service system.

**Limitations**

The generosity and creativity of the people who gave their time to this project yielded a wealth of information. While all efforts have been made to include people’s ideas and information, it is not possible to cover and include them all. Additionally, the project did not discuss issues in detail that were not raised that perhaps might have been expected to be, such as how to better integrate sexual assault into the domestic violence agenda.

The project focused on those gaps and issues that were most raised and that were raised across all sectors and methods used in the project and these may not be what was, at first glance, apparent. For example there was a question in the survey that asked respondents to rank the system change they thought was most needed in the ACT from 1 to 5 with 1 as most important. If you calculate the answers by looking only at which answer scored the most 1’ s and 2’s you would say the priority was to ‘review the criminal justice approach’ or ‘improve mechanisms to hold perpetrators to account’. However if you added up total scores for each answer, ‘staff training’ and development of a ‘common risk assessment’ were the highest, meaning they scored predominantly in the mid range of answers but were common across all answers.

**Cause for hope**

The findings about the current system paints a negative picture. However, what was apparent in undertaking the wide range of consultations for this project was the willingness of most respondents to examine their own practice and (an often creative) preparedness to do things differently. This willingness is a substantial and often under estimated resource.

A sense of urgency [to change] is established only when 75% of people are convinced that “business as usual’ is no longer an option. A sufficient level of urgency requires significant effort, much more than leaders expect (Kotter, 1996, cited in Potito, Day, Carson & O’Leary, 2009: 379-380).

# EXECUTIVE SUMMARY

The Literature Review of the project found that integrated responses and models to address domestic violence are now considered best practice, nationally and internationally. While noting that evaluations of these models tend to focus on implementation rather than outcomes, the research confirms that integrated models demonstrate improvements for women and children in the short term. Most probably because integrated models to date have focused on women and children in the high-risk category who are in contact with the legal system, the models show less improvement in the longer term and little to no improvement to perpetrator’s behaviour.

However, as integrated models have matured, their focus has expanded to include a broader range of services women and children need, including non-legal responses, post crisis responses, consideration of and responses for children and responses that hold perpetrators to account and offer them options to change.

The range of consultations undertaken with stakeholders in the ACT for this project, showed strong support for an integrated model in the ACT that: includes support for non-legal and non high-risk cases; that improves the way the children’s sector and care and protection services in particular work with domestic violence; and that better holds perpetrators to account and offers options for them to change. The need for an integrated model to include and be built around case coordination and case management was consistent across the Literature Review and was stressed as the most important function of an integrated model across the consultations.

The mapping exercise undertaken for the project shows that currently the ACT system is fragmented and crisis driven with few options other than homelessness as a means to trigger appropriate support, a lack of support for women to negotiate the range of responses they require and without the range of features that are found to build integration, such as shared risk assessment and data and information sharing systems and protocols.

The mapping exercise and consultations also revealed currently under-utilised resources across the mainstream sector in the ACT, where a lack of confidence and mandate sees most services ‘refer’ clients to an already overburdened specialist sector.

The consultations showed a strong relationship between the government and the community sector in the ACT and a willingness and imperative across both areas to better integrate and work together in order to effectively respond to domestic violence in the ACT.

The findings from this project reflect the key issues identified across the Literature Review, consultations and mapping exercise and show, that with some relatively small injection of core funds, some shifting of existing funds and with the inclusion of existing government resources, the ‘ideal’ integrated model could be established in the ACT.

The project notes that while a model would need to be co-designed in detail, the broad requirements were consistently identified throughout and across the project methods and have formed the core of the Areas for Improvement of the project and the skeleton of an ‘ideal’ integrated model in the ACT.

Areas for Improvement Identified Through the Project

1. Additional funding is required to establish a dedicated, integrated Domestic Violence Unit for responding to domestic and family violence in the ACT.
2. The effectiveness of the DV unit would be maximised if all relevant human services commit to providing in-posted staff via rotation system, including care and protection, housing, victim support, health (including drug and alcohol and mental health) and education.
3. The capacity and impact of the Commonwealth Women’s Safety Package funds would be enhanced if they were integrated with the proposed Unit.
4. Data on domestic violence would be strengthened if data collection was mandated and intimate partner violence distinguished from other forms of violence.
5. A single cross government training framework for mainstream services would provide an improved response to women presenting at Government services.
6. The FVIP would be well placed in the integrated DV Unit, providing the pathway for high risk cases involved in the justice system in the ACT.
7. Barriers to developing and implementing safer at home options in the ACT need to be removed.
8. Investigate other activities and resources that could be included in the integrated Unit ie court support, domestic violence specific refuge placements, homelessness outreach, emergency relief funds, emergency childcare places etc.
9. Clear pathways for women with diverse experiences of violence to access the Unit in ways appropriate to their specific needs, should be the core and immediate business of this Unit.
10. A shared risk assessment framework (that includes coercion and control) for use across the ACT and develop clear information sharing systems would improve women’s experience of entering the service system.
11. It would benefit women in crisis if there was a clear and one click to portal for access to information on domestic violence on its website.
12. The ACT Government should continue to work with the Commonwealth Government on the issues within the Commonwealth’s jurisdiction, such as Family Court changes and funding the extension of the NPAH for domestic violence services.

# SECTION ONE-THE ‘IDEAL’

## 1a The ideal system in the Literature Review

The research evidence reviewed for the project strongly indicates that women and children experiencing domestic violence have a wide and varied range of needs and require a range of services and responses to meet those needs.

The current evidence base suggests both victims and perpetrators of domestic, family and sexual violence have diverse and complex needs, frequently requiring multiple interventions (Breckenridge, Rees, Valentine & Murray, 2015:3).

The research demonstrates that integrated models provide improvements for victims of domestic violence in the short term, primarily because they improve access to and coordination among the range of supports that women and children experiencing domestic violence need.

Within the domestic violence field, evidence from services based on the Duluth Model suggests that a well-coordinated response to domestic violence can bring effective results (Potito et al, 2009:372).

There is less compelling evidence that integrated models improve the situation for victims in the long term, reduce prevalence rates of re-assault against victims in the long term, that they have reduced perpetrator behaviour generally or that they effectively hold perpetrators to account. However, as discussed in more detail below, integrated models have to date been strongly focused on high risk victims at the point of crisis, which may be a key reason that longer term changes for victims or changes in perpetrator behaviour have not been evident outcomes.

While the research and reviews of successful integrated models have identified key elements that are fundamental in developing an integrated response to domestic violence it was also acknowledged that the model itself should be appropriate to the context and jurisdiction in which it operates.

### Clear overarching agreed aims and principles

All of the integrated models reviewed in the Literature Review contained the same three key overarching aims consistent with a Duluth informed model[[2]](#footnote-2):

1) enhanced safety for victims and children;

2) reduction in the re-victimisation of victims and their children; and

3) increased accountability on perpetrators for their violence.

These aims, often also named and used as principles, provided the services engaged in the integrated model a unifying starting point from which to build collaboration, reflect on and adapt existing agency practice and build a shared and agreed practice.

### Recognition of coercion and control

The importance of recognising coercion and control in understandings of domestic violence was stressed across the literature. Robinson (2006), notes in her review of the integrated Cardiff Model, that in statistical retrospective analysis of risk, coercion and control is an extremely reliable indicator of future and ongoing risk and is indicative of more severe abuse.

Quantitative analyses showed that psychological abuse, especially dominance, was a strong predictor of repeat violence (Robinson, 2006:766) and other research has shown that psychological abuse has been correlated with more long-term severe physical abuse (Robinson, 2006: 765).

Robinson also notes that in the studies done on risk factors for domestic violence, coercion and control strongly correlated with perpetration of most other forms of abuse.

Whether the perpetrator was jealous and controlling was a particularly salient issue as it increased the chances that most of the other risk factors also were present (Robinson, 2006: 784-785).

This call for recognition of coercion and control was consistent across the literature.

Without such an understanding of the coercive controlling and gendered nature of family violence, government policy reforms and interventions cannot adequately address family violence or prevent it (DVRCV, 2015: 13).

A more discriminating understanding of the nature of specific intimate partner violence crimes including the element of coercion would help more appropriate sentencing, as well as treatment for the perpetrators and more effective safety planning for victims (Erskine 1991, cited in Duluth, 2015:21).

The inclusion and understanding of coercion and control as central to domestic violence is a fundamental principle in the Duluth Model, where it has informed their approach and frames their interventions (See Duluth 2015). It is important then, that “we embed an understanding of coercive control more comprehensively in our approach to developing integrated responses” (DVRCV, 2015:13).

### Pathways and appropriate responses for diverse experiences of violence

An effective domestic violence intervention accounts for the realities of people’s unique circumstances and social standing… Our interventions must address the relationship between violence, poverty, homelessness, gender and race. Our interagency approach must reduce rather than emphasise the disparity
(Duluth, 2015: vi).

There was little discussion in the literature to how to develop a model that incorporates diverse experiences of domestic violence, though it was always noted as necessary.

Breckenridge et al 2015, notes that evaluations of integrated models have not been conducted in ways that can determine the impact on clients and client groups, focusing instead on implementation of the features of integration. For women with diverse experiences and background this lack of analysis of who is being served well by existing integrated responses and who may be missing out is of particular concern.

While the literature does not suggest that interagency work produces negative outcomes, there are calls for more nuanced assessments of these collaborations (Price-Robertson, 2012, p.28) such as… Do some service users benefit more from collaboration than others? (Breckenridge et al, 2015:14).

The literature however does identify some strategies and features that an integrated model can and should adopt to ensure the model is accessible and responding appropriately to the diverse experiences and needs of women and children.

For example, a 2012 Secretariat of National Aboriginal and Islander Children Care (SNAICC) report identified that ‘good practice in integrated service delivery for Aboriginal and Torres Strait Islander children and families, must stress the importance of genuine engagement, harnessing and building on existing strengths and capacity, development of trust and partnerships, an ‘openness to working differently’, and the critical importance of addressing discrimination and inequity (Breckenridge et al, 2015: 23).

The Gold Coast Integrated Model expressly incorporates consideration of the needs of Aboriginal and Torres Strait Islander communities throughout their model, from principles through to practice. This was the only model found in the Literature Review that works to ensure that this consideration is not an afterthought or ‘add-on’ to the model they have developed but is built into the way they consider, construct and conduct their business.
(See Finn & Keen, 2014).

The ACT has a recently implemented model that can also provide information on how to build appropriate pathways into the service system for women who have diverse needs and experiences. The ACT Crisis Scheme for Women with Disabilities builds on a range of existing service options and incorporates these into a particular access pathway appropriate to the needs of women with a disability.

### Key elements to build an integrated model

The common and key elements identified in the literature as necessary for effective and successful integrated responses were:

* strong leadership and governance;
* ongoing case management;
* common shared risk assessments;
* systems or protocols for sharing information; and
* systems for collecting and managing data.

Each of these elements is considered in detail in the Literature Review and Section Two of this report discusses them in relation to the specific ACT context.

### Expanded range of service features

The Literature Review found that to date, integrated models have in the main, focused on high risk cases at the point of crisis and available only to those who are in contact with the justice system. This is coming to be seen as problematic when data consistently shows that the majority of women experiencing domestic violence do not pursue a legal response to domestic violence. The Australian National Research Organisation for Women’s Safety (ANROWS), for example, using Australian Bureau of Statistics (ABS) data note that 58% of women in Australia who had experienced domestic violence had never contacted the police and 24% never sought advice or support of any kind.

The Literature Review found that as the (relatively new) integrated models become embedded and mature, it is becoming evident that there is a need to include support for women not choosing a legal pathway, the need for ongoing case management, post crisis support and the need to include a broader range of service sectors into the response.

### Case management/coordination

Across the research, the need for consistent and ongoing case management was seen as essential to supporting clients with complex needs to navigate the service system. The importance of this element was also supported by the findings of the local ACT trial of what has since become the Strengthening Families project and was an issue identified in the 2012 review of the FVIP.

Findings from the ‘Listening to Families project (2012), suggest that in order for service providers to work more effectively to support families with complex problems, future service responses must be developed based on the following elements: government and community working as one system, accessible entry points and shared assessments, lead case management and family information profiles (Watson, DVCS, 2014:6).

Victims are generally involved with multiple agencies…There is however no lead agency responsible for case management (Cussen and Lyneham, 2012:110).

### Expanded range of providers

Again, as integrated models have matured, the need to include a broader range of service areas in an integrated response to domestic violence areas has become apparent. The service sectors that were most mentioned in the literature included:

* support and therapeutic options for children who have experienced domestic violence;
* a range of housing options and support;
* mental health services;
* financial advice and support;
* drug and alcohol services; and
* employment support.

### Perpetrators of domestic violence

As integrated models mature and are evaluated, it has also become increasingly apparent that there needs to be a much greater focus on perpetrators, both holding them to account and offering them options to change. As a report on innovations in the area of perpetrator responses in Australia notes “…you can’t put violent men in a corner and expect them to change. All you’ll achieve is another partner, another victim, somewhere down the track” (Centre for Innovative Justice, March 2015:5).

### Summary of the literature on integrated responses

In summary, recent literature suggests the need to expand integrated models to ensure that: supports are in place early; that case management support is provided and is ongoing; that responses address post crisis needs; programs and services are in place to effectively hold perpetrators to account and offer options for change; and services, (including therapeutic responses) are in place to effectively respond to and meet the needs of children. (For example, see South Australian Family Safety Framework, 2015:6).

The literature also notes integrated models must focus on ensuring appropriate access for women and children from diverse backgrounds and experiences. This must include ‘addressing discrimination and inequity’ and ensuring that ‘the interagency approach reduces rather than emphasises disparity’.

## 1b The ideal system in the survey and consultations

### Case management/ ‘wrap around’ support

Across the consultations for this project, the single feature most mentioned by respondents as necessary to an effective integrated system response to domestic violence in the ACT was ‘wrap- around’ support or case management.

*A coordinated case management approach to domestic violence is needed, rather than multiple services involved that are wanting to maintain leadership*
(Mainstream community worker).

*Outreach case management could be made more available for women experiencing domestic violence, not necessarily attached to refuge or accommodation placements. Case managers could work with all women who make contact with DVCS to address all issues associated with domestic violence* (Mainstream government worker).

*Joined up service delivery responses, lead worker model, links between statutory and community services* (Workshop participant).

*Women need assistance with many things related to domestic violence like court, legal advice, obtaining stable housing. This is not limited to crisis and they need someone to support them through these processes* (Mainstream government worker).

While many simply stated the need for case management outright, often it was noted in the context of discussing a specific sector issue, such as ‘women are told by care and protection to leave the relationship but need wrap around support to do that’, or ‘women need wrap around support to navigate the legal system’ etc. In many ways, this segmentation reflected the segmented way that respondents still view domestic violence which was apparent across the consultations, even where respondents called for a more integrated response.

### Integrated response

ACT service providers and respondents to this project clearly believed this wrap around support ideally needs to be provided within some form of integrated model.

There is a need for a properly integrated service delivery system… to deliver connected and well targeted services and responses to domestic violence, including sexual assault (DVPC report, 2015:6).

[We] need to move from fragmented sector-specific service delivery to a single integrated response (DVCS input to the project).

[We need a] *collaborative approach with services co-located for a one stop shop for domestic violence* (Workshop participant).

The Better Services client journey map developed with a range of key stakeholders also shows the ideal journey has client centered and flexible case management support at its core and throughout the journey.

That there is a pressing need to improve integration was also apparent in the survey results, where among the 79% of survey respondents who believed their service could be more accessible for victims of domestic violence, ‘integration’ was one of the three most mentioned answers as to how this could be achieved.

###

### Coercion and control

The need to recognise and understand the coercion and control that characterises intimate partner violence was raised across the consultations for this project.

*We have to improve around coercion and control. If [victims] are telling then they are not being heard as domestic violence because its coercion, not physical* (Mainstream community worker).

While the issue of understanding and recognising coercion and control was the third most common theme in the responses of service providers and victims, most of the comments referred to the current lack of this understanding as a gap rather than an articulation of its necessary place in an integrated model. Therefore it is discussed in more detail in section two of this report.

### Expanded range of service provision

Mirroring again the findings from the Literature Review, ACT providers and respondents to the project particularly noted the need for both ongoing post crisis support and improved responses for women not seeking a legal response.

*There is no extensive long- term support for women who are dealing with domestic violence- rather they cycle through crisis support services as they enter periods of crisis* (Specialist community worker).

*We need to find a better balance between responding to high risk versus the supports required to not reach high risk* (Mainstream community worker).

Concerns were expressed [by stakeholders] that integrated and collaborative approaches embrace more than a justice system (DVPC report, 2015: 24).

There is a crucial need for ongoing support to ensure that women and children’s initial improvement in safety and wellbeing is actually sustainable over time
(DVPC report, 2015:36).

Across the literature and consultations, the importance of co-locating services was noted as conducive to creating collaborative and integrated models. This was also noted by the police officer leading the integrated model in South Australia, who stressed that co-location of services was a critical factor in the success of their collaboration and integration.

*It is really important that they [services] be located together- it cannot be virtual* (Personal communication).

### Housing options

Throughout the consultations, respondents stressed the need for more housing options, including, improved access to emergency accommodation and public housing, implementation of safer at home models, and support for women to maintain tenancies into the longer term.

Biggest gap observed is a lack of safe refuge. Inclusive in ‘safe refuge’ is a sense of secure accommodation and financial means (Mainstream government worker).

Major gap in the domestic violence system at the moment is that refuges are the only option for women wanting to leave domestic violence relationships
(Specialist worker).

There is a need for women to be able to remain in their homes safety after leaving violence, this could be tied to an outreach model (Mainstream government worker).

There are gaps in access to housing that is accessible, affordable, timely and that gives security of tenure for women and children leaving domestic violence (including the private rental market) (DVPC input to the consultation).

Many respondents also noted that the lack of early intervention in stabilisiing housing options is not cost effective and causes many women to enter homelessness some twelve months after ending the violence (See Watson, 2014: 4).

There is also a gap in addressing this [shortage of housing options] through rent support and other financial provisions- and there is a gap in addressing the cost-benefit of the costs associated with supporting a woman and her children in the homelessness and public housing system compared with the costs that might stabilise them in their own home or private rental properties in order to reduce unnecessary demand for crisis accommodation and public housing
(DVPC input to the consultation).

The lack of suitable crisis and housing options for people with diverse experiences was also particularly noted across the consultations.

People living with disability are not able to access crisis accommodation or the refuge system (Mainstream government worker).

There are only two Aboriginal and Torres Strait Islander specific services in operation across the ACT and advice from these services are that Aboriginal and Torres Strait Islander members do not find this model approachable and will not access Firstpoint if that is what is required to be connected to supports (Specialist worker).

There are no accommodation options for Aboriginal men who are perpetrators of domestic violence (Mainstream community worker).

### Expanded range of providers

It was noted by respondents in the consultations, services for children and effective service responses for perpetrators, need to be included in an integrated model. These are discussed in detail in Section Two.

The next most mentioned sectors or areas that need to be better included and participating in an integrated response were housing (all tenure types) financial support services and mainstream services as a general category with drug and alcohol and mental health services the most common.

### Summary of the ideal system from literature and consultations

In summary, there was consistency between the ideal or best practice system identified in the literature review and the ideal identified in the consultations. In both, the ideal system is: integrated, collaborative, co-located, with lead worker/case coordination and/or case management, is framed by an understanding of coercion and control and that provides easy access to the wide range of support options each individual woman may require, including pre-crisis, post crisis, a range of accommodation options and non-legal responses.

Consultations also mirrored the research in consistently noting that any model must include a focus on perpetrators being held to account and offered support to change and that the needs of children who experience domestic violence must be better addressed and responded to.

There was also congruence between the literature and the consultations about the need for a wider range of service areas to be involved in and see domestic violence as their business.

### Best practice model

The best practice model that appears to most closely address the needs and issues raised in the specific ACT context by the local research reviewed in the literature review and the consultations undertaken for this project, is the Gold Coast Domestic Violence Integrated Response (GCDVIR). The GCDVIR was one of the few integrated models reviewed in the literature that operates as a partnership between community and government, centralises ‘work with the woman’ and is led by the local community based domestic violence agency.

Most importantly, what [the] work with the women expresses is the capacity to connect the woman directly with multiple systems, with
[the domestic violence service] continuing its support and advocacy alongside the woman by providing information and relationships with the service system (Finn & Keen, 2014: 30).

This is consistent with the DVPC exhortation that an integrated response in the ACT must be “driven from knowledge of the particular needs of victims of domestic and family violence” (DVPC, 2015:9).

Nearly all other models in Australia are run and led by government or police, and may or may not include community agencies. In large part because it is led by a community agency, the GCDVIR, its aims and focus and practice has remained expressly consistent with and framed by the (successful and well tested) principles of a Duluth model.

The GDVIR was also the only model reviewed that incorporated considerations of the needs of diverse groups into the structure, policies, practices and systems of the model, rather than seeing these as ‘add-on’ considerations.

The GCDVIR has a clear framework and process for assessing and managing high-risk cases but includes services for non-high risk and non-legal cases and centralises case management across all those areas of need. The model also has innovative partnerships and programs responding to perpetrators as part of its core mission and response (again consistent with a Duluth model). The GDVIR also recognises the impact of domestic violence on children and provides “children and young people access to counseling and support of their experience of domestic, family violence” (Finn & Keen, 2014:30).

# SECTION TWO - THE CURRENT SYSTEM

Across the varied methods of consultation and the mapping exercise undertaken for this project, it is clear that the current system in the ACT is fragmented, crisis driven, has limited responses for children experiencing domestic violence and is not currently holding perpetrators to account or providing adequate options and incentives to change their violent behavior.

Further the consultations show that support services to assist women experiencing domestic violence are not well known by other providers or by victims and that mainstream agencies are ill equipped and can be reluctant to see domestic violence as their business.

While questions in the survey around the needs of particular groups showed that services felt ill-equipped across the range of diverse client needs, there was a particular lack of confidence and systems in place to address and meet the needs of women with a disability.

In addition, none of the key features of integrated models identified in the literature were seen to be in evidence in the ACT, including: leadership and clear messaging, case management, shared risk assessment, information sharing and data collection.

## 2a Fragmented and crisis driven

The mapping and consultation revealed a fragmented system in the ACT. Eighty one services indicated they provide either direct (23) or indirect (58) support to victims or perpetrators of domestic violence. Given very few of these services have information sharing systems in place, and with 64% of survey respondents noting the requirement for ‘direct contact’ to access their service, it is not surprising that the system feels fragmented for both workers and victims.

*People protect ‘their patch’ and there is a failure of the system to integrate. I have worked in lots of state governments but here [in the ACT] it is by far the worst communication and sharing across government that I have seen*
(Mainstream government worker).

Service providers identified the negative impact of disconnected services re-traumatising women who have to continually repeat their story
(Cussen and Lyneham, 2012:27-28).

*I found the services I approached did not provide a holistic approach to my issues. Many services did not know where to refer me to address my other issues, for example financial advice and family law matters* (Victim input to DVPC report).

*I don’t think the system has served me very well. I seemed to come up against a lot of brick walls* (Victim input to DVPC report).

Many respondents to the project also noted the high cost and waste of resources required to support women to navigate this fragmented system.

*We spend about 60-70% of our time fighting system problems and barriers [to getting client what they need] instead of working with the problem* (Specialist community worker).

### Crisis-driven

It was clear from the range of consultations that in the ACT, women and children have to be in crisis in order to receive the response they need from the service system.

*The general approach seems to be that we triage- we wait until clients are high-risk.* ***This delayed response can include waiting to actually identify the risk to begin with*** (Mainstream government worker).

*Women and children need to hit crisis or statutory point before they can get what they need* (Specialist domestic violence worker).

It was also apparent across the consultation and mapping that homelessness or housing crisis is the most common crisis trigger for women and children to receive the support they need. While this may in part be the result of the historic locating of domestic violence service funding within the homelessness budget, it is also the result of the widespread assumption that women will need to leave the home to end the violence.

*The lack of service response where there is no immediate risk of homelessness means that we are pushing people to the edge before we can help them*
(Mainstream community worker).

*There is a really unclear relationship between mainstream services and specialist domestic violence services and a dependence on homelessness as the crisis trigger* (Mainstream community worker).

*Domestic violence is not a homelessness issue* (Mainstream community worker).

*Support should not be housings responsibility-* ***housing should form one prong of a wrap around service response*** (Specialist community worker).

## 2b The key features of integration in the ACT context

As noted in Section One, some of the key or central features to develop and maintain an integrated service system are: leadership and governance including clear messaging; case management; shared or common risk assessment; clear protocols for information sharing; and systems for data collection.

Both the literature review and the consultations identified these features or systems as critical to collaboration and integration.

### Leadership and governance

As discussed above, the Literature Review found that strong governance and leadership at a Whole of Government strategic level is necessary to achieving effective joined up service delivery. The Literature Review particularly noted that governance is required to create the authorising environment that will allow cross sector and cross government information sharing and collaboration, while leadership is required if workers and agencies are to take up that authorisation to work together to improve practice.

The issue of clear leadership and governance was not a theme raised strongly by respondents to this project. That may have been because of the way that the interviews and survey were constructed or that the strong theme of integration was assumed to automatically include clear governance and leadership.

However, the DVPC report noted the current perceived lack of governance.

Feedback from the EM highlighted a lack of a whole of ACT approach to dealing with domestic and family violence, including sexual assault- no-one was seen as responsible or accountable for the ACT response to domestic violence
(DVPC report, 2015: 7).

It is hard to know what other parts of the government and community are doing which makes it hard to act in a concerted way (DVPC report, 2015: 22).

The DVPC report also identified a current gap and need for clear leadership and its role in creating an authorising environment.

Planning at the Whole of Government level for domestic and family violence, including sexual assault must be championed at the highest levels of government to enable collaborative efforts and investments to work for the benefit of victims in the ACT (DVPC report, 2015:7).

### Messaging

As interveners, every action we take and every statement we make can and should be aimed at an efficient, consistent, coherent clear message that strips the abuser of his most powerful weapon: his message that ‘they cant and won’t help you’
(Duluth, 2015:10).

As the Duluth quote above indicates, messages are not only sent in the words that people use, but also by their actions, individually and systemically. This was also found to be true in the victim consultations undertaken for the FVIP review, where it was noted that victims of domestic violence ‘remember and reflect and contextualise the entire experience of domestic violence as a whole’ (Cussen & Lyneham 2012: 96). Clear messages through consistent practice are then of critical importance for development and maintenance of an integrated system.

Worden (2003) suggests that the ‘efficacy of many innovations [in intervention] may be contingent on the consistency of the messages that are exchanged among the victims, offenders and practitioners (Duluth, 2015:3).

Respondents to the survey for this project were asked to think about the messages that the service system currently sends to victims and perpetrators in our community and whether they thought particular messages were being effectively sent to victims, perpetrators and the broader community in which they reside and interact.

Sixty six (66%) of survey respondents either strongly or somewhat disagreed that ‘people who are concerned about domestic violence know where to seek help’ and 73% either strongly or somewhat disagreed that ‘people felt comfortable and supported seeking help’.

The message that ‘perpetrators will be held accountable for their non-physical violence’ was seen to be the least effectively sent message with 75% of the survey respondents selecting either ‘not at all effective’ or ‘not very effective’ (42% and 33% respectively).

These findings, combined with the often noted response in the victim survey of this project that women did not end the relationship because they ‘did not know where to go for help’, suggests the need for a clear and consistent approach to messaging.

As Duluth stress and as has been demonstrated in research, good responses with clear messages will encourage further safety action.

Texas Women’s University 2003 study, demonstrated that ‘abused women offered a safety intervention at the time of applying for a protection order quickly adopt safety behaviours and continued to practice these safety behaviours for eighteen months (Duluth 2015: 24).

### Case management

More than seven out of ten surveyed service providers reported that they deliver ‘advice and information’ and ‘referral’ (71%) to clients. Less than half of survey respondents reported delivering a direct service for clients in many areas of relevance to domestic violence including case management (49%). This is a significant gap when case management was one of the most mentioned needs across the consultations.

### Shared risk assessment

When asked if they use a domestic violence risk assessment tool or framework, 14% of the project survey respondents reported using a specific domestic violence risk assessment tool, 42% reported using a non specific risk assessment tool and 44% reported using no form of risk assessment.

Of the 56% who use a risk assessment tool, there were nearly 20 different tools noted with the Level of Service Inventory- Revised (LSI-R) the most commonly noted. (The LSI-R is a tool used primarily to assess treatment and supervision of offenders and their risk of recidivism).

Among the other 20 or so tools currently in use in the ACT, the majority could be categorised as general case management tools rather than risk of violence or homicide tools. Additionally very few of the risk assessment tools in use were contained within a risk assessment framework.

### Information sharing

Only 55% of the survey respondents agreed that they had systems in place for information sharing with agencies to support their work with domestic violence clients. Of the 55% who did have systems in place they were overwhelmingly policies related to mandatory child protection reporting or individual client ‘permission to share information’ forms, rather than frameworks or protocols for sharing information to identify risk.

### Data collection

The mapping exercise revealed a significant absence of data collection in the ACT in relation to domestic violence, even amongst key agencies. 54% of survey respondents stated that they did not keep a record or database of the number of clients seeking support for domestic violence. Given the survey was targeted, this is significant.

Of the 46% who did keep data, only 30% of those were able to track any outcomes for victims of domestic violence.

The lack of data is of particular concern in relation to some of the key agencies. Currently care and protection don’t break down the ‘emotional’ abuse category in which children experiencing domestic violence is recorded. The Magistrate’s Court doesn’t distinguish domestic or intimate partner violence in the data for protection orders and the legal system in general, including corrections, cannot distinguish intimate partner violence within the ‘family violence’ category used. The Australian Federal Police (AFP) have trialed data collection in relation to domestic violence however it is unclear whether this will be ongoing and/or publicly available.

### Key features reflect fragmentation

Overall, the mapping and consultations revealed that the key features of integration as identified in the literature review are currently fragmented, haphazard, inconsistent or in some cases absent in the ACT.

### Housing options

While nearly all respondents noted that women and children should not have to leave their own home because of the violence of someone else and that the crisis of homelessness should not be the trigger for assistance, they noted that currently this is the only real and safe option available. At the same time, as discussed above, they noted the lack of emergency accommodation available if this is required. As a DVCS report *- Staying Home after Domestic Violence* notes, “homelessness in the ACT has risen 70.6% since 2006, outgrowing the capacity of the current ACT homelessness sector” (Watson, 2014: 4). One respondent cautioned however that this increase “not be seen as a ’spike’ when in fact it is reflective of a longer term trend of increasing demand for service delivery in this area” (Mainstream community worker).

Combined with the understandable choice of many women that refuges are not suitable to their needs, this shortage of options means that:

The majority of women subjected to violence in the ACT remain in their homes post crisis. In 2013, a total of 1053 women subjected to violence were assisted by DVCS on crisis visits with only eight of those women entering into a refuge post crisis
(Watson, 2014: 4).

In addition, this research report noted the impact of an ineffective response at the time of crisis: “The most significant findings was that 54.6% of the home owners and 62.5% of the families living in private rentals lost their homes within twelve months of the separation” (Watson, 2014: 5).

Unfortunately, the justice system is the only part of the service system who currently actively and practicably support women and children to remain in their homes safely through the use of court-ordered conditions, which restrict the movement and residence of the perpetrator. While noting that services such as DVCS undertake safety planning with women to support them to stay at home, respondents to this project stressed that in order to improve the effectiveness of the domestic violence service system; the question now needs to be asked *“how can other services complement this [justice system] approach?”*

Care and protection in the ACT have the capacity in legislation to remove and restrict the residence of a perpetrator and to require their attendance in programs. However, none of the workers consulted for this project were aware of this capacity or knew of any instances where it had been utilised.

Housing ACT in partnership with DVCS have previously explored a safer at home model in the ACT. Anecdotally, however the exploration required more involvement with and commitment from the broader system (such as ACT Civil and Administrative Tribunal (ACAT) and the Magistrates Court).

Investing in housing programs and options that allow and support women and children to remain in their homes safely makes perpetrators accountable for their behaviour while keeping women and children safe. They are a key option implemented in nearly every other jurisdiction in Australia and are a significant gap in the current service system in the ACT.

## 2c Responses for children who have experienced domestic violence

As noted in the Literature Review, the ideal system contains and provides clear service responses for children who have experienced domestic violence. The need to recognise and respond to the needs of children who have experienced domestic violence was the most commonly noted issue across the victims experiences sourced for this project and the third by service providers (after integration and the need for recognition of coercion and control).

### The extent of the problem in the ACT

DVCS data shows that children were present at 65% of the crisis visits they undertook in 2007-2008, (Cussen & Lyneham 2012:69). Data on how often care and protection matters include or involve domestic violence is not possible to access in a number of jurisdictions, including the ACT, with domestic violence classified under the broad category of ‘emotional abuse’ which is not broken down to specify domestic violence. However, data from research and other jurisdictions gives a clear indication of the prevalence of the correlation and co-occurrence of child abuse and domestic violence.

From a child protection perspective, domestic violence is involved in 53-69% of statutory child protection cases (Potito, day, Carson & O’Leary, 2009: 370).

Victorian human services data shows that the ‘majority of children in the child protection system come from families where they are exposed to family violence (Domestic Violence Resource Centre Victoria, 2015;42)

### The response in the ACT

The mapping exercise revealed there are currently very few options or services targeted at or available for children who have experienced domestic violence, certainly significantly less resources and attention than the data would indicate as appropriate.

The mapping exercise found only one service provides programs specifically for children who had experienced domestic violence (run by the specialist community sector); only one therapeutic based program (a government program whose eligibility criteria was noted in consultations as being restrictive); and some crisis accommodation services who have child support workers to support the children clients of that refuge.

While acknowledging that some children and family services, such as the Child and Family Centres, are aware of domestic violence and its impact on children and do work with the issue via mainstream programs (rather than targeted), the lack of focused support for children was identified across the consultations as a significant gap in current service provision in the ACT.

***There appears to be a total lack of therapeutic services available to work with families and children holistically*** (Mainstream government worker).

This is a significant gap when research is revealing more about how damaging domestic violence is for children and young people.

This lack of intervention and support for children experiencing domestic violence is also a significant gap and missed opportunity for early intervention. Across the victim survey responses for this project, ‘seeing the impact on my child’ was the single most mentioned motivator to end the violent relationship.

*Things were getting really bad and scary I knew I had to leave for my kids*.

*My child made me leave earlier than before I had children it easier to care about what happens to him than me*.

*I decided to take the first step because I realise I didn’t need to be in an unsafe place with my children*.

*Fear for my life and my daughters safety*.

*Not wanting my child to grow up around violence*.

### Care and protection services

The consultations again mirrored the literature in identifying the need for care and protection services to consider their role and approach to domestic violence and children. The current focus of care and protection services could be seen as a deterrent to women seeking support for domestic violence.

*There is a degree of ambivalence about mandatory reporting because of the level of risk of child removal if someone makes a report of domestic violence*(Mainstream government worker).

What was clear across the review of national and international literature and the consultations was that care and protection services have not been given a clear mandate to work with families about domestic violence. As a consequence across the country, their role is seen to be focused on pressing the mother to leave the family home as the means to protect the children.

*Women are being told by the child and youth protection system that if you leave domestic violence you can keep your children in your care, however there is no wrap around assistance provided to help with this* (Legal/statutory worker).

*With CPS and DPP the onus is always on the mother to provide for the children’s safety. There is a need to work with mothers but this takes time and rounded support which is not available* (Legal/statutory worker).

This was an issue also particularly noted for Aboriginal and Torres Strait Islander women.

Fear of their children being removed from them was explicitly mentioned by some clients and influenced their willingness to deal with police and services as well as their trust of DVCS and others (*We Don’t Shoot our Wounded*, 2009:69).

This issue is being explored across Australia and internationally and there are a range of innovative trial programs in Australia such as the Colombus project in Western Australia trying to improve the current situation. There is also a current large ANROWS research project exploring this issue across the country that includes collaboration with care and protection services in five state jurisdictions. There are also innovative changes to policy and practice in other jurisdictions that should be explored. For example one jurisdiction has now specifically articulated the role of care and protection workers to treat the non-offending parent and children as one unit whose safety they need to work toward and that intervening directly with the perpetrator may be part of the work required to achieve that.

The ACT has some useful care and protection legislation for supporting intervention with the perpetrator rather than the victims of domestic violence. Clause s484(b) of the *Children and Young Persons Act* provides care and protection workers the capacity to order the perpetrator from the property and to place requirements on their return and/or contact with the children that can include (but is not limited to) ‘attending courses such as anger management’. However, the consultations found no awareness of this legislative capacity.

## 2d Holding perpetrators to account and providing opportunities for change

Until we adjust the lens and bring those who use violence and coercion clearly into view- until we intervene at the source of the problem- the cycle of violence will simply roll on (Centre for Innovative Justice, 2015:5).

While holding perpetrators to account is a key platform in a Duluth Model and is noted as a key priority in both the National Plan and the ACT Strategy, the mapping and consultation showed a significant lack of attention and response in this area to date in the ACT.

Perpetrator programs and their effectiveness are not given priority in the ACT
(DVCS input to the project).

*There are limited programs that work intensively with the whole family, in particular the person using violence* (Mainstream government worker).

Findings of the mapping exercise showed that in the ACT, Canberra Men’s Centre (CMC) is currently the only community based service offering support and/or programs to perpetrators of domestic violence.

Within the criminal justice system, Corrections ACT runs an adaption of the
NSW Domestic Abuse Program (DAP) for men who are incarcerated where it is known they perpetrated intimate partner violence. A key gap and barrier identified by corrections was the lack of distinction in the charge category of ‘family violence’ which makes it difficult to target appropriate programs, such as the (DAP) which is suitable only for perpetrators of intimate partner violence.

Consultations also revealed that for a range of reasons, many potential candidates are found not eligible for the DAP program, meaning many if not most perpetrators of domestic violence in the ACT are not offered or accessing programs to change their behaviour.

The lack of options for early intervention and support for men who have as yet not committed criminal offences was also highlighted across the consultations.

*Men on the verge of entering the criminal justice system need to be supported to address their offending behavior* (Statutory/legal worker).

*We are only acknowledging violence once someone has been hit. We are missing the early intervention and first contact* (Mainstream community worker).

Across the consultations, it was also evident that there is a lack of options and types of programs for perpetrators, including: residential programs (which would support women and children to remain at home after violence); programs for early intervention programs for non-high risk men in contact with the criminal justice system; and programs that work with couples and/or families as a whole.

*Current group work is inadequate to changing men- we need one-to-one residential treatment options* (Mainstream community worker).

*There are good programs such as the Mirabella Project in the UK which says that you need a minimum of 6 months to change men’s behaviour. Here we have 4 to 12 weeks* (Mainstream community worker).

*Probation and Parole also acknowledge that there is nothing available for moderate to low risk group* (Mainstream community worker).

[We] *need to understand that often, a relationship is not going to end because of domestic violence. Often families stay together. We need to be realistic and able to respond to that* (Mainstream government worker).

The need for a diverse range of options for perpetrators was also raised in this project as a particular issue for the Aboriginal and Torres Strait Islander community.

### Breaches of protections orders

For many women and children experiencing domestic violence, protection orders are the key mechanism (often the only one) available to try and establish safety for themselves and their children. Responding to breaches of protection orders then becomes critical as a means for the system to support women’s safety actions and to hold perpetrators to account.

In their recent, 2015 Blueprint for addressing domestic violence across the criminal justice system, Duluth notes that responding swiftly and surely is critical in the area of domestic violence.

In the criminal justice field, it is widely believed that sure and swift punishment is more important than severe punishment. Research into domestic violence shows this to be particularly true in confronting this crime (Duluth, 2015: 7).

This need for swift and effective responses to the perpetration of domestic violence, was an issue particularly noted by respondents to this project who work with perpetrators.

*We need to look at the application of immediate and clear sanctions for engaging in domestically violent behaviour. These need to be clear, known and applied to everyone immediately the behaviour occurs in order to be effective* (Legal/statutory worker).

*Protection orders are not sufficient to prevent domestically violence behaviour. The main reason is that often people who are subject to protection orders do not have anything to lose if they violate them. There needs to be [more] penalties for violation* (Legal/statutory worker).

However, failure of the current system to respond effectively to breaches of protection orders was repeatedly noted across this project.

There are inadequate criminal justice responses to domestic violence orders- [they] go unenforced and breaches are not being punished effectively (DVPC input to this project).

*However, it does instigate a cycle of calling police, having husband arrested, going to court, having husband released. This cycle is just repeated and doesn’t appear to achieve anything* (Mainstream government worker].

*Breaches of AVO’s are not being taken seriously and no information is provided on why the perpetrator wasn’t apprehended for a breach* (Mainstream government worker).

*When there is a breach of DVO there does not appear to be any criminal justice response to dissuade the behavior* (Mainstream government worker).

Those in the sector who work in the justice system cited the high burden of evidence on police and courts to substantiate breaches.

*This is why police often walk away from domestic and family violence matters- they need evidence for grounds to believe that domestic violence has occurred or will occur* (Legal/statutory worker).

*This is of particular concern when you consider the ‘power and control’ aspect of domestic violence. It is difficult to gather evidence where the domestic violence being exerted is non-physical power and control* (Legal/statutory worker).

However, one legal practitioner noted that there is ‘inconsistency between the evidentiary burden in domestic violence and the burden for other crimes’.

Effective responses to breaches of protection orders are critical and will become particularly important given the also often mentioned need for increased program options to support women to remain in their own home after violence.

### Non legal accountability

The research strongly indicates that the inclusion of other forms of accountability for perpetrators have an obvious impact on offending rates in the area of domestic violence.

Perpetrators with ‘a stake in conformity [employed, married, stable housing] are least likely to reoffend after interaction with the justice system
(Roehl et al 2005, cited in Duluth, 2015: 22).

In the United Kingdom, the Multi Agency Risk Assessment Committee (MARAC) model, for example notes that social housing tenancies are terminated where there has been domestic violence as a means to support accountability.

In cases where the perpetrator held the tenancy the housing agency could evict because he was breaching its code of conduct…**In this way, criminal justice agencies were not the only ones imposing sanctions** (Robinson, 2006: 773).

In one of the workshops conducted for this project, participants were asked how, other than through the criminal justice system perpetrators, could be held to account.

The most common answer was the need to send a strong message via education that as a community we condemn domestic violence. The second most noted answer was the provision of effective perpetrator interventions and programs. Only one participant noted a response or sanction outside education or programs.

*There needs to be consequences- look at NRL conviction and he is still playing* (Workshop participant).

Given how often the issue of relocating the focus of domestic violence on to perpetrators was raised across the consultation, there is a need to explore ways in which ‘a stake in conformity’ can be better leveraged to intervene with perpetrators, hold them to account and act as an incentive to access support.

As many commentators have pointed out, however, men are often, rendered invisible by descriptions of the violence as if it is a separate entity, rather than something used by an individual **with whom the system might intervene**
(Centre for Innovative Justice, 2015:5).

## 2e Mainstream services

Frontline workers in a range of sectors across the ACT are not equipped to ask difficult questions about safety and family violence; to respond in a helpful and non-judgemental manner; and to make appropriate referrals… it is important that they recognise that a criminal justice response is only one part of the intervention picture (DVPC input to consultation).

As shown in the Literature Review, domestic violence is a complex issue that more often than not intersects with a range of other issues and needs. Most integrated service models nationally and internationally include a range of other support areas and providers including child protection, health, mental health, drug and alcohol services, and housing programs[[3]](#footnote-3).

The project survey shows this diverse service need is equally true in the ACT with over 50% of respondents indicating they are asked to and do respond to a range of other issues and needs listed in the survey, such as drug and alcohol, child welfare concerns, cultural concerns, housing, disability, immigration, mental health and physical health (though with varying degrees of confidence).

However, again reflecting the findings of the fragmented way in which domestic violence is viewed by the various service sectors in the ACT, many mainstream agencies throughout the mapping and consultations identified that they lacked training, confidence, policy and procedures and a mandate to work with clients experiencing domestic violence.

While the data from the survey about the types of service provided was not weighted, it did strongly suggest thatin general, **service users are being referred elsewhere**, rather than being offered support directly. Again, this clearly creates a situation, which for victims, feels fragmented and unhelpful.

While some of this tendency to refer domestic violence on or back to other services may reflect contractual parameters and/or service capacity, the confidence and knowledge of staff was an evident and significant factor.

*The questions are not being asked. Staff are concerned ‘if someone discloses, what do I do?* (Mainstream government worker).

Only 23% of survey respondents indicated that they felt ‘very well-equipped’ to deal with clients who had experienced domestic violence and 34% of survey respondents noted they did not have access to trained staff with specialist knowledge of domestic violence. Additionally, when asked if their services could be more accessible with 79% saying yes, ‘education and training to staff ‘was one of the two most commonly identified strategies.

The need for education and training across the mainstream service system was also noted in the 2015 DVPC report.

The early findings from discussions informing the DVPC Death Review have also identified the need for common and regular training of all frontline workers
*(DVPC, 2015:6).*

As well as training, the consultations reveal a need for a shift in the thinking of mainstream providers to see domestic violence as their business.

*There is a tendency for non-refuge services not to see themselves as part of the domestic violence service response. Rather, they refer and pass responsibility onto the next service*(Specialist worker).

This lack of training, confidence and capacity in the mainstream services area is then a currently under utilised resource that could be better harnessed through the provision of targeted training and education, policy and procedures and a clear mandate to both mainstream government and community providers that they respond to and support clients who have or are experiencing domestic violence when that arises in their primary client group.

Of particular note across the mapping was that none of the culturally specific service providers identified, are required by contract to respond to domestic violence related issues and only 9% of total survey respondents indicated they were’ well equipped’ to deal with women with disabilities, which was the lowest score recorded across a range of issues listed in that question.

These two gaps are significant, especially when we note the high rates of domestic violence for women with a disability and women from culturally and linguistically diverse backgrounds.

The lack of policy and mandate was not an issue that was confined to government, with many community based services responding to the project survey, noted that they were ‘not funded to provide support’ in relation to domestic violence, but that they did so anyway. The implication that services should be additionally funded to work with their existing clients around domestic violence was apparent across the consultations. There is a clear need therefore for the ACT Government to consider ways in which to send a clear (and mandated) message that domestic violence is and must be everyone’s business.

These findings from the consultations mirrored those in the mapping exercise to reveal an unsustainable dependency on DVCS and Everyman as specialist providers to meet the bulk of the needs of victims and perpetrators of domestic violence in the ACT with referral to these two services being made from agencies and sectors that could and should be working with their clients around issues of domestic violence.

## 2f The legal and criminal justice system

Three issues in relation to the approach to domestic violence in the legal context were raised repeatedly and consistently across the consultations and the literature. One is the failure of legal systems to recognise, acknowledge and grapple with coercion and control as a key feature of intimate partner violence. The second is the re-victimisation women experience and feel in their dealings and negotiations with the legal system, particularly the family court. The third is women’s lack of access to legal representation and support.

### Recognition of coercion and control

As discussed in section one of this report, recognition of coercion and control as a key and common feature of intimate partner violence is a critical component in an ideal integrated system.

While the failure to recognise coercion and control as an indicator of domestic violence and warning sign of more serious violence is not limited to the legal or statutory systems, its recognition within the justice system (police, magistrates, criminal and family courts), was seen and raised as a particularly pertinent issue.

Stark (2007) estimates that coercive control involved in at least 60% of domestic violence cases and is probably higher in criminal justice system cases
(Duluth, 2015: 21).

*Critical gaps still exist in the lack of shared understandings of domestic and family violence as coercive control. Policy, legal and criminal justice responses to domestic violence and family violence are mostly based on an ‘incident’ model and largely equated and understood as discrete assaults and physical injury.* ***There needs to be a more comprehensive understanding of family violence as coercive, controlling behavior*** (DVPC input to project).

*The threshold level for emergency orders is too high and is higher than general orders which makes coercion and control very difficult for police to respond to* (Legal/statutory worker).

A more discriminating understanding of the nature of specific intimate partner violence crimes including the element of coercion would help more appropriate sentencing (Erskine 1991, cited in Duluth, 2015:21).

Most of these tactics [of coercion and control] are not criminal offences and have not been addressed by police or courts (DVRCV, 2015: 13).

While recognising that the legal system is predicated on evidence, respondents still noted the need for the systems themselves as well as the individuals within them, to grapple with the issue of coercion and control.

### Re-victimisation

*Nobody resigns. Nobody apologises. All that remains is confusion, a flawed process which might almost have been designed to cause delay- to cause people to walk away* (Victim submission to the Victorian Royal Commission in relation to the legal process).

Family Court was the legal site most mentioned as re-victimising women and the one most noted to cause serious risk of harm. This was true both in the literature and across the consultations.

Layered on top of these legal and service systems, integrated or not, is the Family Law system. Thus, even where States and Territories have been successful in building bridges across systems, victims nonetheless find themselves experiencing secondary, system-generated victimization (Wilcox, 2010:1014).

Commentators note …the conflicting imperatives between the emphasis in the child protection system on separation as the safest outcome for children; and the general emphasis in the family law system on continuing parental/child contact post separation, a time when, rather than ending, family violence is often very likely to escalate (Centre for Innovative Justice, 2015:19).

*Another big issue here is that ‘access’ in custody matters are not being worked out and this allows perpetrators to continue exercising power and control over their victims* (Legal/ statutory worker).

What was evident across the project and particularly in the consultations was that the problems women face and identified in relation to the family court system are not problems with the law/s and legislation. Rather, the problem is the lack of understanding of domestic violence and the way perpetrators use family court to continue their abuse, as noted above, and the culture within the current system which is seen to prioritise the parent’s right to contact rather than the child’s right to safety. Given the significant amounts of research confirming the correlation between and co-occurrence of child abuse and domestic violence, this balance between the rights of the parent and the rights of the child is seen in the research and consultations to be currently dangerously skewed to the right of the offending parent. The number of child deaths from domestic violence in Australia in the last two years alone would also confirm this imbalance.

It has been more than three decades since researchers first documented the association between domestic violence and child abuse (Moore, 1975), and it is now commonly accepted that child abuse and domestic violence often co-occur in the same families. It has been estimated that in at least 30-60% of families where either child maltreatment or domestic violence is identified, the other form of violence will also be present (Edleson, 1999), (Potito, Day, Carson, & O’Leary, 2009: 368-370).

*There is a gap in understanding about the consequences regarding family law ordered parenting plans and/or the way the family law process is used against women and children- the safety of children is often subordinate to the perpetrators right to see them* (DVPC input to consultation).

*The Family Court place the mother at risk by implementing arrangements that require the father to have contact* (Specialist community worker).

Many respondents, including victims gave detailed examples where women were placed at significantly increased risk by family court processes, including the perpetrator finding out where women were residing through the family court process and then continue the abuse and other examples where the family court refused relocation of the matter to the jurisdiction in which the victim had relocated to in order to improve her safety and support networks.

The project notes that the Family Law Council of Australia is currently undertaking an analysis of the family court system and domestic violence in recognition that this part of the system is failing women and children who have experienced domestic violence. The project also notes the innovative programs as mentioned earlier, such as the Colombus project in Western Australia to improve integration between the family court and domestic violence.

Any integrated model implemented in the ACT needs to include and consider how legal and other support is provided to women dealing with matters in the Family Court.

### Access to legal support/representation

Respondents to the consultation for this project noted the current lack of support for women, both legal and emotional support, to manage difficult court processes. This was mirrored by victims themselves.

*There is no funding or support to have someone with you in the Family Court. I have spent 8 days on trial and other hearing days, where I have had to sit in the Family Court listening to his lies with no support at all… the last three days I did not even have a lawyer with me and I had to represent myself. Legal Aid withdrew because there was not enough chance of me winning a relocation* (DVPC report, 2015:29).

This quote highlights a key facet of the re-victimisation of women via their access to legal support. Legal Aid (and the services whose funding requires them to use the same tests, such as Women’s Legal Centre (WLC) and Community Law), are required to apply both a ‘means’ test and a ‘merit’ test.

Respondents to the project noted that women are often ineligible under the ‘means’ tests even though many may be only just over the eligibility threshold, that the perpetrator may have used financial abuse leaving women with no access to funds and with debt, and that the financial abuse can be continued by the perpetrator through the legal system itself. Two specific incidents in the ACT were mentioned in the consultations where women were obliged to expend $11,000 and $14,000 respectively to obtain a protection order.

The ‘merit’ test for legal aid support (and WLC and Community Law) needs to establish that a case has a ‘reasonable chance of success’. This often rules out domestic violence by default as domestic violence is not a crime the system is well equipped to respond appropriately to. As the victim quote included at the start of this section notes, this can leave woman who are already facing potential abuse through the perpetrators use of the legal system, ineligible for support under the merit test, in effect as an acknowledgement that the system cannot adequately deal with domestic violence.

Respondents also noted that since the closure of the Aboriginal Justice Centre, despite some of that funding being re-directed to the Aboriginal Legal Service (ALS), there is now noticeably less resources to support Indigenous women who need legal representation. The WLC Indigenous Women’s Program, while noted as successful in improving access for Indigenous women to WLC, does not provide direct legal representation.

If the mandate of Legal Aid and similar services is to provide legal support to those people most in need in the community and vulnerable in the legal context, then the approach to domestic violence needs to be re-examined.

While it was beyond the scope of this project to do so, there needs to be an examination of data across Legal Aid, WLC, Community Law and ALS. This examination should include: information about the percentage of women who received support for domestic violence (including the amount given in grants where the perpetrator was the first to contact the service); how many domestic violence cases were dropped under the ‘merit’ test and at what stage; what flexibility is available and was applied in the ‘means’ test to recognise the financial abuse often present in domestic violence and is often the start of the path to poverty for many women leaving violence; and what percentage of ALS funds are used to support women (while recognising that across the board men are more engaged with the legal system than women).

The issue of access to legal support for women from Culturally and Linguistically Diverse backgrounds was raised as a particular issue and gap in the current system. Respondents noted the difficulty in accessing legal representation and support to assist in navigating complicated immigration issues, particularly where the victim of the domestic violence is on a partner visa with the perpetrator. Further issues for women from a Culturally and Linguistically Diverse background related to recent changes in federal legislation making it more likely that a perpetrator will be deported if found guilty of a criminal offence, which is often not what the victim wants and leaves the women and children with a range of additional vulnerabilities.

Domestic violence and migration tends to intersect and when it does there’s a lack of availability of migration advice and increased vulnerability to women who have added difficulty navigating the system…and concern that if they raised domestic violence issues this might impact on migration outcomes and potential deportation (Legal/statutory worker).

Therefore while access to legal representation and support is an issue for all women it is of particular importance to women from a CALD background, particularly in relation to re-victimisation.

It is often easier for CALD women to attempt to manage the violence. Women often wish they didn’t raise the issue of violence because the system doesn’t support them to address it and raising it as an issue can often make things worse (Legal/statutory worker).

### Police issued protection orders

The issue of police issued protection orders was discussed through the literature with debate evident between the potential for police issued orders to disempower women already disempowered in the violence, versus the clear message that they send that the issue is between the perpetrator and the state not the perpetrator and the victim.

The majority of jurisdictions in Australia have police issued protection orders, including Tasmania, South Australia, New South Wales, Queensland and Northern Territory.

While it was noted that ACT policing have the capacity to take an emergency protection order, there is currently a higher evidentiary burden applied to that capacity makes it an almost unusable facility.

Where this issue was raised in the consultations, the overwhelming majority favoured police issued protection orders and this was seen as a gap in the current system. As one of the victim respondents to this project noted, this system would have helped her be able to end the violence.

*Compulsory police issued protection orders would have helped me leave (South Australia uses this process)* (Victim survey respondent).

It was clear through the consultations that systems such as the Tasmanian model, with the police as the applicants for orders, was preferred rather than police issued emergency orders only, which were not seen to send the same clarity of message that the issue is between the state and the perpetrator not the victim and the perpetrator.

### The Family Violence Intervention Program

The ACT has an integrated criminal justice response in the FVIP that is recognised as one of the first successful models of integration in this field. The 2012 review of the FVIP showed it has been and remains successful in meeting its stated objectives. Across the consultations, the FVIP was seen as an effective response, in relation to matters involved in the justice system.

The 2012 review, however, also indicated a need for some of the key elements identified in the literature review, notably governance, legislative mandate, shared risk assessments and procedures, to be re-visited, established, expanded and/or embedded. This too was echoed in the consultations and recognised by the DVPC.

We have much to celebrate and be proud of in relation to the FVIP but we have stagnated- we need to keep improving and innovating (DVPC, 2015: 19).

# SECTION THREE - BRIDGING THE GAP BETWEEN THE IDEAL AND THE EXISTING

The intention of this report is to highlight the need for the ACT Government in consultation with the Community Sector, to re-evaluate the way supports are delivered (DVPC, 2015: 6).

As is the case in many other jurisdictions in Australia, there have been a number of attempts through innovative partnerships and programs over many years to try and improve the service response to women and children who have experienced domestic violence in the ACT.

The findings of this project show that despite such attempts and in spite of the goodwill of both government and community workers, the current system remains fragmented and crisis driven with none of the key features in place that build collaboration and integration and improve the service system for victims of domestic violence.

**NOTE**

The discussion and findings in this section are not presented in order of priority but rather are presented in the order in which they were laid out and discussed in this report.

## Integrated model

The ACT is a small jurisdiction with an established working partnership between community sector and government. In keeping with the need for integrated models to be appropriate to their jurisdiction, any integrated model in the ACT should be a partnership between the community sector and government and this was apparent across the consultations for this project.

While details of the model should be co-designed by those who will be included in it, the project notes some clear starting points.

**Functions**

The findings across the different methods used in this project support the development and implementation of a collocated integrated service model, that addresses the needs of victims both pre and post crisis, including victims not engaged with the legal system. The project findings strongly evidence the need for such a model to include family services and the children’s sector, including care and protection to address the needs of children who have experienced domestic violence. The findings also mirror the models implemented in other jurisdictions about the need for the model to include collaboration and linkages with the service responses to perpetrators.

Across the consultations and the literature it was noted that building collaboration and integration and the relationships and systems required to support it are not cost neutral.

There are significant challenges associated with integration. The research evidence shows that it can be difficult and costly to implement (Breckenridge et al, 2015:40).

*Staff need to be given permission to take the time to do things like reflect on and know what they’re looking for when it comes to domestic violence and to build relationships with people and services* (Legal/statutory worker).

The consultations particularly noted that since the funding cuts to the domestic violence sector and refuges over the last few years, have significantly reduced the sectors capacity to collaborate with each other, let alone the broader services system. At the same time as experiencing funding reductions, the specialist domestic violence services have seen up to a 300% to 400% increase in demand in the ACT in the same period (DVCS figures for 2011- 2015).

Therefore an injection of funds is required to establish the core of an integrated model in the ACT around which the necessary component parts can be built and developed and implemented. This core funding will net more than its outlay value as workers are less likely to spend ‘60%-70% of their time fighting system problems instead of working with the problem’ and an effective integrated model will reduce high cost interventions at a later point, such as homelessness twelve months after ending the violent relationship. This is consistent with one of the three aims of Better Services- ‘to respond early to reduce future demand for higher cost services ’.

This core funding should be managed by a specialist community sector provider who has the expertise in service delivery in the area of domestic violence.

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| Additional funding is required to establish a dedicated, integrated Domestic Violence Unit for responding to domestic and family violence in the ACT. |

## Case management/case coordination

The need most mentioned across the literature and consultation was the need for case management or case coordination. However, even if the model proposed above focused only on high risk, which is not proposed, the resources required are significant. For example, the Cardiff Model noted a high-risk case load of twenty-nine women a month in a city of similar size to the ACT.

The proposed integrated unit therefore needs to provide a mix of *case management,* where clients do not have a case worker already, and *case coordination*, where there is an existing relationship and/or service case manager that with support from the unit, could continue to do the case management.

The proposed integrated unit needs supporting resources from across government. The project found some common and key government human service areas are particularly important in an integrated response- housing, care and protection, health (maternal and emergency), drug and alcohol services, mental health services and education. The project findings also confirmed that these areas are already doing substantial work with clients experiencing domestic violence but that their efforts are often ineffective and wasted as they battle to get their clients the full range of services they need.

There are also other areas of government expending significant resources on domestic violence and these too should be considered in the proposed unit, particularly victims of crime. Areas of government that are not human services may also have the capacity to contribute in-kind resources, such as premises and all areas of government should consider how they contribute to the whole of government response that has been repeatedly called for.

To ensure the engagement of mainstream services and to easy access within the integrated mode to the range of services that victims need, as well as build the integrated capacity of the model as a whole, relevant areas of government need to contribute staff resources on a rotational bases into the integrated unit.

A system for such a rotation of staff already exists in the Directorial Liaison Officer system in ACT Government proving it can be done.

The rotating staff will contribute to the case management capacity of the unit rather than simply doing their own work, which would not build the collaboration nor the capacity of the unit. Rather they bring to the unit case management capacity as well as knowledge about and access to information and systems of their originating area that contribute to the unit as a whole. On return rotation they then take back and build capacity in the originating agency, again ensuring resources are maximized cross the system as a whole.

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| **The effectiveness of the DV unit would be maximised if all relevant human services commit to providing in-posted staff via rotation system, including care and protection, housing, victim support, health (including drug and alcohol and mental health) and education.** |

## Shared projects and funding

This project also found that the current system is fragmented with various areas often developing similar projects or varying strategies to try and meet the same general aim Its therefore important that new and/or key services and programs be included in the integrated model and not positioned in an ad hoc way according to varying funding or service contracts.

This is true of, but should not be limited to, the Commonwealth funds for the ACT under the Women’s Safety Package, such as the Local Area Coordinator position, the ‘hot spot’ funds (both of which are required to deliver some level of case management) and the ‘Safer at Home’ program.

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| **The capacity and impact of the Commonwealth Women’s Safety Package funds would be enhanced if they were integrated with the proposed Unit.** |

## Data

While the problem of integrated data systems has been acknowledged in the ACT with a data project currently underway through the DVPC, the mapping and consultations for this project shows there are also more basic problems about who actually collects data in the first place. The mapping found that both key agencies and critical mainstream services are not keeping data on the number of clients who approach their service. Where data is collected problems of definition emerge with much of the limited data that is available unable to distinguish intimate partner violence from a range of other ‘family abuse’. As Duluth note, we need to be able to tell who is doing what to whom.

We have learned that applying a single treatment to such a broad range of human interactions and behaviours [as family violence] inhibits meaningful intervention for victims and perpetrators. It can distort our understanding of who is doing what to whom and who needs what level of protection from whom. For victims of battering such misunderstandings are not benign and they can have fatal effects (Duluth, 2015: 5).

Many respondents and the literature noted that wherever possible data collection should include outcome data.

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| **Data on domestic violence would be strengthened if data collection was mandated and intimate partner violence distinguished from other forms of violence.** |

## Training

The need for consistent training was raised as a significant issue across the consultations and was evident in the survey results as a key factor in mainstream services current lack of capacity to deal with domestic violence. The volume of training required to cover frontline human services in ACT government is substantial, (ACT Health for example has up to
3000 ‘frontline staff’) and needs therefore to be contained within a clear whole of government training strategy that includes prioritisation of high volume first contact areas. Again to address the capacity required, the strategy should include aspects of ‘train the trainer’ and utilisation of existing training expertise within government wherever possible.

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| **A single cross government training framework for mainstream services would provide an improved response to women presenting at Government services.** |

## The Family Violence Intervention Program (FVIP)

As noted throughout this project, the FVIP is an effective and integrated response to domestic violence for those in contact with the criminal justice system. It has also been noted both in the 2012 review and the 2015 DVPC Report that it is in need of re-invigoration. The FVIP then is well placed to form the platform for high-risk cases in contact with the legal system within the integrated unit.

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| **The FVIP would be well placed in the integrated DV Unit** |

## Housing options including safer at home models

The ACT needs to invest in safer at home models for women after domestic violence. The FVIP and the Coordinator General for Domestic Violence are both in a position to explore the barriers encountered in previous implementation and engage with those who need to rethink their business to support these models in the ACT.

Some elements safer at home programs are already available across the ACT. However, stakeholder consultation would suggest that the services are not generally known of, or are not associated with a domestic violence service response. These include, the Supportive Tenancy Service, Housing ACT security upgrade program and some availability of financial support for upgrades through the Victim Financial Assistance Scheme.

In addition, the Commonwealth Government has recently approved funding for a safer at home program for the ACT under the Commonwealth Women’s Safety Package, providing brokerage funds to implement a range of security measures and build relationships with private rental sector and banks around their possible support to tenants and mortgagees who have experienced domestic violence.

Further investment in, and coordination of these services is required to broaden available safety and security measures; coupled with a collaborative and coordinated response by housing services, law enforcement and domestic violence service providers to create viable safer at home options for women in the ACT.

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| **Barriers to developing and implementing safer at home options in the ACT need to be removed.** |

## Other resources and functions

There are currently a range of resources and functions related to domestic violence provided in the ACT, such as court support, domestic violence refuge places, homelessness outreach places, emergency relief funds and emergency childcare places. Placement of these funds and activities within an integrated domestic violence unit has the potential to not only minimise duplication but to equip the unit to provide as holistic response as possible.

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| **Investigate other activities and resources that could be included in the integrated Unit ie court support, domestic violence specific refuge placements, homelessness outreach, emergency relief funds, emergency childcare places etc.** |

## Diverse experiences of violence

It is widely recognised that some groups within our community are more vulnerable to the impacts of domestic and family violence, including sexual assault, because they are more vulnerable in our society generally or have a history of childhood trauma. Victims are socially, linguistically and culturally diverse and their experiences of violence are similarly diverse (DVPC report, 2015: 11).

Development of an integrated unit needs to ensure that consideration of diverse experiences, particularly a varied range of pathways and approaches into the services of the unit, are appropriately considered and developed core business of the unit.

Across the consultations similar issues were raised for all groups of women, however for each group there are particular issues that impact more than for others. For women from CALD backgrounds, access to legal supports and translation services that can assist to navigate complicated immigration issues was a significant gap, particularly where the victim of the domestic violence is on a partner visa with the perpetrator. This group also need a range of non-legal options in to avoid the partners deportation, which is most often not what the victim wants and leaves the women and children with a range of additional vulnerabilities.

While, the ACT Disability Crisis Scheme provides a successful example of a model that creates appropriate access pathways into the existing system, the project showed an extremely high lack of confidence and low scores for the ability to respond to the needs of women with a disability who have experienced violence across mainstream agencies. This needs to be included in the training framework proposed in Recommendation Five of this report.

A particular need for Aboriginal and Torres Strait Islander women as expressed throughout this project was the need to support their existing working relationships as critical for their engagement with an integrated unit. By building in the capacity of the unit to do case coordination as proposed (in effect a lead worker model), the integrated model can support peoples preferred and existing service and/or worker rather than having a narrow one size fits all approach.

In addition, the need for non-legal responses and responses that address the needs of both victims and perpetrators was considered of particular importance for Aboriginal and Torres Strait Islander communities.

The Gold Coast Domestic Violence Integrated Response (GCDVIR) provides a suitable example of how to build in considerations for diverse experiences of violence throughout development of any policy and procedure rather than a tacked on consideration at the end of the process. This consideration is evident throughout the GDVIR 2014 review document. (See Finn & Keen 2014).

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| **Clear pathways for women with diverse experiences of violence to access the Unit in ways appropriate to their specific needs should be the core and immediate business of this Unit.** |

## Common risk assessment and information sharing

Common risk assessments and information sharing were identified in the literature as a critical tool in developing and encouraging collaboration and integration and well as critical to identifying and responding early to risk indicators. The need for a common risk assessment was strongly supported through the consultations and the feedback from the DVPC.

Again, strongly identified through both the literature and the consultations was the need for a risk assessment to include coercion and control.

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| **A shared risk assessment framework (that includes coercion and control) for use across the ACT and develop clear information sharing systems would improve women’s experience of entering the service system.** |

## Child protection review

This project notes that a review of family and domestic violence is being undertaken in relation to a particular case in the ACT. It is important that the findings of that review are read in conjunction with this project in relation to children and domestic violence.

## Policy and procedure for government

The need for government human service areas to have clear policy and procedure for frontline workers in relation to domestic violence was strongly evident in this project. This is an existing action under the Second Implementation plan of the ACT Strategy which is monitored by ACT Government cabinet. Therefore the recommendation need not be made here.

**Access to information**

Both to make it easier for victims to access information on supports available, the need for which was clear throughout the project and evidenced by victim survey responses, and to assist government areas to develop policy and procedures and access general information, government needs a clear ‘one-click’ portal on its website. At present, it is difficult to navigate the government portal to information on domestic violence requiring a user to know which Directorate they might need and then using multiple ‘clicks’ to get to the Office for Women website and/or the Second Implementation Plan of the ACT Strategy.

In addition, through the consultations, some respondents noted the need for government to be more visibly ‘taking a stand’ on domestic violence. Improving the current difficulty in accessing information on the ACT Government website would support this.

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| **It would benefit women in crisis if there was a clear and one click to portal for access to information on domestic violence on its website.** |

## Commonwealth jurisdictional issues

Some of the most mentioned and criticised areas of service delivery in this project were related to areas within the jurisdiction of the Commonwealth Government, particularly the Family Court, the reduction in funding for crisis homelessness services and difficulty accessing interpreters.

Again, noting the visibility issue raised above, the ACT Government should continue to work with the Commonwealth on these issues and should explore means to make that work and advocacy more visible to the community.

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| **The ACT Government should continue to work with the Commonwealth Government on the issues within the Commonwealth’s jurisdiction, such as Family Court changes and funding the extension of the NPAH for domestic violence services.** |

Areas for Improvement Identified Through the Project

1. Additional funding is required to establish a dedicated, integrated Domestic Violence Unit for responding to domestic and family violence in the ACT.
2. The effectiveness of the DV unit would be maximised if all relevant human services commit to providing in-posted staff via rotation system, including care and protection, housing, victim support, health (including drug and alcohol and mental health) and education.
3. The capacity and impact of the Commonwealth Women’s Safety Package funds would be enhanced if they were integrated with the proposed Unit.
4. Data on domestic violence would be strengthened if data collection was mandated and intimate partner violence distinguished from other forms of violence.
5. A single cross government training framework for mainstream services would provide an improved response to women presenting at Government services.
6. The FVIP would be well placed in the integrated DV Unit, providing the pathway for high risk cases involved in the justice system in the ACT.
7. Barriers to developing and implementing safer at home options in the ACT need to be removed.
8. Investigate other activities and resources that could be included in the integrated Unit ie court support, domestic violence specific refuge placements, homelessness outreach, emergency relief funds, emergency childcare places etc.
9. Clear pathways for women with diverse experiences of violence to access the Unit in ways appropriate to their specific needs, should be the core and immediate business of this Unit.
10. A shared risk assessment framework (that includes coercion and control) for use across the ACT and develop clear information sharing systems would improve women’s experience of entering the service system.
11. It would benefit women in crisis if there was a clear and one click to portal for access to information on domestic violence on its website.
12. The ACT Government should continue to work with the Commonwealth Government on the issues within the Commonwealth’s jurisdiction, such as Family Court changes and funding the extension of the NPAH for domestic violence services.

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1. Unfortunately two key local pieces of research, the DVPC Death Review and Research into Domestic Violence by the Women’s Centre for Health Matters were not available at the time this project was completed. [↑](#footnote-ref-1)
2. The ‘Duluth’ model was the first integrated response to domestic violence. The model commenced in the 1980’s in the city of Duluth Minnesota. It has since been recognised as an effective best practice model and has been replicated around the world. [↑](#footnote-ref-2)
3. Cussen, T., & Lyneham, M. (2012). *ACT Family Violence Intervention Program Review*. Australian Institute of Criminology, Canberra; Robinson, A. (2006). Reducing repeat victimisation among high risk victims of domestic violence. *Violence Against Women, 12* (8), 761-768; Finn, K., & Keen, A. (2014). Domestic violence integrated response: An examination of current practice and opportunities for development. *Domestic Violence Prevention Centre*, Gold Coast. [↑](#footnote-ref-3)