

Call for papers - Special Taskforce on Domestic and Family Violence

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Name of authors: AASW Queensland Branch & Dr Deborah Walsh

Organisation (if applicable): Queensland Branch of the Australian Association of Social Workers

Position in organisation: D&FV Specialist Consultant Dr Deborah Walsh; Branch President Dr Fotina Hardy

Address: PO Box 1015, Milton QLD 4064

Daytime Telephone Number: 07 3369 9818

Email address: aaswqld@aasw.asn.au

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 *Deborah Walsh*

Date: 1 December 2014

(Signature of authors)



AASW(Qld) submission to the Domestic and Family Violence Taskforce
Trauma informed consistent and accountable domestic violence service provision in Queensland

Submission - December 2014

© Australian Association of Social Workers
Queensland Branch Office– Brisbane
17 Ross St, Paddington
BRISBANE, QLD 4065
PO Box 1015
MILTON QLD 4064
T 07 3369 9818
F 07 3217 6938

Enquiries regarding this submission can be directed to:

Queensland Branch President:
Dr Fotina Hardy
Email: fhardy@bigpond.com.au

Queensland Branch Manager
Ms Mere Vitale
Email: aaswqld@asw.asn.au

This paper was prepared by
Dr Deborah Walsh, Domestic and Family Violence Consultant

Acknowledgement

The submission was prepared in collaboration with a number of social workers who work in the area of domestic and family violence whose work contributes to this submission. The AASW would also like to particularly acknowledge the Royal Flying Doctors Service; Mary; Sarah; Sharon C; Jo and Jenny who agreed for us to share some of their experiences.

Executive Summary

The Australian Association of Social Workers (AASW) is the key professional body representing more than 8000 social workers throughout Australia. Social work is the profession committed to the pursuit of social justice, to the enhancement of the quality of life, and to the development of the full potential of each individual, group and community in society. Social workers support, assist, and advocate on behalf of women, children and men affected by domestic and family violence. They ultimately seek to empower family members to take control of their lives and move beyond the effects of domestic and family violence. AASW members work with children, young people, adults and families to prevent family violence and assist families exposed to violence. Many of these social work roles focus on intervening before domestic and family violence occurs, supporting parenting, educating young people and influencing other social determinants of violence. As importantly, social work plays a key role in providing support and services for individuals where violence has occurred, and social work plays a key role in both direct practice intervention, and policy and research into this crucial area. As a result, Social Workers are recognised throughout the world as the core professional group in domestic and family violence policy, management and practice.

Social workers understand violence against women as a complex gendered social problem that is the result of multiple and inter-related issues across many aspects of life. The social work profession utilises a 'feminist structural ecological systems analysis' as the core theoretical and conceptual basis for understanding and responding to violence against women. We concur that violence against women occurs and is perpetrated across all levels of society:-

- Institutional and systemic level
- Organisational and community level
- Individual, family and peer group level (VicHealth, 2007).

The AASW supports intervention across all levels and highlight the urgent need for Australia to engage in prevention and that prevention needs to include primary, secondary and tertiary responses. We welcome the opportunity to contribute the following submission to the Premier's Special Taskforce on Domestic and Family Violence for consideration. The submission focuses on the first four Terms of Reference only.

The following is a summary of our recommendations that are fully explained in the document following the recommendations. We begin with one key recommendation that is supported by eighteen others highlighting:-

Key Recommendation

The AASW recommends that the Taskforce highlight the need for serious consideration to be given for the development of a "whole of system" Trauma Informed Model of Service Delivery that includes a Family Violence Specialist Court Program and a Coordinated and Collaborative Family Violence Response System for Queensland (for example, alliance/consortia models) that link with mental health services and ensures access and equity issues for rural and regional areas and special needs populations.

Recommendation 1

The AASW encourages the Taskforce to consider the use of a zero tolerance strategy to end domestic and family violence in our community.

Recommendation 2

That any community education program needs to incorporate a bystander component.

Recommendation 3

The AASW strongly supports changes to child protection policy and practice when domestic violence issues co-occur with child welfare concerns that incorporate engaging with the perpetrator of the violence making the focus about his behaviour and not the victims.

Recommendation 4

The AASW urges the Taskforce as a matter of urgency to address the funding inadequacies of the male behaviour change sector in Queensland.

Recommendation 5

The AASW recommends that the Taskforce take into consideration a wide range of literature that speaks to the need for perpetrators to learn non-coercive ways of parenting post violence and consider the need to mandate fathers to undertake programs to support them to develop good parenting practices.

Recommendation 6

The AASW support all submissions that call for an urgent increase in crisis beds for domestic and family violence services in Queensland.

Recommendation 7

The AASW advocates for the Taskforce to highlight the need for a Trauma Informed Model of Service delivery in any deliberations for change to this sector.

Recommendation 8

The AASW encourages the Taskforce to consider the broader implications for the safety of women and children when companion animals are involved. That companion animals be included in risk assessments and the development of animal friendly accommodation services be supported.

Recommendation 9

The AASW recommends that the Taskforce consider the need for developing domestic violence and mental health liaison positions to enhance the linkages between these sectors.

Recommendation 10

The AASW request the Taskforce consider the need for improved communication between Corrections and victims. That when perpetrators of domestic violence are given custodial

sentences victims will be notified of the impending release as a matter of victim safety protocol.

Recommendation 11

The AASW encourages the need for the Taskforce to have regard to the information about financial abuse and develop ways of being able to intervene to prevent it.

Recommendation 12

The AASW urges the Taskforce to consider the needs of women with a disability who experience violence as a matter of urgency and that specialized services be expanded to include equitable pathways to services across urban, regional and rural areas.

Recommendation 13

The AASW highlight the vulnerability of women from CALD backgrounds and urge the Taskforce to consider the access and equity issues facing these women when they experience domestic and family violence and have particular regard to those women in regional and rural Queensland.

Recommendation 14

The AASW urges the Taskforce to consider the needs of Aboriginal and Torres Strait Islander Australians and have particular regard to the requests made by submissions from Indigenous communities and organizations.

Recommendation 15

The AASW urges for increased cultural awareness and domestic and family violence training for all Police be implemented.

Recommendation 16

The AASW supports the provision of long term therapeutic services for women and children as part of any domestic and family violence service system.

Recommendation 17

The AASW understands that income support provisions are outside the technical jurisdiction of the Taskforce but would encourage the consideration of grants for women to allow them to time to recover from the traumatic effects of violence before being required to seek employment.

Recommendation 18

The AASW encourages the Taskforce to have regard to the unique issues facing rural and regional communities when making recommendations for domestic and family violence resource allocation and special provision made for communities where there are culturally diverse populations.

Introduction

The Australian Association of Social Workers (AASW) is the key professional body representing more than 8000 social workers throughout Australia. Social work is the profession committed to the pursuit of social justice, to the enhancement of the quality of life, and to the development of the full potential of each individual, group and community in society. Social workers support, assist, and advocate on behalf of women, children and men affected by domestic and family violence. They ultimately seek to empower family members to take control of their lives and move beyond the effects of domestic and family violence. AASW members work with children, young people, adults and families to prevent family violence and assist families exposed to violence. Many of these social work roles focus on intervening before domestic and family violence occurs, supporting parenting, educating young people and influencing other social determinants of violence. As importantly, social work plays a key role in providing support and services for individuals where violence has occurred, and social work plays a key role in both direct practice intervention, and policy and research into this crucial area. As a result, Social Workers are recognised throughout the world as the core professional group in domestic and family violence policy, management and practice.

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The AASW supports intervention across all levels and highlight the urgent need for Australia to engage in prevention and that prevention needs to include primary, secondary and tertiary responses. We welcome the opportunity to contribute to the Premier's Special Taskforce on Domestic and Family Violence in Queensland and submit our thoughts for your consideration.

This submission will focus on the first four Terms of Reference. We have consulted widely and will draw on a vast range of social work practice experience as well as contemporary literature to support our views. A small number of actual case studies are used to demonstrate the difficulties and complexities clients face and these are drawn from our member's direct experience. The majority of case studies have been de-identified and details changed so the anonymity of our clients is protected, except for Sharon C who has insisted that her details remain. The submission cites the term of reference followed by what we, as a profession, believe are the key issues.

Submission

1. Educating and engaging Queenslanders to create a community that supports respectful relationships, practices positive attitudes and behaviours and promotes a culture of non-violence

Societal wide attitudinal and behavioural change is possible. To be successful there are some consistent lessons we can take from programs and policy reform that have addressed social health issues in the past. The AASW would like to draw the Taskforces attention to the seat belt and drink driving campaigns. There are those in our community who remember in childhood when no-one had seat belts in their cars and people drank alcohol, got in their cars and drove home. This behaviour is now overwhelmingly unacceptable and criminalised to such a degree that many people will go to great lengths to avoid detection if they do break the laws relating to these socially unacceptable behaviours. There were many changes that occurred in our community that shifted these attitudes and behaviours moving from being acceptable to unacceptable. The key ingredients to this societal wide attitudinal and behavioural change included the following:

- A zero tolerance position taken by governments and policy makers that was bi-partisan so that changes of governments did not interfere with its staged progress.
- Laws changed over time to make it unacceptable behaviour and consistent messages from all government and policy makers about definitions and the unacceptability of the attitudes and behaviour were highlighted in the media.
- Swift and immediate sanctions for breaches of the laws when implemented.
- Those sanctions were meaningful and acted as deterrents.
- A systematic media campaign reinforcing the messages about appropriate attitudes and behaviours was rolled out over time.
- A systematic media campaign about the unacceptability of the attitudes and behaviour that the community wanted extinguished rolled out over time.
- Once the attitude and behaviour change has occurred for a significant proportion of the community then we had ongoing media campaigns to remind the community (such as the holiday reminders of drink driving and seat belts).

There are a number of programs that have been developed across the world that are interesting examples to explore, but we encourage the Taskforce to view any such examples with caution so that the temptation to transplant programs from other countries is avoided as Australia has its own diverse culture, history, needs and population dispersal. We need to develop our own unique integrated programs that reflect our culture, our history and our own needs. One of these programs is a home grown one developed by Queensland's Centre for Domestic and Family Violence Research in Mackay called *Stopping violence against women before it happens toolkit*, which targets rural and regional communities. It appears that this program needs ongoing resourcing to meet its objectives, and the authors also suggest that

long-term policy and program solutions to prevent violence against women are required to fully end violence against women (Dicker, 2012, p. 4).

The “Z” (pronounced zed) campaign example from Edinburgh, Scotland is an interesting program to consider. A key component of this program was the notion of Zero tolerance from the government down. This was built on a National Strategy and the key stakeholders developed the aims to address domestic violence in Scotland. The key aims were based on what is referred to as the '3 P's' and these were emphasised in all the advertising and media used in the Zero Tolerance campaign. These were:

- Prevention - active prevention of domestic abuse of both women and children.
- Protection - appropriate legal protection for women and children who experience domestic abuse.
- Provision -adequate provision of support services for women/children.

The Edinburgh strategy identified key policy and practice areas to be developed and improved in order to achieve these aims. It also placed a requirement on local authorities and health boards to establish local partnerships to tackle domestic abuse. The Scottish Executive provided £18 million through the Domestic Abuse Service Development Fund to support the work of these local partnerships, and established the National Group on Domestic Abuse to monitor the implementation of the strategy. The National Group included representatives from the police, the judiciary, women's support organisations and local authorities. It was chaired by the Minister for Communities and was a ‘whole of government approach’ to address the problem.

Recommendation 1

The AASW encourages the Taskforce to consider the use of a zero tolerance strategy to end domestic and family violence in our community.

Develop and support bystander intervention education

It has been found that domestic and family violence causes significant burden on our health and welfare sectors and community attitudes that tolerate or excuse domestic and family violence help to perpetuate it (VicHealth, 2010). To systematically address community attitudes requires a concerted effort on the part of the government and non-government community service sectors. The AASW would like to draw the QLD Taskforce’s attention to the work done by The VicHealth Bystander Research Project (Powell, 2012). This research report states,

“Programs that are designed to increase bystander action must not only build individual knowledge and skills but also contribute to a social climate that supports and promotes bystander action. These programs are most likely to be effective when they are led by and embedded in organisations that have demonstrated an existing commitment to recognising and ending violence against women (2012, p.9)”.

Our community needs ongoing education that supports continuing change in attitudinal beliefs and behaviours that contribute to the perpetuation of domestic and family violence and any program of action needs to incorporate this as a fundamental part of an overall strategy to reduce violence in our community.

Recommendation 2

That any community education program needs to incorporate a bystander component.

2. Early intervention to identify those who are at the greatest risk of violence, to ensure action is taken to protect those at risk of being subject to domestic and family violence and to change the behaviour of those who use violence

Any early intervention strategy or programs to identify those who are at the greatest risk of violence needs to take into account a range of factors. In this section we focus attention on the intersection between domestic violence and child protection; male behaviour change programs, parenting after violence and highlight the need to expand the current domestic violence crisis response.

The intersection between child protection and domestic and family violence

The intersection between domestic violence and child protection frequently works with the victim of violence and it is their behaviour that becomes the focus of attention and the perpetrator of that crime becomes invisible. We argue that rather than focusing on the protective parent, child protection services have a unique window of opportunity to work with the perpetrator to address the violence and return to the family safely. In any intervention the focus needs to be on the perpetrator of the violence to be held accountable not the victim.

The issue of children and domestic violence was first brought to the public agenda in Queensland in 1988 in *Beyond These Walls: Report of the Queensland Domestic Violence Taskforce*, which described children as the ‘unacknowledged victims’ of domestic violence. 88% of respondents to a State-wide phone-in conducted by the Queensland Domestic Violence Taskforce (1988) stated there were children residing in the home during the course of the violent relationship and 90% of these children had directly ‘witnessed’ the abuse:-

“The kids just sat there like statues and I prayed ‘don’t scream or he’ll hit you too”
(Victim’s submission to the Queensland Domestic Violence Task Force et al., 1988).

Over the past 20 years since the publications of *Beyond These Walls*, there has been growing recognition that children who live with domestic and family violence need to be protected as a priority. The protection provided to children living with violence needs to be incorporated and integrated into responses provided to the non-abusive parent. This needs to occur at both a state and national level.

It is important to also recognise that *“Family violence is often a direct or indirect attack on the mother-child relationship and this creates circumstances which undermine the child’s wellbeing and safety”* (Department of Human Services, 2007, p. 28). One of the key components of the acclaimed Duluth Domestic Abuse Intervention Program is ‘working to undo the harm violence to women does to children’ (Shepherd & Pence, 1999). The AASW submits that these are key concepts in informing strategies to address the impacts of domestic and family violence on families. In addition, it is imperative that children’s safety is specifically assessed and addressed within relevant legislation, which can therefore enable greater alignment with the child protection legislation.

The invisible perpetrator syndrome

Domestic violence is the only crime where the victim’s behaviour becomes the focus of attention and the perpetrator of that crime becomes invisible. When domestic violence issues are referred to the child protection system the mother is charged with the responsibility of protecting the children and if she fails to protect the children from the perpetrator’s violence (i.e. separate) she risks losing them (D’Cruz 2002; Laing 2003 & 2010; Radford & Hester 2006; Humphreys 2007; Humphreys & Stanley 2007; Douglas & Walsh 2010). Women victims of violence often bear the full force of official surveillance and judgement of their competence as a mother, with the perpetrator of that violence disappearing from public scrutiny (O’Hagan 1997; D’Cruz 2002; Douglas & Walsh 2010). Once the woman separates from the perpetrator she has demonstrated her ability to protect her children to the authorities and may keep the children but the man is not held accountable for his violence escaping any scrutiny or accountability. Rather than taking this opportunity to engage with the perpetrator and hold him to account for his violence, the system often misses an opportunity to intervene and force him to deal with his behaviour.

D’Cruz (2002) and Laing (2003) argue that child protection engenders the responsibility for child maltreatment, resulting in ‘responsible mothers, and in turn invisible men’. [For a lengthy discussion on domestic violence and child protection see Humphreys and Stanley 2006 as well as D’Cruz 2002; Laing 2000, 2003 & 2010; Douglas & Walsh 2010.]

A systems response

An analysis of the intersection between child protection and domestic violence has found it wanting. Douglas and Walsh (2010) report on a study conducted in Queensland that explored domestic violence in the context of child protection. They found when interviewing workers, *“...the misunderstanding of domestic violence often leads child protection officials to hold nonviolent mothers responsible for ending the violence”* and that *“male perpetrators of violence were sometimes judged to be satisfactory fathers, just not good husbands”* (Douglas & Walsh 2010, p. 490 & p. 494). This study confirms that the *“leave ultimatum”* is a consistent response when domestic violence victims intersect with the child protection system (Douglas & Walsh 2010, p. 495).

This critique of child protection intervention is not new. A substantial number of national and international authors such as Laing (2000; 2003; 2010); Jaffe et al (2003); Radford and Hester (2006); Humphreys and Stanley (2006) and Douglas and Walsh (2010) to name a few, are vocal in their opposition to this practice and the AASW support the call to change. Often women are in a state of uncertainty and shock at the scale of the abuse and/or

violence and are placed in untenable positions of having to obtain an order for protection from the perpetrator knowing that this act is likely to place them at risk of an increase of violence.

Recommendation 3

The AASW strongly supports changes to child protection policy and practice when domestic violence issues co-occur with child welfare concerns that incorporate engaging with the perpetrator of the violence making the focus about his behaviour and not the victims.

Male Behaviour Change Programs funding, coordination, accountability, research and evaluation

It is widely recognised that domestic and family violence is not about anger; instead it is about power and control, which is why the interventions using anger management programs were such a spectacular failure in the past. It is rather disturbing to hear rumours that there are still private practitioners who maintain that anger management is an appropriate intervention, whereas the rest of the sector has moved on. In any domestic and family violence policy development, it would be worthwhile for the Queensland Government to consider developing a position on this issue that would inform practice both in the public and private sectors.

More recent approaches to men's violence intervention have been male behaviour change programs which are based on psycho-educational therapeutic intervention models, informed by a feminist conceptual understanding of coercive control. Queensland funds a number of these programs across the state; however rigorous evaluations of these have not been undertaken due to funding shortfalls. Where there are evaluation outcomes available from other states, there is a suggestion that this intervention does reduce violence for a number of the participants, but no rigorous measurement of sustained change has been undertaken to date. An example is Brown and Hampson (2009) who, when evaluating a male behaviour change program in Melbourne found the program was effective in reducing all forms of violence, but they were not able to determine if these changes were sustained over time. In addition, the extensive literature review highlighted many gaps in the sectors knowledge of best practice in support, assistance and effective interventions. They draw attention to the fact that there is a paucity of funding to this sector noting the lack of research and evaluations that were ongoing issues.

Further to this, a Tasmanian longitudinal study over 2 years sought to measure behaviour change over time after completing a male behaviour change program and found that approximately 50% of participants had returned to using the abusive and violent behaviours in their existing or new relationships (Department of Premier and Cabinet, 2013). These critiques are not new (see Gondolf, 2002 & Day, O'Leary, Chung & Justo, 2009), and until adequate funding is forthcoming and a coherent strategy developed to address this sector, it will continue to be underdeveloped; fragmented; inconsistent and have ambiguous outcomes leaving women and children at risk and unsafe.

Currently the Department of Communities, Child Safety and Disability Services have a set of standards that male behaviour change programs are supposed to be compliant with. One of those standards states that facilitators need to have a minimum of Level 3 training, although it has come to our attention that only one person has this qualification in Queensland. It appears that there is culture of not supporting these programs with enough funding to make them compliant, which the AASW considers unacceptable.

If Queensland intends to contribute to eliminating violence against women and children, then we need to address the inadequacies in the area of men's violence intervention services and programs. Currently, access to Male Behaviour Change Programs (MBCP) across Queensland is inadequate, fragmented; inconsistent and has little evidence of success as epitomized by the Tasmanian example. Practitioners and services are reporting they are working with serial victims from the same perpetrator because there are no effective interventions in place to address their violence. This is an area of critical concern and all other policy and practice will not be effective until we address this system failure as a matter of urgency.

Recommendation 4

The AASW urges the Taskforce as a matter of urgency to address the funding inadequacies of the male behaviour change sector in Queensland.

Parenting after violence

The recent tragic murder of young Luke Batty by his father in Victoria highlights the critical need for any domestic violence response to include an understanding of the perpetrators role as an abuser and a parent. The prevailing understanding of post violence parenting is traditionally understood through a lens of post separation dynamics. This is frequently referred to as 'high conflict divorce' and fails to recognize the misapplication of this understanding to domestic and family violence settings (Bancroft & Silverman, 2002). There is mounting evidence that points to the urgent need for those perpetrators who have a history of violence to be mandated to attend parenting as well as male behaviour change programs, and that care should taken when there is high levels of threats and violence to limit/stop the contact between the violent parent and any children until an appropriate safety assessment can be made.

A recent Queensland study of violent men's perceptions of themselves as fathers, uncovered a disturbing picture of what the men understood as good fathering (Bosly, 2012). Bosly (2012) interviewed a number of violent men who were involved in men's behaviour change programs and found that they continued to blame their partners for their violence and furthermore, clearly demonstrated notions of entitlement over their children. A number of them identified that it was their children's responsibility to meet their emotional needs if the partner had left. The participating men lacked insight about their own behaviour or how their abuse impacted on their partner or the children, instead displaying behaviours and cognition that reflected being self-absorbed and entitled. Their perception of themselves as good fathers was directly related to their ability to economically provide for the children and did not relate to support, nurture or care (Bosly, 2012).

Recommendation 5

The AASW recommends that the Taskforce take into consideration a wide range of literature that speaks to the need for perpetrators to learn non-coercive ways of parenting post violence and consider the need to mandate fathers to undertake programs to support them to develop good parenting practices.

When considering integrated responses we encourage the Taskforce to have regard to the literature that can be found at Appendix 1.

Queensland's current domestic and family violence crisis response

Many of our members report that Queensland's current domestic and family violence crisis response service, DV Connect, is consistently unable to accommodate all women requiring refuge. We note that women are frequently housed in motel accommodation while awaiting refuge and this is far from ideal. Our members further inform us that this service requires more crisis accommodation to respond to the increasing demand and that there has not been a significant increase in beds for a number of years. It appears that this service system is not being resourced enough to meet the needs of the population growth of Queensland. The result is that in some cases women and children have no option but to return home.

The AASW supports all calls for an increase in crisis beds and support services in Queensland.

Recommendation 6

The AASW supports submissions that call for an urgent increase in crisis beds for domestic and family violence services in Queensland.

This section has drawn attention to areas of the system that require urgent consideration. We have highlighted the intersection between domestic violence and child protection; the inadequacy of the men's behaviour change sector; the need to strengthen parenting post violence programs and the lack of options in the current crisis accommodation system.

3. Holistic, coordinated and timely responses to domestic violence, including building community confidence in the reporting and investigation of domestic and family violence and ensuring that those who are subject to domestic and family violence receive immediate and effective protection and support

In this section we highlight key areas that our members believe need consideration when addressing holistic, coordinated and timely responses to domestic and family violence. The AASW draws the Taskforce's attention to the issues of homelessness; companion animals; mental health; financial abuse; the unique needs of women with disabilities; cultural and linguistic diverse communities and Indigenous challenges. In addition, we discuss some

particular issues pertaining to recovery from violence; income support, and rurality. We acknowledge that Queensland has a well-developed domestic and family violence 24 hours crisis accommodation response but we would like to draw the Taskforce's attention to the fact that not all women wish to utilise this service and therefore, we propose the development of more localised one-stop centres that can provide a dual casework and community capacity building role.

Homelessness

In any discussion about responses to domestic and family violence, the need to understand the link between domestic violence and homelessness is critical (Spinney, Blandy & Hulse 2013). Spinney et al, (2013) argue that integrated homelessness prevention schemes are the most effective measures for women and children to avoid homelessness. This research examined the effectiveness of the New South Wales (NSW) Scheme Staying Home Leaving Violence SHLV and the Victorian Safe at Home VSH integrated partnership model. They argued that:-

“The most effective homelessness prevention measures for women and children who have experienced domestic and family violence integrate legal/judicial, housing and welfare policy and practices and to support women to stay in the family home while excluding partners” (Spinney et al, 2013, p.2).

Spinney and colleagues (2013) further argue that any move toward a greater use of integrated schemes like SHLV or Safe at Home should consider some of the following challenges:-

- There are difficulties in trying to “shoehorn” these schemes into existing service systems.
- Housing affordability needs to be addressed as this affects how long women and children can remain in the home once separated from the violent partner.
- A strong justice-led crime response may deter women from disclosing violence.

When considering the risk factors for homelessness, O'Donnell et al (2014) provide persuasive evidence of a cyclical inter-relationship between cumulative trauma exposure, long term homelessness, mental health issues and ongoing social disadvantage. They urge that any integrated models be based on Trauma Informed Care (TIC). A number of attempts have been made to define TIC and in 2010, Hopper, Bassuk and Oliver developed a consensus-based definition of TIC within homelessness services that appear to be adopted by the sector. They defined TIC as a:-

“...strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma that emphasises physical, psychological and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment (Hopper, Bassuk Oliver cited in O'Donnell et al, 2014, p.27)”.

In order to address the overall impact of domestic and family violence for victims, perpetrators and service providers, a Trauma Informed Model of service delivery appears to be one of the most effective in preventing long term homelessness, mental ill-health and

aiding in sustained rebuilding of self. While the implementation of integrated models informed by TIC may appear economically burdensome in the early phases, the AASW would argue that the long term cost saving, both economically and in relation to the quality of life for victims and perpetrators, favours early intervention rather than cost shifting over a longer term, to meet the ongoing mental health, housing and income support issues for those affected.

Recommendation 7

The AASW advocates for the Taskforce to highlight the need for a Trauma Informed Model of Service delivery in any deliberations for change to this sector.

The link between domestic violence and companion animals and the barriers to escaping violence

When we consider the prevalence rates of domestic violence is estimated to be experienced by one in five women (ABS, 1996; 2005), and the fact that 63% of Australian households live with companion animals; it is clear that companion animals are at risk in some circumstances where there is domestic violence present, and this information needs attention when working with families. There is a substantive body of evidence to show that women will delay leaving domestic violence situations because of animal welfare concerns (see Ascione, 1997; Flynn, 2000; Faver & Strand, 2003; Simmons & Lehmann, 2007; Onyskiw, 2007; Volant et al , 2008; Tiplady, Walsh & Phillips, 2012; Roguski, 2012). Therefore, for women's safety needs to be adequately addressed, this requires our urgent attention.

While there are services available to house animals at risk temporarily (up to 28 days in RSPCA's Pets in Crisis Program) during a woman's stay in the women's refuge system, there is a requirement that they have to be separated from their animals. Some women and children find this too distressing and return to the violence. Other women have reported that they were unable to find rental accommodation post refuge that would accept animals and they either returned to the violence or had the animal euthanased. In addition, to this, there are many women who escape domestic and family violence situations who do not use traditional public services and negotiate their pathway out of violence on their own with varying degrees of success (Tiplady et al , 2012).

It is imperative that Queensland moves toward developing refuge and emergency accommodation services that cater for families with companion animals. [There is one already established in NSW and many more in the United States, see the Rose Brooks Shelter Service]. Governments need to support the development of provisions to encourage rental accommodation providers to support tenants who have companion animals. It is critical that we provide a service system that is responsive to the actual need of its service users and their companion animals, as many families include them as an integral part of the family.

In addition to the public service system we need to acknowledge in all areas of practice that companion animals can be and are affected by domestic and family violence. As a result we

need to include animals in risk assessments for practitioners in both public and private practice sectors.

Recommendation 8

The AASW encourages the Taskforce to consider the broader implications for the safety of women and children when companion animals are involved. That companion animals be included in risk assessments and the development of animal friendly accommodation services be supported.

Interface between domestic and family violence and mental health

There is a growing body of evidence to support the fact that domestic and family violence is detrimental to women's and children's long term health and mental health. VicHealth (2004, p.8) using the 'burden of disease' methodology found that domestic and family violence is:-

"...responsible for more ill-health and premature death in Victorian women under the age of 45 than any other of the well-known risk factors including high blood pressure, obesity and smoking".

The impact of violence is frequently long term and women struggle with ongoing mental health issues without successfully finding services that can respond to both needs. It has been reported that mental health and domestic violence services often struggle to work together (Laing & Toivonen, 2010). Evans (2007) conducted a comprehensive study of 134 women survivors of domestic and family violence and found that:-

"...women survivors identified the lack of services and supports that recognize long-term effects for women as resulting in additional and unnecessary trauma for the survivors, increasing the long-term impacts of DV overall" (2007, p.5).

Evans (2007) also found that service expectations were closely linked to notions of 'recovery' but this did not match with what women themselves reported. For many women, 'getting over' domestic and family violence is just not possible as many continued to deal with ongoing exposure to the perpetrator and for some, they have to manage ongoing threats to their safety for years after separation, particularly if they have children together. Evans (2007, p. 47) states that:-

"...assumptions of recovery provide an inadequate and problematic framework in which to locate the long-term effects of domestic violence. Failure to acknowledge the long-term consequences of domestic violence has the potential to actively contribute to the ongoing risk for the health and wellbeing of survivors and their children."

The implication for women's ongoing mental health is often profound and long lasting (Krug et al, 2002; VicHealth, 2004). Mertin and Mohe (2000) found that 45% of women leaving refuges in South Australia met the criteria for a diagnosis for post-traumatic stress disorder. In order to address gaps in service delivery for women who experienced domestic and family violence and had ongoing mental health issues, a domestic violence mental health pilot

project was set up in 2008 in NSW to enhance collaboration between domestic violence and mental health services. Laing and Toivonen (2010, p.33) undertook the pilot evaluation and found:-

“Because of the DVMH position, many workers across the two sectors (mental health and domestic violence), as well as a number of NGOs and government organisations (including the police, Centrelink and various community service providers) have developed an understanding of the impact of domestic violence on a woman’s mental health and in turn are able to work more effectively with these women.”

Laing and Toivonen (2010) found that having a dedicated worker liaising between these two systems increased the positive outcomes of women who were accessing both systems. AASW members report that while increasing access to mental health services is a positive outcome for women’s and children’s long-term physical, mental and social health, without a specialised integrated court and support service system that is well informed about the impact of domestic and family violence, women’s access to mental health services can (and is) used against them during family law and child protection proceedings, further exacerbating their mental health situation. There is also a need in the non-clinical services space to ensure staff have a clear understanding of domestic and family violence, of the neuro impacts of violence in order to provide appropriate support, relevant language and interventions.

Laing and Toivonen (2010) argue that domestic violence has profound implications for women’s mental health and any effective response needs to incorporate the coordinated response of both the mental health and domestic violence sectors and the AASW would add that this needs to be embedded into an broader integrated response that is equitable across the state.

Recommendation 9

The AASW recommends that the Taskforce consider the need for developing domestic violence and mental health liaison positions to enhance the linkages between these sectors.

Interrelationship between domestic and family violence and Corrections

AASW members have highlighted a number of serious issues with regard to communication about the release of offenders. The following case study demonstrates how this issue impacts on the safety of women:-

Case study 1: Jo

Jo is 50 year old women who had been abused and physically assaulted (including a serious head injury) over a 7 year period. As a result of her experience of violence she has chronic and complex mental health issues, including serious suicide attempts. Jo’s partner was jailed for the offences against her and when he was due to be released she tried several times unsuccessfully to obtain information on his release date so she could

take the necessary steps to keep herself safe.

The Royal Flying Doctor Service (RFDS) Social Worker attempted to advocate on Jo's behalf to obtain this information but was also unsuccessful. For Jo to obtain this information she was required to register herself on the "Victims Register" so she could be formally notified and this is a lengthy application process. Jo did not want to leave her community but she also did not feel she could state in the application that the perpetrator 'not be allowed back in the community' due to potential reprisals from his family. Jo has depression, anxiety and complex trauma issues that have been exacerbated by the fact the system is not transparent and does not prioritise the safety of women.

In addition, the social worker involved with Jo has highlighted that male perpetrators of violence are not required to undertake 'family violence offender programs' while in custody. In this situation had this man been required to participate in a program while in jail and the Department of Corrections been obliged to notify about his impending release, this woman's sense of support and safety would have been improved and her anxiety reduced significantly.

Recommendation 10

The AASW requests the Taskforce consider the need for improved communication between Corrections and victims. That when perpetrators of domestic violence are given custodial sentences victims will be notified of the impending release as a matter of victim safety protocol.

Financial abuse

There have been a number of reports that highlight the link between domestic and family violence with financial abuse (Branigan, 2004; Evans, 2007; Braaf & Barrett Meyering, 2011). The emphasis is on how perpetrators misuse bureaucratic procedures to financially penalise their ex-partners. In particular, the misuse of any court processes by delaying and obfuscating processes in order for any potential financial settlement to be consumed by legal costs, is commonplace. In her research on financial abuse Cameron (2014, p.31) found that:-

"A common theme in their stories is the significant financial drain of the costs associated with legal proceedings, contesting property settlement matters and then often in ongoing legal battles over disputed and breached parenting orders and changes to child support assessments that drain limited funds and create large debts"

Cameron (2014) also found that women consistently reported their partners threatened to financially ruin them, and the court system enabled them to do it.

Recommendation 11

The AASW encourages the need for the Taskforce to have regard to the information about financial abuse and develop ways of being able to intervene to prevent it.

Women living with a disability

The ABS (2009) estimate that almost 20% of Australia's population lives with a disability, with approximately 50% of these being women. In 2011 the World Health Organization (WHO) in their report on disability, highlighted the fact that people with disabilities are at greater risk of social and economic disadvantage than any other group. WHO (2011) particularly noted that this issue is acute for women and girls with disabilities who not only experience disadvantage, but also discrimination and are at a greater risk of violence. To obtain an accurate picture of the extent of violence against women with disabilities is impossible as these women frequently rely on their abusers for their day to day care, and any disclosure places this vital assistance at risk so they are reluctant to speak out.

Healey, Humphreys and Howe (2013) have mounted an evidence based argument that urges domestic and family violence services to include disability as part of their risk assessment protocols. They also advocate for services to keep detailed data on women with disabilities to begin to build some data sets on the prevalence rates. In addition, they have developed a matrix tool to identify minimum standards to support the inclusion of women with disabilities in existing domestic violence sector standards (Healey et al, 2008).

AASW members also would like to draw the Taskforce's attention to the specialised needs of women with an intellectual disability, who Frohmader and Swift (2012) argue are extraordinarily vulnerable to violence. It has been reported that women and girls with disabilities, and in particular those with an intellectual disability:-

"...are socialized or compelled to tolerate a high degree of personal indignity, mishandling, abuse and even violence, as an incident of service delivery to them. This can lead to their desensitization to, or to a sense of resignation or despondency about, sexual abuse and other violence, and is a contributing factor to the lack of reporting violence" (Frohmader & Swift, 2012, p.7).

These women are at a greater risk of returning home to the violence after they leave due to the fact there is inadequate support provided for them. Frequently women with borderline or mild intellectual disabilities who do not self-identify, are at risk of disclosing to the abuser their location, and they then lose the support of the domestic violence service because they have breached the security protocols. Vulnerable women require intensive case management support that assists them to resist the need to acquiesce to the demands of the abuser. This intensive support allows workers to build a relationship with the client that does not just focus on the crisis arrangements but can support the client long term in sustaining a lifestyle that focuses on safety.

The recent media exposure about Yooralla in Victoria highlights just how vulnerable women with a disability are to abuse. The women involved were not believed and the abuse continued for years. It is critical that specialist services with the knowledge and expertise working with this vulnerable population are maintained and their capacity to respond strengthened.

The AASW believes that specialist services currently funded to provide services to this vulnerable group across Queensland be expanded to provide their service across urban, rural and regional areas, so that women with disabilities can access information and support when they need it. To ensure access and equity issues are addressed there needs to be a community education component of service delivery that is considered integral to that service.

Recommendation 12

The AASW urges the Taskforce to consider the needs of women with a disability who experience violence as a matter of urgency and that specialized services be expanded to include equitable pathways to services across urban, regional and rural areas.

Women from Cultural and Linguistically Diverse Communities (CaLD) backgrounds

Prevalence rates on domestic and family violence vary in the general community largely due to methodological issues, however, regardless of the numerical differences, the point remains that violence occurs at alarming rates. The degree to which this occurs in CaLD communities is contested with O'Donnell et al (2002) reporting that it occurs at a higher rate than in the general community and Bassuk et al (2006) suggesting that it is lower than the general community. What is uncontested is the fact women from CaLD backgrounds are difficult to access for domestic violence research due to a range of reasons. These include a mistrust of authority; language barriers; social isolation; the belief the behaviour is normal; a sense of betrayal of their culture if they disclose, and a fear they will be deported (Marcus & Braaf, 2007; Poljksi, 2011).

While accurate data is certainly a challenge, we can gain a picture from service use by CaLD women, noting that this is also not accurate and needs to be viewed with caution as it is widely recognized that service use is the tip of the iceberg for both CALD and the general community. DV Connect is Queensland's 24 hour crisis telephone service providing support, information and access to women's crisis accommodation and each year they receive 55,000 incoming calls from women with approximately 3,900 (7%) of those calls being from CaLD women. Of those CaLD women who contact the service approximately 40% will require the use of an interpreter (http://www.dvconnect.org/?page_id=62). So while CaLD women only represent 7% of the service user population for access to DV Connect ,they require a greater proportion of resources to assist them to access this assistance.

Barassi-Rubio (2012) the Director for Immigrant Women's Support Service in Brisbane states that:-

“The most disadvantaged group of women accessing support from IWSS are women who are on temporary visas. The women’s ineligibility for any form of income creates a multitude of barriers to achieving safety and support, rendering the women vulnerable to further abuse and exploitation” (Barassi-Rubio, 2012, p.10).

We argue that a range of issues increase CaLD women’s vulnerability to violence due to the barriers that exist for them to access services and these issues need to be taken into account when addressing equity and access issues for resource allocation for this vulnerable group. As a professional group, the AASW highlights the access and equity issues confronting women who experience violence and with regard to women from CaLD backgrounds, we strongly support the need for specialist services, and would like to see these services supported to provide equitable coverage across Queensland.

Recommendation 13

The AASW highlight the vulnerability of women from CaLD backgrounds and urge the Taskforce to consider the access and equity issues facing these women when they experience domestic and family violence and have particular regard to those women in regional and rural Queensland.

Aboriginal and Torres Strait Islander women and children and domestic and family violence

The AASW understands that a range of Indigenous services will be responding to the Terms of Reference for the Taskforce and we acknowledge the unacceptable rates of domestic and family violence are higher for Indigenous communities. We support the need for Aboriginal and Torres Strait Islander people and services to determine what they need. It is our view that support for more Indigenous services across Queensland is critical for Aboriginal and Torres Strait Islander communities, as are culturally appropriate services to work with perpetrators.

Services such as Link-up provide an essential service for Aboriginal and Torres Strait Islander community members who were removed as part of the Stolen Generation. The building of Indigenous expertise in this area of practice is critical and ongoing support is needed to develop Indigenous skills and knowledge in the area of domestic and family violence intervention that is culturally appropriate and relevant to the needs of the community.

The continued limitations to culturally appropriate and effective responses in Aboriginal and Torres Strait Islander communities remain problematic. AASW members working in Indigenous communities report ongoing issues with Police not responding to domestic and family violence issues urgently.

Case study 2: Jenny

Jenny, a young Aboriginal mother of a 3 month old baby had left her violent partner only returning to the community to visit her frail grandmother and introduce her to the baby. Jenny’s ex-partner found out she was back in the community and seriously assaulted

her while keeping her locked in a bathroom. Several witnesses called the Police who transported Jenny to the Royal Flying Doctors Service (RFDS) medical clinic where the social worker became involved. Jenny's injuries were serious but not life threatening so she was able to be housed in a women's refuge.

Her injuries included severe bruising and a broken wrist which should have triggered an immediate charge of 'grievous bodily harm'. The police did not arrest and hold the perpetrator in custody until strenuous advocacy from the social worker from RFDS insisted on action.

Recommendation 14 and 15

The AASW urges the Taskforce to consider the needs of Aboriginal and Torres Strait Islander Australians, and have regard to the requests made by submissions from Aboriginal and Torres Strait Islander communities and organisations.

The AASW urges for increased cultural awareness and domestic and family violence training for all Police be implemented.

Long term therapeutic support for survivors and children

Trauma associated with domestic violence often lasts a lifetime for the victim. As practitioners with many years of experience in this field, we frequently see women who have been traumatised by the experience of domestic violence who have gone through the crisis domestic violence service system but have never regained full functioning, and continue to experience ongoing mental health issues, however do not have the resources to seek therapeutic support. It is critical that we find a way of being able to support and assist traumatised women and children to integrate the lived experience of domestic violence into a stronger and more resilient family who are better able function in the future. This takes time and focus. It takes understanding that many women and children experience severe post-traumatic stress responses that require targeted and precise support in the service system and that may not always be met in the acute mental health service system. We would like to encourage the development of a systems response that had provision for those traumatised from their experience to access medium to long term trauma counselling so they can rebuild their lives and integrate their experience of trauma without the devastating long term effects that the absence of counselling support leaves them with.

Case study 3: Mary

Mary is a 58 year women who experienced violence by her husband for 30 years, leaving 5 years ago. The catalyst for her leaving the relationship was an escalation of violence once he retired. After hospitalisation for a broken collarbone, Mary went into a refuge and then relocated to a unit. Due to ongoing threats and harassment from him, Mary did not pursue any financial settlement and as a result of ongoing debilitating depression, Mary cannot engage in any paid work and struggles financially. Mary

frequently relies on material assistance to survive. She has reduced social supports and finds it hard to function on a day to day level.

Mary accesses counselling through her mental health plan but her Counsellor is not a trauma counsellor and can only see her once a month. If Mary is to regain any independence she requires trauma informed domestic violence therapeutic support to be able to incorporate her past trauma into a stronger sense of self (Evans, 2007).

Recommendation 16

The AASW supports the provision of long term therapeutic services for women and children as part of any domestic and family violence service system.

Income support provisions to allow women to recover from trauma

For those women who do not have the resources to seek employment or who have lost their employment as a result of their experience of violence, it is important to have some income support provisions for women to recover from the violence before being required to seek education or employment as required by the Commonwealth Government regulations.

Recommendation 17

The AASW understands that income support provisions are outside the technical jurisdiction of the Taskforce but would encourage the consideration of grants for women to allow them to time to recover from the traumatic effects of violence before being required to seek employment.

Domestic and family violence and the challenges in rural, regional and remote locations

Women who experience violence and men who perpetrate it face many barriers to accessing support, assistance and access to justice that is further exacerbated if they happen to live in a regional or rural location. When exploring the issue of family violence in rural Victoria, George and Harris (2014, p. 3) found that the following barriers posed an enormous difficulty for people who experienced domestic and family violence:

- Geographic isolation (including transport both private and public)
- Limited confidentiality due to the visibility of people in small communities
- Limited private finances
- Greater opportunity for surveillance by the perpetrator
- Limited accommodation options
- Lack of access to support and legal services
- Where there is access to legal services there is an increased likelihood of encountering conflict of interest issues

- The 'digital divide' limits access to online information and assistance
- Gun ownership.

AASW members working in regional and rural settings support the findings of the barriers above and add the following:

- That rural and remote issues cause difficulty in responses to notifications when there are serious concerns with regards to the intersections between child protection and domestic violence
- When women need to access refuge accommodation they have to leave not only their home, but also their town
- There are immense challenges when there are parenting orders across towns
- There is reluctance for women to leave if there is property, stock and working animals involved (see section on companion animal welfare and domestic violence)
- There is less potential for the success of support groups due to the confidentiality issues in small communities. In small communities due to complex relationships between people who are linked over generations and through marriage, group-work is frequently untenable so other ways need to be developed to meet the needs in these communities.
- Less options (if any) for trauma counselling, rehabilitation or male behaviour change programs
- The culture of 'being strong' is emphasised and leads to a reluctance to leave dangerous situations
- Higher rates per capita of many of the social determinants of health such as illiteracy and alcohol consumption
- In areas where there is a fly in and fly out workforce, there is also a high turn-over of professional staff including legal, health, education and social supports, therefore trusting relationships are less likely to be built
- General mistrust of 'out of town' professionals.

In some regional and rural areas, crisis housing is being used out of necessity as medium to long term options, due to limited alternative options. This situation highlights the housing challenges for those living in rural areas where access and equity to services are limited. Our members inform us that housing shortages are critical in some areas, yet in order for women to leave a violent home and relationship, they need a safe place to go. There are examples where women 'couch surf' with friends and family because there are no other options, which adds to the trauma of the experience. AASW members highlight the need to expand after hours options for women who do not want to access DV Connect.

The issues highlighted by AASW members are consistent with what has been found in the literature by Hogg and Carrington, 2006; Cheers, Darracott and Lonne 2007; Wendt, 2009 and Wall and Strathopoulos, 2012. In addition, our members would like to draw attention to the fact that should the family come from a CaLD background, then the issues faced by those in rural and regional communities are magnified.

Case study 4: Sarah

Sarah is a 35 year old woman who lives in a rural community. She has three children (aged 10, 8 & 6) and her husband is a well-respected professional. Sarah reported that she had told a few friends and family members about his violence but no-one believed her. After a particularly violent incident Sarah contacted DV Connect and was placed in a women's refuge in another area. She then relocated to a dilapidated rental property in a nearby town, however continues to experience ongoing threats and abuse from her husband, particularly during contact handover. The local police officer plays sport with her husband and has frequently not taken her accounts of her husband's breaches of the DVO seriously.

Her finances are limited and as she has to ensure the children have contact with their father, she has to drive the distances between towns for contact to occur. Sarah's husband does not pay child support and has threatened to ruin her financially if she upsets him. She suffers ongoing depression and anxiety but does not have the resources to access counselling or any other support services. Sarah fears for the day her car needs repairs as she does not have the resources to cover the costs. She is socially isolated and lives in constant fear of reprisals. Sarah does not have access to ongoing domestic violence support nor is there any support groups in her regional area and if there were support groups she would be reluctant to access them due to her husband's status in the community.

Recommendation 18

The AASW encourages the Taskforce to have regard to the unique issues facing rural and regional communities when making recommendations for domestic and family violence resource allocations and special provision made for communities where there are culturally diverse populations.

Proposal for a domestic and family violence integrated support and outreach service centre

Having a 24 hour crisis response linking women into emergency and crisis accommodation is a critical service in the armoury of services for women and children who experience domestic and family violence; however it does not meet all the needs of women and children in these situations as there are many women for whom refuge is not possible nor desired. Programs such as Safe at Home; Staying Home Leaving Violence, and safety alarms (Crinall et al, n.d) are important to implement across Queensland in addition to long term recovery options that include mutual help support groups; parenting post violence and interventions for children. Importantly, currently holistic programs are not equitably distributed across Queensland leaving vast numbers of women and children unsupported and unsafe, often continuing to fear for their lives.

The AASW proposes that Queensland seriously considers developing an integrated domestic and family violence support and outreach services in every region, which provides services for rural and urban centres equitably. That these services be a coordinated and collaborative response model that compliments existing crisis response services and can fill the local gaps for when women choose not to access the 24 hour crisis state-wide service. Where domestic and family services already exist, that consideration is given to strengthen them to provide a broader range of integrated services. We envisage that these service centres include a casework service; long term trauma informed counselling; group work; consultancy to other professionals and a component for community education and capacity/resilience building. The AASW believes that such a group of services would form part of an integrated service system that included a specialised court proposed as discussed under term of reference 4 (see below) and would link with other specialised services such as DV Connect; drug and alcohol; mental health, immigrant women's services; women with disabilities services; child protection and male behaviour change programs.

There is some debate whether male behaviour change programs should be provided by the same service and there is merit in this argument. However if this was considered as part of the integrated service, we recommend that male behaviour change work occur off site from the women's programs for safety reasons.

The service we envisage would provide a range of localised services to the community with all of the expertise under one, roof so that women and children do not have to search and access several services to obtain what they need. Specifically we see merit in configuring an integrated service as described in the following passages.

Casework service

This service could work with:

- Women who relocated from a women's refuge into long term accommodation and who continue to need ongoing information and support
- Women who did not want to leave their homes and wanted to access Safe at Home options with support and assistance
- Women who wanted to stay in the relationship while their partner accessed male behaviour change programs
- Women who want to stay in the relationship and require information and support
- Children of all ages who accompany women in all the above scenarios
- Short, medium and long term trauma counselling for women and children escaping violence
- Local housing; health, family support, child protection and Centrelink services
- Court services (see below)
- Immigrant women's support services.

Group work

This service could provide:

- Support groups for women and children
- Therapeutic groups for women and children

- Parenting support and education programs for women post violence
- Psycho-educational support programs for women.

Consultancy

This service could provide a range of specialised consultancy information and support to other services when they have cases of domestic and family violence.

Community Education and capacity building

This service could provide:

- Localised community education
- Localised support for building community capacity engaging with industry partners to raise awareness about domestic and family violence issues.

This submission has discussed some key areas and issues that we believe need to be considered when developing strategic directions for Queensland to more effectively respond to domestic and family violence. The AASW respectfully submits a proposal for a domestic and family violence coordinated and collaborative response model to be located across the State that can provide an integrated one-stop shop for individuals and families experiencing violence.

4. Ensuring that Queensland's law and order responses, including police, prosecutors and courts, provide an effective response to domestic and family violence to deter perpetrators from committing violence, and hold them accountable for their behaviour

In this section we focus on the possibility of developing an integrated response that includes speciality courts. Evaluations of such courts in other states have demonstrated the potential for the application of similar responses in Queensland.

Speciality Courts

One of the key characteristics of domestic and family violence is the use of a range of tactics to coercively control another. While the tactic may look benign to an outsider, law enforcement or a court officer, in the context of domestic and family violence it sends a coercive message to the victim. The message is intended to convey that the offender is the one in control, not the victim. In addition, it has been reported consistently that perpetrators do not respect the justice system and repeatedly disregard or sabotage the process (Law Reform Commission of WA [LRCWA], 2009, p127).

The case example of Sharon C demonstrates this point:-

Case study 5: Sharon C

Sharon C is a 43 year old woman with two teenage children who contacted police after a domestically violent episode in 2013. The police applied for an Order for Protection on

her behalf in March 2013, where they remained in the family home but were separated under the one roof (he lived in a caravan on the property). After a further series of incidents Sharon and her children fled the family home and subsequently varied the Order to include a “no contact” provision. Her ex-husband breached the Order numerous times via text messages and letters which are a technical breach of the Order. When Sharon reported the breaches to Police they were frequently dismissed as they were not considered abusive and therefore, not determined as a breach. When she was able to have a sympathetic Police officer to pursue charging him with a breach, the Magistrate berated Sharon for bringing such a petty matter before the court and dismissed the matter, as the texts were not abusive.

Sharon is concerned for her safety because the failure of the system to breach her ex-partner has increased his sense of power and control. In addition she is distressed about the fact her children have witnessed the Police inaction frequently and after the breach was dismissed the children have now formed the view that the Police or the courts won't protect them from the abuse or violence from their father.

Sharon C's situation is echoed by the research Spinney et al (2013, p.4) have done where they found:-

“Research participants were critical of the inconsistency of the police, and more often of the court system, in following through on breaches of injunctions”.

Consultation with AASW members working with victims have stated that the following points are repeated both in urban and rural settings:

- Breaches of Orders are not dealt with in a timely manner, nor are the penalties applied meaningfully, which results in perpetrators continuing to abuse women without consequences.
- Some Magistrates do not like adding children to Orders and so will not.
- There is reported difficulty with prosecuting breaches when the couple are separated under the one roof. In addition, within rural communities, sometimes people's living quarters is also their workplace, thereby increasing the complexity of the arrangements.
- Magistrates and Police need ongoing training to ensure consistency in how the law is interpreted and actioned, because there are vast differences between courts and police responses.

Each state and territory has taken a different approach to implementing models of court intervention for domestic and family violence. It is noted that in 1997 South Australia was the first jurisdiction to implement a family violence specialist court and over the next few years a number of other states followed. The most well-known and well established program is in the ACT which began their integrated model in 1998. The ACT Family Violence Court was introduced as part of a “whole of system” response (LRCWA, p.129). When reviewing the ACT program, Cussen and Lyneham (2012) found substantive evidence to suggest that

the Family Violence Intervention Program was effective in establishing and maintaining strong working relationships between all key stakeholders. This review supported the importance of the formalised case tracking component of the program as it emphasised victim safety and perpetrator accountability and rehabilitation. In order to ensure the program meets its goals, the operational policies of pro-charge; pro-arrest and presumption against bail policing; and proactive prosecution, are supported by three operational goals of early provision of victim support; coordination and case management and rehabilitation of offenders (Cussen & Lyneham 2012).

The next jurisdiction to develop a Family Violence Specialist Court was Western Australia which began the Joondalup Pilot Court Program in 1999 (LRCWA, 2009). The evaluation of the Joondalup Pilot Court found that together with an accompanying specialist police domestic violence investigation unit, there was a substantive increase in charges laid from call-outs to domestic violence disturbances (39% up from 7.1%). More breaches were detected and recorded and there was an increase in the identification of high-risk perpetrators and victims (LRCWA, 2009). Since the original pilot in Joondalup, a further five family violence courts have become operational, accredited to the outstanding success of the original pilot program (LRCWA, 2009).

Victoria and NSW have now followed on to develop Family Violence Specialist Court Intervention Programs. The one stand out feature of these specialist courts is that they are “*..one example where criminal justice systems have become intimately connected to the delivery of therapeutic and rehabilitative outcomes*” (Payne 2006, p.1). These courts are distinctive inasmuch as they incorporate new and innovative court practices that include judicial monitoring and cross agency collaboration (Payne, 2006).

The emphasis on the integration and collaborative intensive support provided alongside the specialised court is especially important as Laing, Humphreys and Cavanagh (2013) draw our attention to the debates about some of the unintended consequences of just criminalising domestic violence. They particularly point to those policies of mandatory arrest and prosecution that is associated with a decline in domestic homicides which make this response attractive; but at the same time it undermines women’s autonomy and has a disproportionately negative impact on women and men from disadvantaged and marginalised communities, particularly the Indigenous and culturally and linguistically diverse (Laing et al., 2013 p.41). It has also been observed that mandatory policies increase the numbers of women arrested making them ineligible for victim services and significantly disadvantages them in family law proceedings (Laing et al., 2013). However, it was noted that integrated responses that include the criminal justice system and intensive advocacy/support services that are independent of the prosecution were producing some promising long term outcomes and that polices focusing on criminalising alone need to be avoided (Laing, et al., 2013).

Key Recommendation

The AASW recommends that the Taskforce highlight the need for serious consideration to be given for the development of a “whole of system” Trauma Informed Model of Service Delivery that includes a Family Violence Specialist Court Program and a Coordinated and Collaborative Family Violence Response System for Queensland (for

example, alliance/consortia models) that link with mental health services and ensures access and equity issues for rural and regional areas and special needs populations.

Conclusion

The Australian Association of Social Workers has welcomed the opportunity to contribute to the discussion on domestic and family violence in Queensland. We have addressed a wide range of topic areas and look forward to the Taskforce releasing their report early in the New Year. We wish the Taskforce well during the deliberations and we welcome any opportunity to speak to any of the contents of this submission. We look forward to working with the Taskforce in responding to this significant issue.

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Appendix 1

Literature to support the Taskforce in relation to male behavior change policy decision making.

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