Victim Survivor Experience Mapping Report



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Women's Health In the North acknowledges the support of the Victorian Government.

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Acknowledgement of Country

The NIFVS partnership acknowledges Victorian Aboriginal people as the Traditional Owners of the land on which we provide our services – the Wurundjeri Woi-wurrung people of the Kulin nation – and pay our respect to their Elders past, present and future. We acknowledge that Aboriginal sovereignty was never given up and that we stand on stolen land. We are committed to Aboriginal self-determination and to supporting Treaty and truth-telling processes.

We recognise the ongoing leadership role of the Aboriginal community on gender equality and the health, safety and wellbeing of women and gender-diverse people. As First Peoples, Aboriginal Victorians are best placed to determine a culturally appropriate path to these in their communities.

Key Terms

ACCO - Aboriginal Community Controlled Organisation

Adult using Violence – An adult using family violence

Affected Family Member (AFM) - The person who a Family Violence

Intervention Order aims to protect

AOD – Alcohol and Other Drugs

Breach - Breach of an Intervention Order

DFFH - Department of Families, Fairness and Housing

EOI – Expression of Interest

FVFSP - Family Violence Flexible Support Package

IVO or FVIO - Family Violence Intervention Order

FVRIC - Family Violence Regional Integration Committee

FSV - Family Safety Victoria

LASN - Local Area Service Network

MARAM – Multi-agency Risk Assessment and Management (Framework)

NIFVS - Northern Integrated Family Violence Services

NMR - Northern metropolitan region

Perpetrator - A person using family violence

Person using Violence – An adult or young person using family violence

Project Partners – The organisations involved in the Implementation Group of this Project

PSA – Principal Strategic Advisor, NIFVS Team

Respondent – The person named in an IVO who has used family violence

Survivor Advocate – A victim survivor who is employed in a role of advocacy

in relation to family violence service response

System Listeners – The organisational practitioners involved in this project,

who interviewed victim survivors

Victim Survivor - A victim survivor of family violence

VACCA – Victorian Aboriginal Child Care Agency

VOCAT – Victims of Crime Assistance Tribunal

Executive Summary

Led by the NIFVS team, the Victim Survivor Experience Mapping project conducted in-depth interviews with seven victim survivors about their recent experiences of the family violence service system in the NMR.

The key themes arising from the mapping were that the following areas are, on the whole, working well in the family violence reform environment:

- Practitioners listening, believing and understanding an individual victim survivor's situation.
- Practitioners supporting victim survivors to understand family violence, navigate the service system, and provide referral pathways that best meet their needs.
- Where practitioners provide a violence and trauma-informed approach, this makes a significant difference both in the short and long-term.
- Holding perpetrators to account, which provides safety and support to victim survivors.
- Practical assistance e.g. FVFSPs or housing, which can make a significant difference in both the short and long-term.
- Case management and case work reducing the need for victim survivors to retell their story and assist them in being directed into a range of relevant services and support options.

The mapping indicates that improvements can be made in the following areas:

- Practitioners enhancing communication skills and implementing a violence and trauma-informed approach.
- Creating a culturally safe environment, especially for First Nation victim survivors.
- · Equipping practitioners to identify collusion.
- Enhancing recognition of and response to financial abuse.
- Mentoring new graduates.
- Ensuring crisis/motel accommodation is safe.
- Screening for and identifying family violence in certain sectors.
- Practitioners having adequate legal knowledge.

Introduction

The Northern Integrated Family Violence Services (NIFVS) Partnership has undertaken Victim Survivor Experience Mapping as part of the NIFVS Family Violence Regional Integration Committee's strategic plan to help centre the voices of victim survivors and to understand victim survivor journeys through the service system.

The aim of the project is to enhance the family violence service system in the NMR by mapping and learning from victim survivor's experiences.

Acknowledging the strength and resilience of those who have experienced family violence and ensuring service responses are informed by their experiences and advocacy, is now widely recognised as key to policy development, service planning, practice and an effective whole of system response.

Facilitated by the NIFVS team, an EOI process brought together 'System Listeners' from Berry Street Northern Specialist Family Violence Service, Good Samaritan Inn, Northern Centre Against Sexual Assault (CASA), Northern Community Legal Centre (CLC), The Royal Children's Hospital, Uniting and the Victorian Aboriginal Child Care Agency (VACCA), as well as survivor advocates from inTouch and Safe and Equal to form a Victim Survivor Experience Mapping Implementation Group, which had oversight of the process, the development of interview questions, reviewing a Plain Language Statement and the development of draft recommendations.

This project builds on the work of Client Experience Mapping conducted by the Loddon Family Violence Systems Leadership Group (LFVSLG), and NIFVS acknowledges the materials for the project were based on those generously shared by LFVSLG. The project also relied on the Family Violence Experts by Experience Framework in the planning and implementation of the project.



Methodology

Victim Survivor Experience Mapping has been identified as a helpful tool in gathering information on the entry and transition points, services responses, and experiences of clients as they move through the family violence service system.

The process developed in this project involved senior practitioners from services based in the NMR interviewing victim survivors using a common eligibility framework and interview tool, and writing up a case study that aimed to faithfully capture the victim survivor's voice and experience of their journey through the service system. In total, seven semi-structured in-depth interviews were conducted.

While every attempt was made to interview a range of victim survivors, this was limited by the ability of the systems listeners and colleagues in their organisations to nominate victim survivors who met the eligibility criteria.

The eligibility criteria were victim survivors who:

- Were over the age of 18
- Lived in the NMR area
- Were with or without children
- Had been in contact with the family violence system within the last two years and
- Were in a safe position to reflect on their experience with low risk of re-traumatisation.

The seven victim survivors interviewed had all experienced family violence from their partners. The victim survivors came from diverse cultural backgrounds and included First Nations representation; some had experienced AOD or mental health issues, and there were women with and without children.

Demographics of the seven victim survivors

- All identified as women.
- Their ages ranged from late twenties to fifties.
- Three were not residents of Australia.
- Five lived in growth corridors, three in Hume and two in Whittlesea.
- Five of the victim survivors had children and the other two had either experienced miscarriages or still births.
- At the time of the interviews, two were employed and one ran her own business.

Before the project began, it was decided that child victim survivors and adults using violence would not be included because of the complexities involved in this process; however, this should be considered in the future now that this process has been trialled. It should be noted that Y-Change and NHARP have done work involving and promoting the voices of young victim survivors of family violence.

The focus of the interviews was on the victim survivor's journey through the service system with an emphasis on their experience in the past two to three years.

In addition to the victim survivors sharing their experiences, this report and the recommendations are informed by the expertise of the Implementation Group, both those with lived experience and experienced professionals currently working in the family violence field. External experts also provided advice.

As part of the process, the NIFVS project coordinator met with senior members of organisations that were named by the victim survivors in the interviews, to provide victim survivor feedback (both positive and constructive) and to discuss the draft recommendations. The information from these organisations has informed the final recommendations, particularly in relation to what would work in specific organisational contexts. Some of these organisations proposed recommendations for their sectors, which have been added.

Finally, the draft recommendations were presented to the NIFVS FVRIC.

All but one victim survivor (who is working as a survivor advocate) have used pseudonyms in the quotes included in this report and recommendations.



Results

Key Themes

From the interviews, the following twelve areas emerged as important for the sector to consider in respect of service improvements.

First Nations Experience



As <u>Dhelk Dja: Safe our Way</u> emphasises, there is an 'urgent need to reduce the disproportionate impact of family violence on Aboriginal people, particularly women and children'. Dhelk Dja also states, 'family violence is not part of Aboriginal culture'.

The Victim Survivor Experience Mapping project recognises that it is of the utmost priority that the experience of First Nation victim survivors is represented, understood and responsibility taken by all services to prioritise the issues highlighted in this report.

The rates of family violence in First Nations communities in Australia are significant, as is the rate of child removal due to family violence.

The interview conducted with **Emily**, a non-indigenous woman with three Aboriginal children whose father is Aboriginal and was the person using violence, highlights a common issue in terms of a real and prevalent barrier for community members.

Emily indicated that she didn't want to engage with services due to a fear of Child Protection removing her children.

Child Protection did get involved, but in this instance Emily's children were not removed.

Emily explained that she found Child Protection's continued involvement with her and her children [due to the person using violence continuing to be violent with future partners] after years of being free from violence was triggering and difficult for her and her children.

According to the <u>National Family</u> <u>Violence Prevention Legal Services</u>:

- Rates of violence against First Nations women are 34 times higher than other women in Australia.
- First Nations women are 34 times more likely to be hospitalised due to family violence than nonindigenous women and 11 times more likely to die due to assault.
- Family violence is the primary driver of First Nations children into out-of-home care, and 88% of Aboriginal children in care have experienced family violence.

Project partner **VACCA**, who conducted the interview with **Emily** emphasised that this was a common experience for their service users.

'Fear of child removal is a very real and prevalent barrier for Aboriginal people to accessing services – we see this currently with many Aboriginal families who are hesitant to engage with any services out of fear of Child Protection involvement.' While this is a particular issue in relation to Child Protection, the fact that First Nations communities fear having contact with any services as it may lead to child removal is an issue that all services need to attend to as a matter of urgency.

VACCA has suggested strategies that services can incorporate into their work including for practitioners to be open and transparent about their role, and to be clear what they intend to do with the information they collect, who will have access to that information and

the limitations of confidentiality. VACCA also advises practitioners to be transparent with families about their connection to Child Protection and what and when they may have to report to Child Protection.

Another area of concern is misidentification among Aboriginal women. The recent Family Violence Implementation Monitor's Accurate Identification of the Predominant Aggressor Report identified an urgent need to address misidentification. The report provides a suite of proposed actions for government to address the issues identified, including close collaboration with Koori Caucus and Aboriginal organisations to ensure that these solutions adequately address the high rates of misidentification in these communities. The report states, 'Djirra estimated that on FVIOs where their female client is listed as the respondent, there has been misidentification or some degree of unfairness in the response 90 per cent of the time.' This is an important issue for all statutory services in the NMR to consider.

Emily explained that one time when the police attended when the adult using violence was intoxicated, and she was asking them to remove him from the property – he presented well to police and told them that Emily was just jealous he had been out partying. The police then made Emily and her children leave the property.



Initial Engagement

All victim survivors interviewed spoke about their first contact with the family violence service system and the importance of practitioners spending time hearing their story, building a relationship with them, believing them, listening to what they need, providing information about family violence, discussing options, as well as providing practical assistance.

Natalie said when she spoke to the worker, she felt like someone listened to her and was helping her out right there and then.

Adya contacted a legal service and she said, 'The worker very humbly heard me and tried to walk through the situation. She helped me to understand how she could assist me and asked what types of things that I wanted to work on. She helped me with the little things.'

Emily encouraged workers to come from a position of starting fresh with every single person. She explained that the journey is different for every single person – people are not starting at the same starting line.

The results of a good connection with a practitioner can be profound, with victim survivors being linked into the service system, the danger mitigated, and being supported and informed.

A social worker came and spent time with **Joanne** while she was on the ward in hospital after being assaulted by her partner, and gave her some information about Safe Steps, and The Orange Door. Joanne was grateful that someone was able to give her some ... options for support.

A negative experience presents a risk of the victim survivor withdrawing from support and the violence continuing or escalating, or victim survivors being left without adequate support.

Adya summed it up when she said, 'Organisations need to be aware that if women don't get the information they need to feel safe then they go back to the perpetrators'.

Practice Principles for all Practitioners

The communication style of the practitioner has a significant impact on a victim survivor's experience, throughout their whole journey of the service system.

Rebeca explained, 'One person can really make a difference, being able to navigate the wave, to not being able to cope.'

Where time does not permit a practitioner to provide the opportunity for a victim survivor to tell their story and spend time building rapport, then respectful transparency is key to successful engagement and outcomes.

Adya said the worker told her, 'Sorry if I'm sounding harsh, but the judge and court will be asking for evidence. The case manager can be gentle with you, from my area this is what is needed'. Adya said the fact that the worker told her why she was behaving that way made all the difference.

The result of a negative experience can be significant, even if this is unintended and is part of a requirement that the professional must comply with.

Rebeca contacted a service by phone and felt like she was not believed. 'I told her, "This is not something we make up. Do you think we want this to happen to us? Nobody wants to retell their story. Nobody wants to be on hold for this amount of time." After this experience, Rebeca was unable to keep working, her 'PTSD went into overdrive' and she had to go back on medication.



Providing a service that is supportive for a victim survivor can be a particular challenge for graduates or those new to family violence work.

Rebeca explained about her experiences with some practitioners, 'Because they were so fresh out of uni they didn't have the life experience, they'd learnt everything from a textbook. If I had someone who approached me as not knowing everything and was open and willing to listen, that would be a different story. Establish a relationship with the people you're dealing with.'

Cultural Awareness training was also raised as an issue for all professionals.

Natalie said the worker asked her why she had stayed with her husband so long. This made Natalie feel the worker did not understand family violence and particularly that she had no cultural knowledge about her community where divorce is not an option. Natalie explained her religion to her and said the worker made her feel as though there was something wrong with her.

Statutory Contact

As most victim survivors encounter statutory organisations, they play a critical role in responding to family violence and this contact has significant implications for the outcomes of the situation and holding the perpetrator to account.

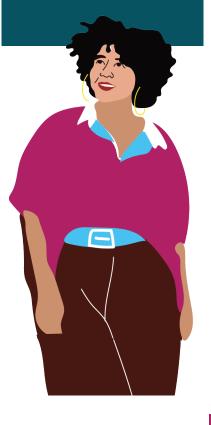
Victoria Police

Interviewees responses indicated that changes within Victoria Police, as a result of family violence reforms, are making a difference especially in terms of perpetrators being held accountable. While both anecdotal and more formal evidence indicates that there are still issues regarding misidentification, cultural insensitivity/racism, and a lack of appropriate action taken on their behalf, interviewees reported primarily positive responses from police.

Natalie stated that the police were very understanding and advised her they were educated about her community and understood there was often family pressure to withdraw statements, and this was common and asked her if she was under pressure to withdraw her statement. Police assured her she would not be sent back to her country of origin and that they could continue with the IVO process for her safety.

However, there is still work to be done regarding cultural awareness.

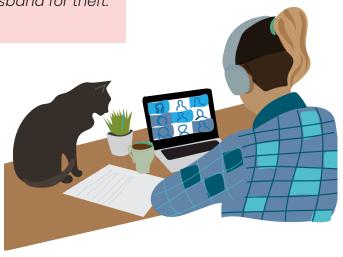
Adya stated that the constable said to her, 'Tell me straight, are you reporting because you want to stay in the country?' Joanne said the police officer was kind and listened intently while he took notes about the situation.



Project partners highlighted that in their experience police do not always issue a Family Violence Safety Notice and/or apply for a FVIO when this is needed, investigate adequately, press criminal charges, or follow up breaches. This particularly applies to family violence that may not be physical, for instance financial abuse.

Trish experienced significant financial hardship due to financial abuse that was inflicted on her by her husband blocking her from their shared bank account and leaving her with only \$200 in her bank account. Trish was not eligible for Centrelink or other financial assistance, because of her citizenship status.

Although the police applied for a full exclusionary FVIO on Trish's behalf, the IVO did not include special conditions such as requiring the perpetrator to return specific property items and finances to Trish, and they did not press criminal charges on her husband for theft.



Project partner, Berry Street, provided examples of victim survivors they had worked with where the police and Magistrates' Court had intervened more vigorously in situations of financial abuse:

- Victoria Police pressed criminal charges for theft after respondent emptied his and his partner's bank accounts to the amount of \$15k.
- Magistrates' Courts have placed special conditions on IVOs such as requiring the perpetrator to return specific property items and finances to the victim survivor.
- A magistrate threw out an IVO cross-application by a respondent, recognising this to be in retaliation against the victim survivor and a form of legal abuse.

DFFH/Child Protection

The work of Child Protection is complex, demanding and as a statutory body there are strict legal requirements. Child Protection are making significant changes in training practitioners, collaborating with other sectors and enhancing practice through introducing new frameworks and approaches such as <u>SAFER Children Risk Assessment Framework</u>,

Child Protection manual online, and Tilting Our Practice to enhance practitioners' ability to collaborate with victim survivors and hold perpetrators to account; however, despite the best efforts of Child Protection in making changes that align with Royal Commission recommendations, some interviewees still reported that they felt they were being blamed in situations of family violence.



Joanne: 'The Child Protection worker didn't listen to me about the violence I had experienced. It was like she was blaming me for what he did to me. I tried so hard to protect my kids. I had no support or options.'

Child Protection removed the children when Joanne was in hospital. According to Joanne, DFFH were advised that because she had AOD issues she was deemed incapable of providing protection to her children. 'No one from DFFH even had a conversation with me about what had been happening.'

Joanne explained that the person using violence was an active drug user and had coerced her into using drugs, so she too had an addiction. 'I did not have any drug issues before this in my life.'

An ongoing issue for all services is colluding with the perpetrator, and this can have significant consequences when statutory services are involved. Adults using violence can also groom practitioners, and for outcomes regarding Child Protection matters this can be particularly significant, especially where misidentification occurs. This is noted in the Family Violence Implementation Monitor's Accurate Identification of the Predominant Aggressor Report.



Natalie said when the Child Protection workers visited, they seemed impressed by her husband's 'hands on approach' when he proudly showed the workers all the toys he had bought for the child and said he did the grocery shopping; however, they did not know that this was because he did not allow Natalie to access money or go shopping. Natalie stated that he could charm anyone, especially if they were young.

Magistrates' Court

While project partners indicated that there are still areas that Magistrates' Courts can improve on in relation to addressing matters regarding misidentification; making orders against misidentified aggressors; and ensuring that all forms of abuse are taken into consideration when determining the outcome of a matter (e.g. financial abuse), the victim survivors interviewed indicated that there are positive changes being seen in the Magistrates' Court's response in terms of remote hearings and magistrates understanding and acknowledging the impact of violence.

Adya said, 'The magistrate read the statement and then he talked to me directly. This whole time – no one else has talked to me like that! He recognised my pain. That day I felt I was heard by the magistrate.'

The option of not having to appear physically in court is proving positive. The introduction of a process where all AFMs can now attend court remotely was welcomed by the project partners; however, there were concerns raised about whether this will be appropriate and safe in all instances, for example where the AFM is still living with the perpetrator.



Trish spoke over the phone to Police Prosecutions to discuss her safety needs and did not have to appear in court, nor via video link, which she felt grateful for.

Court forms continue to create problems, particularly for those for whom English is not their first language, although this is an issue beyond the NMR.

Adya completed the IVO application form online. 'I found the form very difficult to complete. The order of the form makes it hard to tell the story in a way that makes sense, and I did not know what to keep in or keep out. Later when I received an email from court with my statement ... I discovered a few things were wrong and not what I meant to say.'

Legal support was also noted as critical in the Magistrates'
Court processes regarding
IVOs. It has been reported previously at the NIFVS
FVRIC by community legal centres that referrals from the Magistrates' Court have not always been consistent, especially during periods of COVID-19 lockdowns.
Feedback from an interviewee demonstrates how important legal support can be at this time.



Adya said the lawyer, 'helped me with everything. She stepped me through all the details. She said imagine that you are in the court, not sitting at the study table in the refuge. I told her I was feeling nervous, and she said that was natural. She told me that she would speak for me, but if the judge asked me questions directly, I could answer – but she would be there to help.'

Specialist Family Violence Services - Responding to Victim Survivors

As specialist family violence services are often an early point of contact and can remain engaged for some time, these services are a critical component of the journey for victim survivors.

Where this doesn't work, the result can leave a victim survivor unsupported.

Trish was hoping to be placed in emergency accommodation; however, the family violence worker 'kept asking me the same questions' and suggested that the perpetrator be placed in emergency accommodation instead. Trish ended up organising her own emergency accommodation without any service support.

There were many instances where interviewees reported that the specialist family violence system was working well. Where it did, the effect was profound, with victim survivors feeling believed, listened to, being walked through the service system, and linked into numerous services, as well as being assisted in the longer term.

Trish said things started to improve for her when she contacted the specialist family violence service and the 'amazing' worker who supported her for several weeks. Trish explained that her worker was very 'respectful, personable, I felt I could trust her, and she gave great practical advice', such as support to navigate the service system and referral pathways that best met Trish's needs.

Case management stood out as being extremely valuable to assist victim survivors navigate the service system and reduce the need for them to retell their story. While the model of case management is changing and specialist family violence services in the NMR report that they are increasingly responding to victim survivors with more complex needs, case management and case work remain a critical model from a victim survivor's point of view.

Natalie said that although there were a lot of people involved, she did not feel confused like she thought she would because it felt like the case manager, 'was my main worker so I just asked her if I did not understand something'.

Joanne said, 'It was really important to me to have one worker and not have to retell my story.'

Rebeca explained that the specialist family violence service she went to was 'a one stop shop. I didn't have to make a whole lot of calls. They really listened to me. I got out safely. [The case manager assisted Rebeca apply for an IVO, FVFSP, VOCAT and made other referrals]. Without the case manager, I wouldn't be here today in relation to getting the real help I need for recovery.'

A strategic priority for the NIFVS Regional Integration Committee is to <u>support/</u>
<u>promote the development of a diverse workforce</u>. Natalie's experience demonstrates how useful this can be.

Natalie advised that she was thrilled when she was contacted by a worker who was from the same community as herself and she felt 'understood right away'.

The need for legal knowledge by specialist family violence practitioners was raised, particularly regarding women on temporary visas.

Adya reported, 'One thing that was confusing was that the staff [at the specialist family violence service] had not much idea about legal processes – it would be helpful if they had more knowledge. I didn't know what to do or my rights, whether I could I stay in Australia.'

Crisis Accommodation/Refuge/ Transitional Housing

Housing continues to be a major and well-documented issue for victim survivors, for example by the <u>Council to Homeless Persons</u>. While this issue was not the focus of the victim survivors interviewed, it forms a backdrop to the following issues raised by interviewees.

The interviewees who needed to move out of their family home all experienced upheaval (at a minimum) and for some this became a period of significant difficulty and further trauma, especially if that crisis accommodation proved unsafe.

The issue of motel accommodation is the focus of the Family Violence Motel Coordination Project, and Safe and Equal in collaboration with Safe Steps have developed Key Considerations for Motel Relationship Management guidance to assist in this process.

The interviews highlighted the critical need for better safety measures in crisis accommodation for women and children.

Brenda and her children stayed in motels initially, they changed motels every few days. The doors didn't lock at some of the places they stayed; Brenda said it was terrifying.

Trish reported that her first experience in emergency accommodation was 'terrifying' after a male guest at the hotel started firing a gun and Trish and the children were trapped in the hotel room until the police arrived and arrested the gunman. During this experience, Trish was on the phone to her family violence worker who provided emotional support, which Trish was very grateful for.



Even if the motel is safe, being alone can be traumatic at this time.

Adya stated, 'I was distraught as I did not know the area and didn't know what I would do on my own at totally a new place that's absolutely unknown to me for two weeks in a motel. During those two weeks I was in so much depression and chaos. Most women would have gone back in the situation ...'

While other crisis and refuge accommodation does not have the same issues as motels, there are still areas where interviewees indicated support could be enhanced. Models differ around the state in terms of how they are staffed after-hours, but interviewees emphasised the need for 24-hour support, preferably in person.

Brenda and her children were placed in a refuge. It was staffed around the clock and Brenda said it was life changing. You could have someone to talk to if needed. She didn't feel alone. Having someone there overnight, felt secure if something went wrong, so she could try and sleep. Women were less likely to be tempted to meet up with their violent partner if there were workers there 24/7 and it also gave a sense of normality, routine and structure in the chaos.

Joanne described her time at the refuge as, 'the best support and someone to help you 24/7 when you are feeling hopeless. It gave me time to heal, get myself in a good place to have my kids back and allowed me to have parenting after family violence sessions, counselling every week and they [the practitioners] also helped me reconnect with employment so I could save towards reunification with the kids and getting our own place.'

The need for other support such as an orientation to the crisis accommodation and the surrounding area, and the ability to communicate with supportive loved ones, or information about why that may not be available is important.

Crisis
accommodation/
refuge can also
have a powerfully
supportive and
connecting influence.

The move from crisis accommodation into transitional or stable accommodation is also a key moment of positive change.

When **Adya** arrived at the refuge she found that, 'All the other women stayed in their rooms. We were told not to talk to each other about our situations. There was no internet and the phone that I'd been given kept dropping out and had a screen that was hard to read. Without internet I couldn't communicate with my family easily. I had no money or access to a bus pass or anything, I didn't know the area, I couldn't even catch a bus anywhere.'

Brenda explained that at the refuge, the women had to eat 'family dinner' together and watch television in a shared space. At first, she didn't want to do this, she wanted to stay in her room. But she was glad she did, it helped her feel less alone. She said all the women needed social connection at this point, otherwise they just go back.

Brenda explained that the case manager assisted Brenda in finding transitional housing. She said the worker thought it was a dump but she was so happy and thankful. She and her daughter slept there the first night on the floor. They didn't have anything but they had a home and each other.



Centrelink

Centrelink is an essential service that is used by most victim survivors and is often one of the first services contacted. Frequently, victim survivors contact because they are in financial distress as well as experiencing other traumas in relation to their experience of family violence. The impact of the contact is critical to their journey through the family violence service system.



After **Natalie's** husband withdrew all the money from their bank accounts, Natalie went to Centrelink in desperation. She had been suicidal the week before, but the social worker there made her feel 'strong and capable'. The social worker identified the family violence and control tactics her husband was using. The social worker said, 'There is nothing wrong with you, he is the one with the problem.'

Rebeca contacted Centrelink to apply for the Family Violence Payment. She described the impact of the contact when she was asked to provide evidence to confirm that she had experienced family violence. 'If I didn't have the networks that I had, I believe it would have been a different story. Just the non-belief and judgement. The questioning. I told her, "This is not something we make up. Do you think we want this to happen to us?"

Legal Services

Several interviewees had accessed legal advice through community legal centres and Victoria Legal Aid, which was seen as exceedingly helpful, especially when backed up by an understanding of family violence and cultural awareness.

Natalie was referred to a community legal centre. She stated that the solicitor was very educated in family violence, and Natalie felt 'she gave me power, I felt stronger'. The solicitor told her that what her husband had done was against the law and a crime and that she would get the help she needed and compensation for her traumatic experience. Natalie stated that the solicitor was also very educated about her culture, and she did not need to explain the reasons why she stayed for so long.

Trish found the legal advice she was given surrounding separation and divorce was 'absolutely brilliant' and helped her decide to pursue a divorce and limit the perpetrator's ability to further financially abuse her by initiating property settlement.



Free legal services play an essential role in supporting victim survivors in a variety of ways, including advocacy during court proceedings. Although it wasn't raised in this report, the issues of misidentification, cross-applications and issues related to visa applications are complex and legal advice, support and advocacy can make a significant difference to outcomes. Interviewee feedback highlights the importance of community legal centres' role in responding to family violence and the importance of the Magistrates' Courts referring victim survivors to free legal support.

Adya said, 'I received a call from the family violence lawyer at the [community legal centre]. She helped me to postpone the hearing so that we could re-draft the [IVO] application, and get it re-listed within a week. That was a big relief.'

Community legal centres can also potentially liaise with other services.

Adya explained, 'The lawyer at the [community legal centre] phoned to talk about what would happen. We talked a little bit about my situation, and I gave her consent to email Immigration to get information about my visa. The lawyer phoned again, and she still hadn't heard back from Immigration, and I gave her the number for the [specialist family violence | caseworker and they spoke."

One issue that was raised about legal services, was confusion about the different roles of lawyers.

Adya reported that that her lawyer 'told me that I would need to speak to the family violence lawyer for the intervention order. I didn't realise that lawyers had different roles'.

Interviewees raised broader legal issues that remain problematic, despite a supportive free legal service system.

Trish is unable to afford the fees for divorce proceedings and remains living with a fear that whilst she is still tied to the perpetrator through marriage, he could come after her using systemic abuse through the court.

Hospitals & Health Services

An area highlighted by two of the victim survivors is the role that hospitals and health services play in identifying family violence and providing adequate support, especially in the area of antenatal care. Given pregnancy is such a high-risk time and experiences of family violence during pregnancy (as discussed in the National Domestic and Family Violence Bench Book) may adversely affect the health of the pregnant woman and the foetus, this issue needs special consideration.

Despite the <u>Strengthening Hospital Responses to Family Violence</u> initiative, there still appear to be gaps in the experience of pregnant women, particularly during COVID-19.

The <u>Antenatal Screening for Family Violence Implementation Guide</u>, developed in response to this issue, encourages routine antenatal screening in antenatal clinics, but does not suggest screening should happen in all areas of hospital response.

A lack of screening at a minimum represents a missed opportunity and at worst leaves a victim survivor at significant risk.



Adya was pregnant and began experiencing bleeding and pain, and this began her first encounter with the service system when she was experiencing family violence. She explained, 'When I told the doctor what had happened [about the bleeding and pain], she told me she thought it was a miscarriage... He [Adya's husband] asked when we could try again, she told him not for two to three months – the body needs to heal. I was crying and she told me that our time was up and just opened the door.'

Adya presented to hospital and had several appointments with other health professionals, none of whom appear to have screened for family violence.

A related issue is the response to victim survivors who are giving birth to a stillborn baby and the psychological impact of this experience on top of the trauma of family violence. A trauma and violence-informed approach is needed at all levels of hospital and health care in response to family violence.

This experience occurred in 2020, during COVID-19, which could have influenced the hospital's response, and certainly impacted the fact that Rebeca could not have a support person with her at the time; however, it also reinforces the importance of a trauma-informed response being critical at all points of a victim survivor's journey.

Rebeca explained that having still born twins, after losing her first baby due to family violence, which the hospital was aware of, brought up a lot of trauma.

'I was put in the maternity ward, obviously because it was the only area they could put me in and I was put in the same ward with screaming babies, women who had children. It was not good for my mental health, and I ended up checking myself out that evening. I couldn't stay there another minute. It was torturous for me. I was given a piece of paper with phone numbers with places I could call if I needed it and that was it. I don't understand why it's common practice for women who have still borns to put them in a maternity ward. I think it's barbaric.

Looking back, if someone could have sat with me and told me it was okay, maybe it would have been different. Maybe I wouldn't have checked myself out.' The physical constraints of hospitals in the NMR (e.g., ageing infrastructure and lack of space) and the demand on hospital staff are key obstacles to these services being able to provide a trauma-informed response to victim survivors. This is beyond the control of services in NMR to be able to change.

Another area that was raised through the interviews was the need for ongoing care for victim survivors by other health professionals.

As a result of a family violence incident, **Emily** had to have knee surgery and the GP was a huge support throughout that procedure and recovery. Emily was linked in with the GP throughout the entire time she was accessing other supports and saw them very regularly.

This contrasted with Emily's next experience with a GP.

The role of health professionals in responding to family violence and other forms of gender-based violence is an ongoing area of analysis as described in Transforming health settings to address gender-based violence in Australia.



After **Emily** had relocated with her children, the person who was using violence found and sexually assaulted Emily and she ended up falling pregnant due to the assault. She needed to find a new GP and disclosed to them that she had been sexually assaulted and needed an abortion. The GP did not refer Emily to any sexual assault support program [or other services that could have helped her]. Emily felt let down and said the experience was horrible.

Counselling

Positive experiences of counselling can significantly assist in a victim survivor's recovery. **Trish** engaged with a family violence counsellor who provided great therapeutic support and helped Trish on her journey to healing and recovery from her experience of family violence by validating that Trish was not responsible for the violence used by the perpetrator nor was she responsible for changing him.

On the other hand, one negative experience of counselling can be offputting and potentially retraumatising.

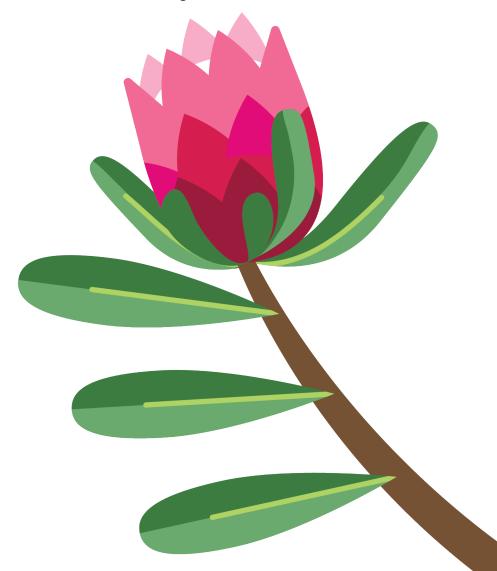
Rebeca explained, 'I gave it three shots with two different counsellors. My idea of a counsellor is benefitting from that counselling. If I leave the counselling session more frustrated than when I went in, it's not of benefit.'

Adya reported, 'I went to the psychologist on my own by bus for the first time. When I got there, they told me the session was only 30 minutes because I had requested an in-person appointment. I started to cry because I really wanted to be seen and heard. Of the 30 minutes the psychologist spoke for 20 minutes, and I only got 10 minutes. The way she addressed me, it was the first time anyone made me feel like an idiot in these two and a half years. The way she was talking to me, "Where are your notes? Don't you know you were coming to a psychologist?".'



Not everyone who has contact with the funded family violence counselling services in the NMR will have a positive therapeutic experience, and not everyone who has contact with private counsellors will have a negative experience; however a strength of the service system in the NMR is that the funded family violence counselling services are part of the Counselling and Support Alliance (CSA) and counsellors receive support from the NIFVS team with a focus on continual professional development regarding responding to family violence. The CSA have developed resources to enhance the practice of counsellors who are funded through the program.

The examples above highlight why this CSA approach is important and needs to continue and that efforts need to be made to reach private counsellors/psychologists as well to build their capacity to respond to victim survivors and ensure MARAM alignment.



Financial and Psychological Assistance

Much of the resourcing of the family violence sector is designated to responding to the crisis end of the experience of victim survivors. Although this is an issue beyond the NMR, it is worth noting that interviewees emphasised the need for more resources to be focused on financial and psychological recovery. The journey of recovery and stabilisation can be long and arduous, and requires as much adequate resourcing as the initial stages of the journey.



Trish was referred to a financial counsellor, who wasn't able to provide any assistance due to Trish not having a steady income. Trish has had to rely on herself to regain financial stability, which she is continuing to strive for, through enrolling in study and rebuilding her business which has been further impacted due to the COVID-19 pandemic.

Tailored Response

Young People

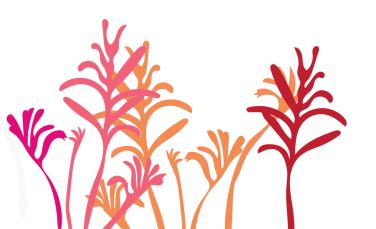
A gap identified by one interviewee was the lack of support for her son. As they become more independent, young people may be less likely to be included in service support, or at times may be harder to reach, but this may be an area that services should consider.

Trish said her son, who was a young adult at the time he was physically assaulted by his father, 'never got any help' and had to seek out support for himself. When her son did reach out to [a relevant service], there was a very long waitlist.

Victim Survivors on Temporary Visas

Her husband told **Natalie** he knew she had spoken to the police and told her that she needed to return to the police station to withdraw her statement as if she did not, they both would be sent back to their country of origin and their children would be left in foster care here in Australia.

The impact of being on a temporary visa for a victim survivor is profound as highlighted by inTouch in their tipsheet Women on temporary visas experiencing family violence, including in the area of how a woman's visa status may be used by an adult using violence as another form of control and abuse.



Summary of Recommendations

The following recommendations are aimed at the family violence service system in the NMR and are grouped into categories according to levels of responsibility:

- NIFVS Team
- NIFVS Family Violence Regional Integration Committee (FVRIC)
- NIFVS FVRIC in liaison with other organisations who will develop their own action plan
- Other recommendations, which the NIFVS FVRIC endorses and relate to work already underway.

The rationale for each of these recommendations is presented in Appendix A.

NIFVS Team

The NIFVS team will have the main responsibility for implementing the following recommendations in collaboration with other stakeholders:

- In partnership with VACCA, develop a practice resource so practitioners can enhance their confidence in culturally safe work practices in response to First Nations communities.
- The PSA and FVRIC will continue to advocate for case management to be adequately funded and a solid component of family violence response.
- In collaboration with community legal centres, coordinate the implementation of legal training for practitioners, including regarding victim survivors on temporary visas.
- Liaise with Centrelink social work managers to consider how to provide tailored family violence training/capacity building to Centrelink social workers.
- In partnership with Centrelink, develop a tip-sheet that provides information to practitioners about the best way they can support a victim survivor to apply for Centrelink payments.
- Scope how the Australian Psychological Society (APS) and Australian Association of Social Workers (AASW) are supporting members to become MARAM aligned and encourage counsellors/psychologists to attend MARAM training.

NIFVS FVRIC

The NIFVS FVRIC and its representative organisations will take responsibility for implementing the following recommendations in collaboration with other stakeholders:

- The NIFVS FVRIC will lead the work to enhance the following practice principles for practitioners in all their organisations:
 - Embed Safe and Equal's (formerly DV Vic) <u>Code of Practice</u> principles alongside MARAM responsibilities in service user rights and responsibility statements, including explaining relevant options, processes, procedures and next steps to victim survivors, in line with best practice principles.
 - Strengthen use of micro communication skills (e.g. active listening, reflecting, paraphrasing) in all interactions with victim survivors, particularly when undergoing MARAM risk assessments.
 - * For organisations who have not already done so, consider implementing the <u>Safe & Together Model</u> and/or encourage practitioners to reflect on the <u>Follow My Lead</u> resource.
 - Build/enhance a trauma and violence-informed approach.
 - * Enhance cultural awareness training.
 - Offer victim survivors the opportunity to be linked into peer support (e.g. family violence support groups).
- Work with Child Protection to increase practitioners access to secondary consultations with specialist family violence services to enhance identification and response to collusion.
- Specialist family violence services continue to support new graduates, offer consistent mentoring and consider implementing a lived experience program such as the <u>Wisdom in Practice: Reverse</u> <u>mentoring pilot program</u> model.
- Specialist family violence services enhance pathways to employing practitioners from diverse backgrounds.
- Increase linkages between specialist family violence services, Centrelink and the NIFVS FVRIC.

NIFVS FVRIC in Liaison with Organisations

The NIFVS FVRIC will work with organisations to request they develop their own local action plans in response to the following recommendations and report back to the FVRIC regarding progress:

- Victoria Police, Child Protection and magistrates work towards the reduction of misidentification especially in relation to Aboriginal AFMs and engage with FSV's MARAM development team, who are currently considering how the MARAM misidentification tool can be further integrated into the sector.
- Police members implement a range of consistent strategies to deal with financial abuse.
- Child Protection involve survivor advocates in training, especially for new graduates.
- Child Protection work to enhance identification of and response to collusion through:
 - Where appropriate, consulting with the Family Violence Child Protection Partnership where there could be a risk of collusion.
 - * Implementing consistent checkpoints to ensure practitioners are supported in relation to the risk of collusion and misidentification.
 - ° Interviewing parties separately, especially victim survivors.
- Child Protection continue to enhance practices that 'partner' with the protective parent.
- Magistrates' Courts explore the impact upon safety and risk when AFMs participate in FVIO hearings remotely.
- Magistrates consider the broader impact of misidentification and cross-application on future legal proceedings and ensure that these are only applied where appropriate.
- During hearings, magistrates acknowledge the impact that family violence has had and continues to have on AFMs.
- Wherever possible, Magistrates' Courts offer AFMs a referral to legal support/duty lawyers.
- Refuge and crisis accommodation offer 24/7 onsite support where possible.
- Health care professionals screen for family violence when women are pregnant, in line with MARAM.
- Hospitals and health care providers implement a trauma and violenceinformed response.

Other Recommendations Relating to Work Already Underway

The NIFVS FVRIC endorses work currently underway that relates to the following recommendations:

- Police members continue to develop an understanding of their role in misidentification and the impact of misidentification.
- Child Protection enact new processes under the <u>Children and Health</u> <u>Legislation Amendment (Statement of Recognition and Other Matters)</u> <u>Bill 2022</u>, once legislated, where ACCOs will manage Child Protection cases.
- The PSA and NIFVS FVRIC advocate for motel accommodation to be safe for victim survivors and children.
- The <u>Counselling and Support Alliance</u> model in the NMR continue to include ongoing family violence professional development for counsellors.

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Victim Survivor Experience Mapping Recommendations – Appendix A

The following recommendations are aimed at the family violence service system in the NMR and are grouped into categories according to levels of responsibility:

- NIFVS Team
- NIFVS Family Violence Regional Integration Committee (FVRIC)
 NIFVS FVRIC in liaison with other organisations who will develop their own action plan
- Other recommendations, which the NIFVS FVRIC endorses and relate to work already underway.

Responsibility	Recommendation	Rationale	Quotes and Related Evidence
The NIFVS team will have the main responsibility for implementing these recommendations in collaboration with other stakeholders.	In partnership with VACCA, develop a practice resource so practitioners can enhance their confidence in culturally safe work practices in response to First Nations communities.	The rates of family violence in First Nations communities in Australia are significant, as is the rate of child removal due to family violence and First Nations communities fear engagement with services as a result. Project partner VACCA has provided a range of written practical advice for practitioners to implement, which aims to achieve a culturally safe engagement, and can be collated into a resource for practitioners.	Emily indicated that she didn't want to engage with services due to a fear of Child Protection removing her children. VACCA reported, 'Fear of child removal is a very real and prevalent barrier for Aboriginal people to accessing services – we see this currently with many Aboriginal families who are hesitant to engage with any services out of fear of Child Protection involvement.'

Responsibility	Recommendation	Rationale	Quotes and Related Evidence
The NIFVS team	The PSA and NIFVS FVRIC will continue to advocate for case management to be adequately funded and a solid component of family violence response.	Throughout the interviews, case management stood out as being extremely valuable in assisting victim survivors to navigate the service system and a key component of service integration. It assists victim survivors to not have to retell their story, being supported over time, and being linked into all relevant services. The model of case management is changing; more organisations are expected to provide case management/work and specialist family violence services in the NMR report that they are increasingly responding to victim survivors with more complex needs.	Trish felt empowered by specialist family violence services navigating the service system for her and exploring her options with her. Joanne said, 'It was really important to me to have one worker and not have to retell my story.' Rebeca explained that the specialist family violence service she went to was 'a one stop shop. I didn't have to make a whole lot of calls. They really listened to me. I got out safely. Without the case manager, I wouldn't be here today in relation to getting the real help I need for recovery.'

Responsibility	Recommendation	Rationale	Quotes and Related Evidence
The NIFVS team	In collaboration with community legal centres in the NMR, coordinate the implementation of legal training for practitioners, including regarding victim survivors on temporary visas.	Project partner, Northern Community Legal Centre indicated that practitioners responding to family violence would benefit from understanding more about legal processes, especially in relation to victim survivors on temporary visas, where there can be implications, for instance regarding how IVO applications are completed. Although Women's Legal Services Victoria offers training, this is in high demand and is aimed at specialist family violence practitioners.	Adya reported, 'One thing that was confusing was that the staff [at the specialist family violence service] had not much idea about legal processes – it would be helpful if they had more knowledge. I didn't know what to do or my rights, whether I could I stay in Australia.' Later Adya met with a caseworker and 'she helped me with the IVO application form online. I found the form very difficult to complete. The order of the form makes it hard to tell the story in a way that makes sense, and I did not know what to keep in or keep out. Later, I discovered a few things were wrong and not what I meant to say, and that situation led me to look up someone who can help me in this. I didn't have a choice and had to either re-draft the statement or ask if the hearing can be postponed.'

Responsibility	Recommendation	Rationale	Quotes and Related Evidence
The NIFVS team	Liaise with Centrelink Social Work managers to consider how to provide tailored family violence training/capacity building to Centrelink social workers.	As Centrelink is often one of the first services that victim survivors present to and disclose family violence, special attention should be paid to ensuring this is a supportive experience. Centrelink social workers play a crucial role in this regard.	After Natalie's husband withdrew all the money from their bank accounts, Natalie went to Centrelink in desperation. She had been suicidal the week before, but the social worker there made her feel 'strong and capable' and identified the family violence and control tactics her husband was using. The social worker said, 'There is nothing wrong with you, he is the one with the problem.' Rebeca contacted Centrelink to apply for the Family Violence Payment and spoke to a social worker. She described the impact of the contact when she was asked to provide evidence to confirm that she had experienced family violence. 'If I didn't have the networks that I had, I believe it would have been a different story. Just the non-belief and judgement. The questioning.'

Responsibility	Recommendation	Rationale	Quotes and Related Evidence
The NIFVS team	In partnership with Centrelink, develop a tip-sheet that provides information to practitioners about the best way they can support a victim survivor to apply for Centrelink payments.	As a national program, Centrelink staff are required to comply with processes that may be difficult to navigate for some of their customers. Practitioners can play a key role in assisting victim survivors to understand and apply for benefits.	Centrelink proposed this recommendation.
	Scope how the Australian Psychological Society (APS) and Australian Association of Social Workers (AASW) are supporting members to become MARAM aligned and encourage counsellors/psychologists to attend MARAM training.	For victim survivors, negative experiences of counselling can be off-putting and potentially retraumatising.	Adya reported, 'I went to the psychologist on my own by bus for the first time. When I got there, they told me the session was only 30 mins because I had requested an inperson appointment. I started to cry because I really wanted to be seen and heard. Of the 30 mins the psychologist spoke for 20 minutes, and I only got 10 minutes. The way she addressed me, it was the first time anyone made me feel like an idiot in these two and a half years. The way she was talking to me, 'where are your notes?' 'don't you know you were coming to a psychologist?'.

Responsibility	Recommendation	Rationale	Quotes and Related Evidence
NIFVS FVRIC and its representative organisations will take responsibility for implementing these recommendations in collaboration with other stakeholders.	The NIFVS FVRIC will lead the work to enhance the following practice principles for practitioners in organisations responding to victim survivors: • Embed Safe and Equal's Code of Practice principles alongside MARAM responsibilities in service user rights and responsibility statements, including explaining relevant options, processes, procedures and next steps to victim survivors, in line with best practice principles. • Strengthen use of micro communication skills (e.g. active listening, reflecting, paraphrasing) in all interactions with victim survivors, particularly when undergoing MARAM risk assessments. • For organisations who have not already done so, consider implementing the Safe & Together Model and/or encourage practitioners to reflect on the Follow My Lead resource. • Build/enhance a trauma and violence-informed approach. • Enhance cultural awareness training. • Offer victim survivors the opportunity to be linked into peer support (e.g. family violence support groups).	Some interviewees raised issues of not knowing what their options were and what to expect, which they found disempowering. This issue is relevant across service sectors. Where victim survivors were informed, this made a significant difference to their ability to keep going in the difficult victim survivor journey. With the introduction of MARAM, practitioners may at times feel pressure to do the MARAM assessment and may not be spending as much time as needed with the victim survivor and using essential counselling micro-skills such as active listening, building rapport, reflecting, believing, paraphrasing and summarising, which all lead to a victim survivor feeling heard, believed and empowered.	Brenda was in contact with a worker who asked her, 'What do you need'? She didn't know what they could provide so she said nothing. She ran out of nappies and was using motel wash clothes for a while. Brenda said it would have been useful if the worker had explained what they could provide and give examples. Additionally, she said it would have been helpful to know what was happening next so she could prepare for it and have some sense of control. Trish said that the worker 'kept asking me the same questions' and the conversation didn't get anywhere. Trish described the experience as 'extremely stressful'. Rebeca explained, 'If you know you're going to be dealing with family violence victims, you have to have that lens [trauma and violence-informed].' Adya reported that the Constable said to her, 'Tell me straight, are you reporting because you want to stay in the country?' Brenda explained that at the refuge, the women had to eat dinner together and watch television in a shared space. At first, she didn't want to do this, but she was glad she did, as it helped her feel less alone. She said all the women needed social connection at this point, otherwise they would just go back.

Responsibility	Recommendation	Rationale	Quotes and Related Evidence
NIFVS FVRIC	Work with Child Protection to increase practitioners access to secondary consultations with specialist family violence services to enhance identification and response to collusion.	Despite Child Protection providing extensive professional development and introducing new frameworks and approaches to enhance practitioners' ability to collaborate with victim survivors, and identify the perpetrator and hold them to account, interviewees still reported that perpetrators were using tactics to groom practitioners who were then susceptible to colluding with the perpetrator.	Natalie said when the Child Protection workers visited, they seemed impressed by her husband's 'hands on approach' when he proudly showed the workers all the toys he had bought for the child and said he did the grocery shopping; however, they did not know that this was because he did not allow Natalie to access money or go shopping. Natalie stated that he could charm anyone, especially if they were young.

Responsibility	Recommendation	Rationale	Quotes and Related Evidence
NIFVS FVRIC	Specialist family violence services continue to support new graduates, offer consistent mentoring and consider implementing a lived experience program such as the Wisdom in Practice program being piloted in the Eastern Metropolitan Region and the Bayside Peninsula Region.	The present Family Violence and Sexual Assault Graduate Program in the NMR provides much needed support to new graduates on a small scale. Supporting new graduates has been highlighted in this project as being critical. The results of a good connection between practitioners and victim survivors can be profound, with victim survivors being linked into the service system, the danger mitigated, feeling informed and they and their children supported. It is a significant expectation for new graduates or those new to the sector to be able to incorporate all the skills and understanding of family violence that is needed in a timely manner. On the job training and mentoring are essential.	Natalie said the worker [at the specialist family violence service] sounded very young on the phone and the worker asked why she had stayed with her husband for so long. This made Natalie feel the worker did not understand family violence and particularly that she had no cultural knowledge about her community where divorce is not an option.

Responsibility	Recommendation	Rationale	Quotes and Related Evidence
NIFVS FVRIC	Specialist family violence services enhance pathways to employing practitioners from diverse backgrounds.	Employing staff from diverse backgrounds has been a focus of the NIFVS FVRIC's strategic plan and has been incorporated into the Family Violence and Sexual Assault Graduate Program in the NMR. This should continue to be a focus for services in the NMR.	Natalie said that she was thrilled when she was contacted by a worker who was from the same community as herself and she felt 'understood right away'.
	Increase linkages between specialist family violence services, Centrelink and the NIFVS FVRIC.	As Centrelink is often one of the first services that victim survivors present to and disclose family violence, their role is critical in the family violence response system.	Trish was not eligible for any income support or financial relief from Centrelink due to her citizenship status. Centrelink advised Trish she should return to her country of origin. Trish had no means to return, and this suggestion ignored the fact the perpetrator was there, and she had built a life here (in Australia).

Responsibility	Recommendation	Rationale	Quotes and Related Evidence
The NIFVS FVRIC in partnership with organisations. The NIFVS FVRIC will work with organisations to request they develop their own local action plans in response to these recommendations and report back to the FVRIC regarding progress.	Victoria Police, Child Protection and magistrates work towards the reduction of misidentification especially in relation to Aboriginal AFMs and engage with FSV's MARAM development team, who are currently considering how the MARAM misidentification tool can be further integrated into the sector.	The Family Violence Implementation Monitor's Accurate Identification of the Predominant Aggressor Report identified an urgent need to address misidentification and proposed solutions to adequately address the high rates of misidentification of Aboriginal AFMs.	Emily explained that one time when the police attended when the adult using violence was intoxicated, and the victim survivor was asking them to remove him from the property – he presented well to police and told them that the victim survivor was just jealous he had been out partying. The police then made the victim survivor and children leave the property.

Responsibility	Recommendation	Rationale	Quotes and Related Evidence
The NIFVS FVRIC in partnership with organisations.	Police members implement a range of consistent strategies to deal with financial abuse.	Financial abuse has a significant impact on victim survivors and is a very common form of abuse but is often overlooked. Positive examples of how financial abuse can be dealt with by Victoria Police/Magistrates' Courts have been provided by project partner Berry Street, in the context of their broader work with victim survivors and include: • Victoria Police pressed criminal charges for theft after respondent emptied his and his partner's bank accounts to the amount of \$15k. • Magistrates' Courts have placed special conditions on IVOs such as requiring the respondent to return specific property items and finances to the AFM.	Natalie's husband withdrew all the money from their bank accounts. Trish experienced significant financial hardship due to financial abuse that was inflicted on her by her husband blocking her from their shared bank account and leaving her with only \$200 in her bank account. Trish was not eligible for Centrelink or other financial assistance, because of her citizenship status.

Responsibility	Recommendation	Rationale	Quotes and Related Evidence
The NIFVS FVRIC in partnership with organisations.	Child Protection involve survivor advocates in training, especially for new graduates.	Child Protection have suggested this strategy as a means to enhance new graduates' understanding of victim survivor's experience.	Child Protection proposed this recommendation.
	 Child Protection work to enhance identification of and response to collusion through: Where appropriate, consulting with the Family Violence Child Protection Partnership where there could be a risk of collusion. Implementing consistent checkpoints to ensure practitioners are supported in relation to the risk of collusion and misidentification. Interviewing parties separately, especially victim survivors. 	Despite Child Protection providing extensive professional development and introducing new frameworks and approaches to enhance practitioner's ability to collaborate with victim survivors, identify the perpetrator and hold them to account, interviewees still reported that perpetrators were using tactics to groom practitioners who were then susceptible to colluding with the perpetrator.	Natalie said her husband manipulated the [Child Protection] workers so much, he even cried in front of them. [Natalie had never seen him cry before] and the workers showed compassion and caring towards him.

Responsibility	Recommendation	Rationale	Quotes and Related Evidence
The NIFVS FVRIC in partnership with organisations.	Child Protection continue to enhance practices that 'partner' with the protective parent.	As above, despite all the changes mentioned, interviewees still reported that they felt they were being blamed in situations of family violence and that they did not experience the system as holding the perpetrator to account.	Joanne stated, 'The Child Protection worker didn't listen to me about the violence I had experienced. It was like she was blaming me for what he did to me. I tried so hard to protect my kids. I had no support or options.' After many years of Emily answering Child Protection's calls and reassuring them of the measures she was taking to protect the children, one day she had had enough and said to the Child Protection worker, 'In all these years I've never once heard you ring him and ask him what he's doing to protect the children'.

Responsibility	Recommendation	Rationale	Quotes and Related Evidence
The NIFVS FVRIC in partnership with organisations.	Magistrates' Courts explore the impact upon safety and risk when AFMs participate in FVIO hearings remotely.	Remote hearings for IVOs can provide safety for AFMs. The introduction of a process where AFMs will now attend court remotely was welcomed by project partners; however, there were concerns raised about whether this will be appropriate and safe in all instances, for example where the AFM is still living with the perpetrator.	Trish gave legal instruction over the phone to police prosecutions and did not have to appear in court, nor via video link, which she felt grateful for.

Responsibility	Recommendation	Rationale	Quotes and Related Evidence
The NIFVS FVRIC in partnership with organisations.	Magistrates consider the broader impact of misidentification and cross-application on future legal proceedings and ensure that these are only applied where appropriate.	While those interviewed provided positive feedback about the Magistrates' Court correctly identifying the predominant aggressor, project partners indicated this was not always the case in practice.	Rebeca got a full Intervention Order at Broadmeadows Magistrates' Court. She said the Family Violence Court was great.
	During hearings, magistrates acknowledge the impact that family violence has had and continues to have on	Feedback provided by interviewees indicated that a magistrate's acknowledgement of the impact that family	Adya said, 'The magistrate read the statement and then he talked to me directly. This whole time – no one else has

violence has had on AFMs

can have a profoundly affirming effect and assists

in recovery.

AFMs.

talked to me like that! He

recognised my pain, that day I felt I was heard by the magistrate.'

Responsibility	Recommendation	Rationale	Quotes and Related Evidence
The NIFVS FVRIC in partnership with organisations.	Wherever possible, Magistrates' Courts offer AFMs a referral to legal support/duty lawyers.	Legal support was noted as very important by interviewees in the Magistrates' Court processes regarding IVOs. It has been previously reported to the NIFVS FVRIC that referrals for legal support from the Magistrates' Courts have not always been consistent, especially during periods of COVID-19 lockdowns.	Adya said the lawyer 'helped me with everything. She stepped me through all the details. She said imagine that you are in the court, not sitting at the study table in the refuge. She told me that she would speak for me, but if the judge asked me questions directly, I could answer – but she would be there to help.'

Responsibility	Recommendation	Rationale	Quotes and Related Evidence
The NIFVS FVRIC in partnership with organisations.	Refuge and crisis accommodation offer 24/7 onsite support where possible.	Although refuge models differ around the state in terms of what happens after-hours, interviewees emphasised the need for and impact of significant practical and psychological support during this time, and the difference 24-hour onsite support by practitioners made.	Joanne described her time at the refuge as, 'the best support and someone to help you 24/7 when you are feeling hopeless. It gave me time to heal, get myself in a good place to have my kids back and allowed me to have parenting after family violence sessions, counselling every week and they [the practitioners] also helped me reconnect with employment so I could save towards reunification with the kids and getting our own place.' Brenda explained that after some time in other crisis accommodation, she went into a refuge that was staffed around the clock. She said it was life changing. You could have someone to talk to if needed. She didn't feel alone. Having someone there overnight, felt secure if something went wrong, so she could try and sleep. Women were less likely to be tempted to meet up with their violent partner if there were workers there 24/7 and it also gave a sense of normality, routine and structure in the chaos.

Responsibility	Recommendation	Rationale	Quotes and Related Evidence
The NIFVS FVRIC in partnership with organisations.	Health care professionals screen for family violence when women are pregnant, in line with MARAM.	Because pregnancy is such a high-risk time, health care practitioners need to screen for family violence, particularly in antenatal care, in line with the Antenatal Screening for Family Guidance Implementation Guide. Although the Strengthening Hospital Responses to Family Violence has been implemented, there still appear to be gaps in the experience of pregnant women.	Adya was pregnant and began experiencing bleeding and pain. 'When I told the doctor what had happened, she told me she thought it was a miscarriage I was crying and she told me that our time was up and just opened the door.' Adya presented to hospital and had several appointments with other health professionals, none of whom appear to have screened for family violence.
	Hospitals and health care providers implement a trauma and violence-informed response.	A trauma and violence-informed response is needed to support victim survivors throughout their journey of care and particularly during miscarriage and still birth.	Rebeca gave birth to still born twins, after losing her first baby due to family violence. Rebeca explained, 'I was put in the maternity ward with screaming babies, women who had children. It was not good for my mental health, and I ended checking myself out that evening. I couldn't stay there another minute. It was torturous for me. I was given a piece of paper with phone numbers with places I could call if I needed it and that was it.'

Responsibility	Recommendation	Rationale	
The NIFVS FVRIC endorses work currently underway that relates to the following recommendations:	Police members continue to develop an understanding of their role in misidentification and the impact of misidentification.	While those interviewed provided positive feedback about Victoria Police correctly identifying the predominant aggressor, project partners indicated that in practice this was not always the case. Victoria Police are already making changes regarding misidentification through training, body-worn cameras, and participation in the statewide Misidentification of Predominant Aggressor Program. The Family Violence Integrated Response Model (FVIRM) trial is a Whittlesea Police Service Area initiative, which is in the planning/exploratory stages to trial an integrated response model with DPV Health and The Orange Door (NEMA) to address intervention improvements in frontline response to family violence. The model will incorporate the expertise of a dedicated family violence outreach	worker, working alongside frontline police to deliver a tailored response to incidents reported by ESTA Computer Aided Dispatch (CAD) in the Whittlesea PSA. This trial may also lead to a reduction in misidentification. Clearly, the misidentification of Aboriginal AFMs can impact on whether children are removed or not. The Family Violence Implementation Monitor's Accurate Identification of the Predominant Aggressor Report identification and proposed solutions to adequately address the high rates of misidentification among Aboriginal women. Quotes and Related Evidence Family Violence Implementation Monitor's Accurate Identification of the Predominant Aggressor Report Identification Amonitor's Accurate Identification Amonitor's Accurate Identification of the Predominant Aggressor Report

Responsibility	Recommendation	Rationale	Quotes and Related Evidence
The NIFVS FVRIC endorses work currently underway that relates to the following recommendations:	Child Protection enact new processes under the Children and Health Legislation Amendment (Statement of Recognition and Other Matters) Bill 2022, once legislated, where ACCOs will manage Child Protection cases.	The rates of family violence in First Nations communities in Australia is significant, as is the rate of child removal due to family violence. The ongoing fear (and reality) of child removal was reflected through the interviews and in feedback from project partner VACCA. While this is not only a Child Protection responsibility, they are a key stakeholder in relation to this issue.	Emily indicated that she didn't want to engage with services due to a fear of Child Protection removing her children. VACCA reported, 'Fear of child removal is a very real and prevalent barrier for Aboriginal people to accessing services – we see this currently with many Aboriginal families who are hesitant to engage with any services out of fear of Child Protection involvement.'
	The PSA and NIFVS FVRIC advocate for motel accommodation to be safe for victim survivors and children.	The issue of the lack of safety in motel accommodation is already being addressed at a regional level through the LASN and the Family Violence Motel Coordination Project and interviewees highlighted the need for better safety measures in crisis accommodation for women and children.	Brenda and her children stayed in motels initially, they changed motels every few days. The doors didn't lock at some of the places they stayed; she said it was terrifying. Trish said her first experience in emergency accommodation was 'terrifying' after a male guest at the hotel started firing a gun and Trish and the children were trapped in the hotel room until the police arrived and arrested the gunman.

Responsibility	Recommendation	Rationale	Quotes and Related Evidence
The NIFVS FVRIC endorses work currently underway that relates to the following recommendations:	The Counselling and Support Alliance model in the NMR continue to include ongoing family violence professional development for counsellors.	A strength of the service system in the NMR is that the funded Counselling and Support Alliance (CSA) counsellors receive support from the NIFVS team in relation to professional development regarding responding to family violence.	Trish engaged with a Family Violence Counsellor who provided great therapeutic support and helped Trish on her journey to healing and recovery from her experience of family violence by validating that Trish was not responsible for the violence used by the perpetrator nor was she responsible for changing him.