

## **South East Community Links**

**July 2020** 

#### SUBMISSION TO THE FAMILY VIOLENCE REFORM IMPLEMNTATION MONITOR

#### **INTRODUCTION**

- South East Community Links (SECL) is a place-based community organisation supporting communities
  in outer South East of Melbourne. Our principal place is the City of Greater Dandenong the most
  culturally diverse LGA in Australia with more than 70% of residents being from culturally diverse
  backgrounds.
- 2. South East Community Links (SECL) thanks the Family Violence Reform Implementation Monitor for the opportunity to present our submission on the progress of the Family Violence Reforms in Victoria.

#### **KEY ISSUES**

- 3. SECL has responded to the call for submissions in good faith. We welcome the Victorian Government's commitment to the elimination of family violence. We acknowledge the work that has been undertaken by government, organizations and individuals to improve the family violence service system.
- 4. We present our views as a reflection of our commitment to improving the family violence service system. We are willing to work with others to achieve this aim.
- 5. The main aim of this submission is to outline how Australian women from migrant and refuge backgrounds continue to be denied access to the specialist family violence service system. We are in an era that is forcefully confronting cultural privilege. There is a growing desire among culturally privileged groups to drive change. We are hopeful of change occurring now even though it has been promised before and little has been delivered. We believe exceptional change can happen in an exceptional time. People want to be on the right side of history.
- 6. Victoria has taken the risk of developing family violence reform almost entirely on the specialist family violence service system. The specialization was intended to provide expertise, to advocate for the gendered analysis of family violence, to hold perpetrators accountable, and to believe victims not blame them. We support all these principles in the family violence specialist system.
- 7. However, specialisation can become a problem when it is defined too narrowly, when it fails to look outside its walls and when groups of women are locked out rather than supported to be safe. Large numbers of migrant and refugee women and the organisations who support them are forced to work around the specialist system, forced to create an alternative path to safety. A two-tiered system is the worst outcome of an expensive and elaborate policy reform process. It will be hard to reverse this trend in future.



8. The family violence service system remains demand driven. It is difficult to expect workers to put everything into assessment only to find once assessment is completed there are wait lists for housing, financial support, legal services, police action against perpetrators and other integrated services. In addition, CALD women face even more complexities and barriers post the assessment period. The wait list dilutes the effectiveness of MARAM. The MARAM is not easily usable in the front-line context. Good practice should not require women to disclose extensive details about their lives if the family violence service system cannot effectively respond to these disclosures.

#### RECOMENDATIONS

- 9. Develop and fund services that assist women to access the specialist family violence service system.
- 10. Revise separation of powers principles and practices governing the family violence service system. Ensure diversity and independence are enshrined in leadership, including peek bodies, advisory committees, conceptual frameworks, and that evidence is independently sourced from diverse interests.
- 11. Provide transparent information on access and equity to inform further reform.
- 12. Publish in an accessible form, family violence funding since 2016.
- 13. Reset the MARAM on the strengths of the perpetrator practice guide.
- 14. Develop the service system operations on safety for all women, not cultural background or on women who leave.
- 15. Post COVID, ensure the future of the family violence service system operates to serve a multicultural community, developing a healthy separation between DHHS and the mono cultural and mon faith sector.

#### **OUR EXPERIENCE FROM OUTSIDE THE SPECIALIST FAMILY VIOLENCE SERVICE SYSTEM**

- 17. Our submission addresses the three areas suggested in the call for submissions.
  - What has changed?
  - What more can be done?
  - What is the impact of COVID?

# What has changed

18. We begin by recording our support for the Victoria Royal Commission and the principles articulated in the Victorian response.

Family violence is a gendered crime, it is never acceptable, victims must be believed, and perpetrators must be held accountable.

The specialist service system has provided a vehicle for upholding the reform agenda and for significantly progressing awareness and improved responses for women escaping family violence.



## What has not changed

## 19. A Response to Family Violence in CALD Communities

Working from a place-based understanding in a community where the majority cohort are people from culturally diverse backgrounds, access and equity issues across the universal/rights-based service system remains our biggest challenge. There is a pervasive perception in universal services that cultural diversity is of itself a determinant of need and that this need exceeds the capacity of universal services to address.

This perspective impedes the necessity to rectify the design flaws in our service system and perpetuates access and equity barriers to rights based universal services. Universal services are funded and mandated to achieve a level of inclusion that cannot be achieved while this perspective of people from culturally diverse backgrounds is condoned.

From this place-based perspective and our service user data, SECL identifies Australian women from refugee and migrant **backgrounds** as being largely excluded from universal/mainstream family violence support services. The exclusion of Australian women from refugee and migrant **backgrounds** from this service system occurs as a result of conceptual and structural issues within the universal/mainstream family violence support sector.

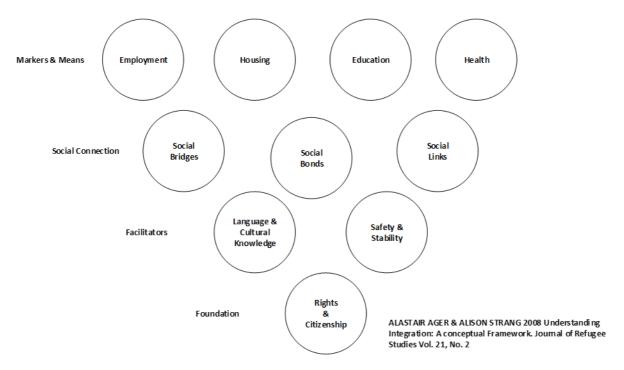
## **Conceptual Issues:**

- The migration and refugee experience and the elements that make up a positive/normative settlement/integration process for women from migrant and refugee **backgrounds** need to be the core determinants in the design and delivery of inclusive family violence support services.
- 20. In the context of intersectionality and the impacts of family violence, it is the relationship between a migration/refugee experience, the elements and domains of positive integration/settlement and the implications of gender-based violence for women from migrant and refugee backgrounds in this context, that need to form core determinants in how inclusive and equitable services are designed and delivered.
- 21. A focus on nouns as identifiers (refugee, migrant CALD) in determining both an identity for victim\survivors and a service response, reinforces the capacity of service systems to displace a fundamental need to situate their services to meet the entitlement of Australian women who have had a refugee or migration experience and a current lived experience of resettlement/integration onto in this instance, victim/survivors of gender based violence from migrant and refugee **backgrounds**.

### **Structural Issues:**

- Predicating service engagement and support on the "preparedness" of a victim/survivor to "leave" is inconsistent with the migration/refugee experience and contrary to the established understanding of normative settlement/integration processes.
- 22. The internationally recognised integration framework (below) provides an understanding of the critical domains and the inter-relationships between these domains that support people to achieve a sense of belonging and inclusion (integration/settlement) within the wider social context. It recognises that strong bonding and bridging capitol complimented by established links to services and the wider community are imperatives and support access to the markers and means supporting the longer-term settlement process.





- 23. Consequentially, a position that requires a woman from a migrant or refugee **background** to leave as a condition of receiving support to address and escape violence, demands that she loses all access to whatever social capitol/support that she has available to her and "accept" the subsequent loss of access to and participation in the markers and means that support her and her aspirations for life in Australia.
- 24. In effect, the current service model situates the victim/survivor with a paradigm of "impossible choices" where she must "choose" between absolute social destitution and unsustainable loss or remain within a violent relationship. In most cases, it is only the threat of the additional loss of her children that forces compliance with this "condition of support" present within the universal/mainstream family violence support sector.

# **SECL's Position:**

- 25. SECL acknowledges that there is a role for ethno specific and community services in providing support, however; this does not displace the necessity and responsibility for structural reform in the family violence sector to take place in establishing service support that is consistent with the social reality and lived experience of Australian women from migrant and refugee **backgrounds**.
- 26. From our perspective, SECL sees limited capacity to address the issues of exclusion apparent in the current universal/mainstream family violence support sector in the absence of a significant shift away from a one size fits all service model towards a greater emphasis on place-based service delivery. It is the knowledge of community in a place and the acknowledgement of the diversity of these places that will ultimately resolve the persistent and endemic access and equity issues apparent in the delivery of rights based universal services.



#### CASE STUDIES DEMONSTRATING FAMILY VIOLNCE SUPPORT OUTSIDE THE SPECIALIST SYSTEM

- 27. These following case studies demonstrate the extensive services provided to women outside the specialist family violence service system. The case studies demonstrate service delays, complications, unreliability and the essential role of advocacy and support to navigate the service system or increase safety outside of the specialist system.
- 28. SECL places on record our increasing role in responding to family violence. While these cases occurred during COVID, COVID has not created the access and equity barriers of the specialist family violence service system.

# **Supporting CALD women experiencing Family Violence**

29. **ZB** presented to SECL after experiencing family violence. She is a single mother, of (2) primary school aged children and pregnant. **ZB** has resided in Australia for several years, arriving on a spousal visa sponsored by her husband and has since lived on a bridging visa.

**ZB** had two full interim intervention orders issued against her husband and her adult-son. Emotional abuse in the form of degrading and demeaning comments, and exposure to physically violent behaviour amongst the two perpetrators characterised the nature of the violence she and her children endured for multiple years. Family violence specialist services and the police had intervened previously, however **ZB** was reluctant to file a report. Following the recent incident however, **ZB** described feeling exhausted from the ongoing conflict in their home. With the support of the police **ZB** filed a police report and initiated the IVO process for her and her children's wellbeing.

Following this, **ZB** raised significant concerns surrounding finances. She was unable to secure an income as she's the sole primary caregiver for her children, supporting them in their online learning environment, has a lower level of English language literacy (with classes being suspended due to Covid-19), tends to her own health needs and is ineligible for Centrelink.

SECL conducted risk assessment and safety planning with **ZB** in the initial assessment. She would not discuss the history or detailed nature of family violence. **ZB** stressed that her priority was to ensure she could meet her children's needs and refrain from being evicted from their rental. In response, SECL's immediate actions included recommendations to SECL's Community Wellbeing Team and a referral to In Touch. Simultaneously, **ZB** re-engaged herself with AMES to initiate the SRSS payment application process. Following this, **ZB** became more inclined to visit her GP to focus on her own wellbeing, such as her pregnancy. Additionally, **ZB** demonstrated other mental and physical challenges frequently, as she described experiencing dizziness, tiredness, a loss of appetite and being unable to leave bed. She allocated much of this to her pregnancy but had also simply presented as overwhelmed and exhausted in appointments. Unfortunately, after re-engaging with her local GP, **ZB** expressed that she felt discriminated against and not listened to. This significantly impacted her confidence in voicing health concerns and comfort with the practitioner. Given this, SECL made a referral for her to the Monash Health Refugee Clinic.

SECL further responded to her situation by liaising with **ZB's** utility providers, advocating to her property manager, referrals to Red Cross programs and WAYSS Housing.

# SECL's advocacy on behalf of ZB resulted in:

- Lease agreement being altered with a rent reduction being agreed to with Consumer Affair's,
- Utility companies waiving overdue fees and the process of a Utility Relief Grant
- Negotiation with her children's schools to have their school fees reduced by 50%



- A case manager allocated from In Touch for migration agent support, legal support and access to flexible support packages
- ER funding from Red Cross and SECL.
- The MHRC referral was also accepted and **ZB** has expressed feeling happier with the support she receives.

The SRSS application process was lengthy. Despite being recommended to access mental health support as practitioners referred to her as being 'anxious and stressed', **ZB** was advised by AMES that the evidence for the SRSS application was insufficient. This was incredibly disappointing and frustrating for **ZB** as she experiences significant barriers to employment.

At present, following a court hearing, the IVO against **ZB's** husband was altered to allow him to reside in the family home again. **ZB** has expressed feeling supported since his return and relieved as the household has an income and her children are happy to be re-united with their father.

However, this outcome has posed concerns as **ZB** was in a particularly vulnerable position at the time of the hearing. Legal guidance and support were not offered prior to or on the day of hearing, and **ZB's** is still in financial hardship with an accumulating debt due to ongoing delays with the involved services/agencies offering or assuring support. The outcome has also been a matter for concern as **ZB** has not been able to confirm her husband's engagement in necessary support services such as Men's Behaviour Change programs. SECL holds grave concerns for **ZB's** sexual and reproductive health rights. As a result, SECL will continue working with **ZB** to advocate on her behalf, assist with applications and increasing her opportunities to connect with the wider community.

(Please see SECL's Power and Control guide below to demonstrate why power and control should be a more developed feature of the post COVID family violence response).

#### **CASE STUDY 2 – MC**

- 30. **MC** is 29 years of age, living with her partner in his parents' home. She experienced family violence by her husband. Client was hit and pushed against the wall on the night after a heated argument. English is not the clients first language.
  - **MC** called her friend on the same night and asked for help. The friend called the police who issued a partial IVO to the husband. **MC** left and went to her friend's place along with her 4-month-old baby and stayed with her two nights.
  - **MC** was meant to receive a call from the police to discuss suitable support, but the police did not contact the client on the second night after the incident occurred.
  - MC and friend were able to get hold of police and they referred client to call Safe Steps. MC called Safe Steps with the help of her friend. Safe Steps organised for a 3-night stay at a hotel/refuge for client and baby. MC reported that when she reached the hotel, she was given 4 Coles food vouchers to purchase food from the nearby Coles.
  - MC was confused, had not used vouchers before and did not have a suitable pram to take her baby out to purchase food. MC was feeling distressed and overwhelmed as she was hungry and breastfeeding her 4-month old baby.



- The SECL worker kept in touch with MC. SECL developed an immediate response even on the weekend. SECL delivered some culturally appropriate food to the client the following morning. SECL reported that her baby Nina was looking well and that she spent some time with Nina to give the client a break to have some lunch, which she was very grateful for. SECL was able to report that her baby appeared to be well, making eye contact and interacting with her. The food delivered was enough to last the client several meals and some snacks to sustain her energy throughout the night and coming day.
- The SECL worker spoke with hotel reception staff (as they were aware that client was a Safe Steps client) and explained that she was there to deliver some food as MC hadn't eaten since yesterday lunchtime. Hotel staff said that MC had Coles vouchers to spend on food and she just needed to order food online and they could deliver it to her. SECL asked was this explained to MC. She was told no, but she should ask for help.
- MC informed SECL that she had a bank account in her own name but was not receiving any of her daughter's Centrelink payments. Payments were paid to the father. She had no access to money of her own.
- SECL Worker continued to check in with client and Safe Steps during this time.
- **MC** and baby were moved to another supported accommodation later that day.
- During the time, **MC** was contacted by her husband and her father in law who requested her to come back home. **MC** explained to the SECL worker that she desperately wanted to return home.
- MC was in supported accommodation by this stage. She was provided clothing and essential items that she could use for herself, kitchen items for her to cook her own meals etc. MC informed the family violence workers that she had been told if she went home her daughter would be taken away. This was a miscommunication that was later clarified by Safe Steps.
- **MC** felt overwhelmed and anxious about the whole situation.
- SECL worker contacted Safe Steps. SECL was informed that **MC** will be referred to a local FV specialist service and Child protection. Safe Steps would conduct a safety plan with the client if she left her partner or returned home.
- **MC** attended court and returned home with her husband after the court hearing. Safe Steps organised for a taxi for her to reach the Dandenong Magistrate court on the same day.
- SECL worker was informed by Safe Steps that a referral to WAYSS Family Violence service will be made and that the Child Protection will contact the client.
- Child Protection contacted SECL worker and asked about the client's situation before the call to client was made. SECL worker informed about SECL's role and involvement so far with the client.
- Child protection spoke to client and the husband. CP is looking at speaking with KOMAK and discuss case with WAYSS worker in the same office. Client's husband has agreed to attend Men's Behaviour Change Program and had already been contacted by the worker from Speak Out this afternoon. CP informed that client's husband is sorry for the whole incident and is open to changing his behaviour. He said he will make sure he doesn't commit family violence again and will take



responsibility for his actions that may cause harm to his wife and the baby. Client's husband has been activity looking for a rental accommodation in the last few days.

- **MC** is back home with her husband and the baby. Child Protection will be visiting client and husband in days ahead.

#### **COVID and FAMILY VIOLENCE**

- 31. The COVID-19 virus has renewed a focus on women who are isolated and at risk of family violence. Family violence reform since 2016 has revolved around women who report and leave. We have equated leaving with women at risk. While leaving is a high-risk factor for women, this is not the same as assuming women who are at risk, leave.
- 32. Women commonly report the presenting issue of financial hardship to non-specialist family violence services. This is an accepted preliminary support service intervention. Often, the perpetrator of family violence will permit seeking financial support as it is believed that this increases his control. Seeking support for other forms of family violence are regarded as a threat to the perpetrators' control and not permitted.
- 33. The sexual and reproductive rights of women require an urgent and unassailable focus in all future COVID family violence and sexual assault support responses.
- 34. COVID has driven home the problem of dominant, mono cultural assumptions in Victoria's human service system. We have a predominantly national (international) and statewide service system (Anglo) when we also need place based, local and trusted responses. COVID has reinforced the effectiveness of ground up service systems, street by street, door to door, neighbor to neighbor. It has reminded us of the importance of engagement, belonging and a belief in society. Above all COVID has reinforced the centrality of diversity in Victorian communities.

## **COVID Impact on Family Violence**

- 35. We have a widely held belief in Victoria that the women supported in the specialist system are the most unsafe women. This may be true, but the evidence has not been presented to date to allow us to question this assumption. It is not SECL's experience.
- 36. COVID has turned our thinking to women in isolation and the question of safety. SECL supports a focus on these areas. The specialist system has quickly pivoted in some cases to reach out to women in lock down who cannot report or leave violence. We welcome this new focus. In our experience, COVID has not introduced the isolation impacting on CALD women. CALD women are isolated and unsafe and will continue to need a service response capable of addressing women's safety in conditions of severe isolation.
- 37. We hope a focus on safety made more obvious by COVID will become central to the family violence service system in future. If we make decisions about the most unsafe women, not cultural identity and not if they leave or otherwise, we can reset the family violence response back to where it must be centered, a focus on gender inequality and women's safety.



# Lessons learned from COVID about assessing women in extreme isolation

38. SECL has developed the following tools to assist with responding to family violence when women are isolated and cannot leave the family home. The focus is on control, making decisions, social connections and use of time to indicate if our participants are in coercive and controlled relationships. Four areas of control are identified as indicators of the level of independence of life in the home.

Control over money	Control over time	Control over self-	Control over sexual and
		development	reproductive rights

Daily rights and responsibilities	How control works	Examples	What self-control looks like	What stops you from	Measure her agency/her control
Control over money	An effective and prevalent way to control another person is to control their money	No bank account No knowledge of savings, debts No understanding of money system Family benefits not in the control of women	Own bank account Knowledge of income and expenses Knowledge of system like rates, rents, insurances, taxes, social security A family finance decision maker	What stops you from knowing about money? How much is your rent? How much income does your family receive? Do you owe any money? What are your main expenses? What is your plan to increase your income?	Does she use words like I, we, or he, my husband. Record the amounts that she knows. Does she or her family have a plan to increase income? Y/N
Control over time	Time to oneself, some time each day not focused on family or children	Sole child carer, No activities like walking, going to library, community groups Children miss a lot of school or not engaged in structured programs outside the home.	Own time to choose activities, interests, aims, travel, trips,	Who helps you care for the children? Do you have a myki card, drivers license? Do your children miss much school? Why might they not go to school, or childcare? What stops you from having time to yourself? What stops your kids from going to school?	Time without children and frequency. Amount of time children miss school and why? Number of interests or leisure activities (community based, free of charge)
Control over skills, information support	Can personally develop, set goals, learn and participate in society	No formal training, no employment, no mobile phone, computers English language.	Can learn English Can enroll in courses Can use library facilities Has own mobile phone	Why is English important or not important to you? What are your skill development goals? What stops you from developing your skills?	A self- development plan English level
Control over sexual and reproductive health	Knowledge of rights and health status Has privacy	Health visits focus on children, inadequate sleep, own chronic	Can access sexual and reproductive service support Can make own	Who is your GP? Can you call your GP at any time? If you are sick who	Number of health service contacts. Number of wellbeing



Can seek social	illnesses not	appointments	helps look after	activities.
and medical	managed	If high needs	you/the children?	
support,	No privacy	children and high	Can you go to bed	
Identifies sexual	No wellbeing	family needs the	when you are	
and reproductive	regarding	work is shared	tired? Can you	
rights as a set of	Menstruation,	Reason for lack of	sleep when you	
her entitlements	urinary infections,	control is not	want to?	
Can call for	breast screen,	gender alone.	What stops you	
emergency help,	No understanding		from improving	
ambulance,	of consent and the		your wellbeing?	
hospital	right to say no to			
	sexual intercourse			

#### POST COVID FAMILY VIOLENCE SUPPORT SYSTEM

The following outlines what a post COIVID family violence service system should look like.

- 39. A system that operates universally on the understanding that gender inequality is the primary cause of family violence and that all women are therefore treated equally by the specialist system. We will start to see different service models that normalize support to Australian women from CALD backgrounds in the specialist service system. We will see an end to the specialist service system referring CALD women to agencies operating in areas where large numbers of the population speak English as a second language.
- 40. For this to be achieved the system will reset and work on the central principal of safety. It will not require women to leave in order to be supported. It will revise the MARAM and risk assessment, to support responses to women staying in the family home. It will develop a diverse set of interventions to support Australian women from migrant and refugee backgrounds who do not have in front of them the option of leaving.
- 41. The MARAM assessment of perpetrators will not be tagged onto the MARAM as it exists. Because the perpetrator MARAM should have been developed first, we cannot let this opportunity for genuine reform to be missed. The perpetrator risk assessment must be allowed to drive reform on a new level and not be constrained by the investment to date in risk assessment that still leaves women to take charge of her own safety.
- 42. A funding review will be conducted to ensure DHHS future resources are allocated to reflect Victoria's multicultural community not a mono cultural and mono religious society.
- 43. A new focus will be developed to better understand coercive control. Isolation and family violence will be an area of expertise and a recognized skill set of the emerging family violence work force.